Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	1st June 2021	**Level(s)**	Specialty
Type of visit	Triggered Visit	**Hospital**	Royal Hospital for Children Glasgow
Specialty(s)	Trauma & Orthopaedic Surgery	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Dr Kerry Haddow	Visit Chair – Associate Postgraduate Dean (Quality)
Mr Stuart Waterston	Training Programme Director
Dr Saurabh Borg	Trainee Associate
Ms Vicky Hayter	Quality Improvement Manager
Mr Gary Keatings Mrs Catherine Fallon	Lay Representative Shadowing Lay Representative
In attendance	
Mrs Gayle Hunter	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Soufi
Quality Improvement Manager(s)	Ms Vicky Hayter
Unit/Site Information	
Trainers in attendance	8
Trainees in attendance	3
Feedback session: Managers in attendance	9
Date report approved by Lead Visitor	21st June 2021

1. Principal issues arising from pre-visit review:

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit is being arranged to Trauma & Orthopaedic Surgery at the Royal Hospital for Children in Glasgow. This visit was requested by the Surgery Quality Review Panel(s): around the following concerns: Workload, rota and adequate experience. The Training Programme Director also requested a visit.

Below is data from the GMC National Training Survey 2019 (NTS) and the Scottish Training Survey 2020 (STS).

NTS Data 2019

ST – Red Flags – Study Leave and Workload
Pink Flag – Adequate Experience
Lime Flag – Handover
Green Flag – Local Teaching

STS Data

ST – Aggregated Data
Red Flag – Workload
Lime Flag – Teaching

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. As not all questions were asked on the day some responses have been taken from the pre visit questionnaire.

Department Presentation:

The visit commenced with Ms Alex Smith, Consultant Orthopaedic Surgeon delivering an informative presentation to the panel which provided the current structure, key challenges and working arrangements within the unit

2.1 Induction (R1.13):

Trainers: Trainers reported an effective induction which prepares trainees for working in the department. They acknowledged that the rota was only authorised and issued to trainees 24 hours before they commenced in post which is something they are trying to improve.

Specialty Trainees: All trainees received hospital and departmental induction which was very good. Suggested improvements included advanced knowledge of their assigned Consultant, a timelier distribution of the rota and on-call schedule. Trainees found receiving these two days before commencing in post inadequate.

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

Trainers: Trainers advised they take great pride in delivering Consultant led weekly Friday afternoon teaching and Monday VIVA practice and receive very good feedback from trainees. Topics are reviewed and elective/theatre cases discussed. Teaching is gradually returning to normal following COVID. Simulation isn't used often in Paediatric Orthopaedics but can be used at induction.

Specialty Trainees: Trainees reported an excellent teaching programme which consists of Friday afternoon teaching and a Monday VIVA practice which is Consultant led. Trainees are encouraged to attend regional teaching but can feel they are leaving the department short staffed.

2.3 Study Leave (R3.12)

Trainers: Trainers advised only two trainees can be given study leave at once due to service provision. There may have been issues previously when the hybrid system was in place as trainees on zero days had limited time, but no applications were declined.

Specialty Trainees: The pre-visit questionnaire reported no issues regarding 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 they are well supported in their educational roles and described both the previous and current Training Programme Director as excellent. All trainers have time in their job plans and one of the Consultant provides a link between themselves and the Postgraduate Committee.

Specialty Trainees: All trainees reported via the pre visit questionnaire that they had met with their Educational Supervisor and discussed objectives.

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 advised that they are enthusiastic trainers who are always accessible and have no concerns that trainees are working beyond their competence. Trainees take consent under supervision depending on each trainee's ability.

Specialty Trainees: Trainees reported via the pre visit questionnaire that Clinical Supervision was very good, and all knew who their allocated Supervisor was.

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

Trainers: Trainers advised they are familiar with the curriculum as most trainees who rotate to the department are ST6 onwards who have a fixed curriculum with a way point checklist and critical conditions list. Pre covid, trainees had access to a range of clinics at least four per week and some subspecialty. Trainers reported no particular problems with trainees achieving logbook numbers, but supra condylar fractures may be difficult. The Spinal Deformity Service is based in Edinburgh, but trainees are encouraged to attend. Trainers commented that there is limited ability to get patients through elective lists as the hospital is small and there are not enough beds, nursing staff or lists. Trainees are expected to look over all patients notes in advance of a clinic and decide a plan which may be time consuming.

Specialty Trainees: Trainees advised it would be unlikely they would achieve the required 150 cases in six months as lists are missed when on-call and elective throughput small. This could easily be balanced by experience in other attachments. Trainees have one elective list and theatre session once a fortnight and one day of trauma which is equivalent to a half day of operating per week. Trainees reported that, particularly when on call, 25% of their time is spent undertaking administration tasks which is extremely time consuming and non-efficient. Every patient must have a number of administration tasks such as forms and word documents completed. Trainees advised these are outdated processes and could be improved by putting an electronic system in place. Trainees reported trauma provisions in the hospital as terrible and not used as a learning opportunity at the weekend. Out of hours provision is one theatre for all surgical specialties which can mean operating late at night.

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

Trainers: Not asked.

Specialty Trainees: Trainees reported the ability to achieve workplace-based assessments as extraordinarily good with multiple opportunities to complete these and felt the department should be congratulated for this.

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

Trainers: Trainers advised there are lots of opportunities for multi professional learning in the department. Trainees regularly work with a range of staff including physiotherapists and bio engineers in the gate lab who collectively discuss patients.

Specialty Trainees: Trainees reported good opportunities working with a wide range of staff including trauma liaison nurses who regularly discuss procedures.

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

Trainers: Trainers advised that trainees are encouraged to complete an audit or quality improvement project which is discussed at the beginning of their post. Trainers review their projects halfway through and advised there are lots of Clinical Development Fellows keen to help with research.

Specialty Trainees: Trainees advised that although there isn't a strong research culture within the department there are opportunities to undertake an audit or quality improvement project. Completing a project during the summer can be challenging due to workload.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Not asked.

Specialty Trainees: The majority of trainees reported via the pre visit questionnaire that they received feedback two to three times a week.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: not asked.

Specialty Trainees: Trainees advised via the pre visit questionnaire that they appreciate the willingness of Consultants to teach and train which is done to a high standard. Trainers provide an exceptional level of service to patients and are supportive, enthusiastic and value trainees.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised that there is a team culture in the department as trainers are approachable and always available for support. There are unaware of any concerns in relation to undermining. A couple of years ago there were concerns with communication with the Emergency department however this was discussed and used as a learning opportunity.

Specialty Trainees: Trainees confirmed a supportive and approachable team and if there were any issues these would be dealt with. Trainees reported occasional strained relationships with the Emergency department when they are extremely busy.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised that they cannot continue with the current on-call rota as is not enough staff to run a full shift making the rota non-compliant. Trainees have given suggestions for rota design however these are also non-compliant. Trainers advised they are trying to protect training whilst provide service delivery which is very challenging. They suggested going back to the hybrid model which results in trainees having lots of zero days or having more staff acting as a buffer such as staff grades and a nurse specialist who could offer better support to trainees. Clinical Development Fellows are a great addition to the team, but they are not purely based in Orthopaedics and also spend time in General Surgery.

Specialty Trainees: Trainees reported feeling exhausted doing lots of on-calls which was detrimental to their health. Lack of sleep caused stress and unhappiness as trainees reported being pushed to their limit and were at risk of making errors. Trainees advised the current rota and on-call expectations were unrealistic and monitoring had been failing for years. There is an expectation when on-call all patients should be seen which is a challenge. Trainees commented they felt miserable and couldn’t wait for the job to end although trainers are very supportive and offer pastoral support.

2.14 Handover (R1.14)

Trainers: Trainers advised that handover is mainly virtual in the morning as there has to be limited number, but it is used as a learning opportunity.

Specialty Trainees: Trainers advised the morning trauma handover which is Consultant led is done well and used as a learning opportunity. Weekend handovers can be done via zoom from home. Trainees reported lacking support in the evening handover and working beyond hours as the Clinical Developments Fellows are normally in the Emergency department and are not around to handover.

2.15 Educational Resources (R1.19)

Trainers: Trainers confirmed there is adequate facilities for learning with office space and computers available for trainees.

Specialty Trainees: Trainees reported adequate facilities and resources to support 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 advised that trainees can contact their educational/clinical supervisor or training programme director for support. The performance support unit also discusses any trainee concerns with the training programme director. Trainers support less than full time training and have accommodated previous trainees without making any adjustments or extending training.

Specialty Trainees: Consultants regularly operate during the night due to a lack of theatre space. Trainees advised that banding and renumeration are issues due to years of failed monitoring and reported inadequate utilisation of resources.

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

Not asked.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported a good relationship with trainees who are encouraged and supported to raise concerns. Trainees have access to their educational/clinical supervisors during the day and out of hours. Cases are discussed both formally and informally and any incidents are discussed at the quarterly Morbidity and Mortality meetings.

Specialty Trainees: Trainees advised via the pre visit questionnaire that they would raise any concerns with their Educational Supervisor, Clinical Director or Training Programme Director these would then be presented/discussed with Consultants.

2.19 Patient safety (R1.2)

Trainers: Trainers advised they have no concerns about the safety or quality of patient care. Non urgent surgical patients may have to wait before being operated on. There are no concerns in relation to boarding.

Specialty Trainees: Trainees advised that the department offer fantastic care however they would prefer their friends or family to be operated on during the day and not during the night. Patients see Consultants twice a day. Boarded patients are discussed on the trauma handover and trainees reported no concerns.

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

Trainers: Not asked.

Specialty Trainees: Trainees advised that Consultants are approachable, open and honest and any adverse incidents would be reflected upon and discussed at the M&M meetings. Datix is used to record any incidents.

2.21 Additional Comments

Specialty Trainees: Trainees reported a wonderful and caring group of trainers who care greatly for their patients and families and make excellent role models. Trainers make the best of a difficult rota and support the trainees to the best of their ability.

2.22 Other

Average Overall satisfaction score:
ST Trainees: 5.6

3. Summary

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

The visit panel reported a very positive visit and appreciate the challenges and difficulties in relation to a seasonal workload and the efforts that have been made into trying different options of a non-compliant rota. The panel were particularly impressed with the exceptional training and support given to trainees from members of staff across the multi-disciplinary team. However, it was clear that the department cannot sustain the current conditions as the department is too busy for its physical and staffing resources.

Positive aspects of the visit:

- Dedicated and Supportive Consultant group with comments such as:
  "Capacity to teach and train is extraordinarily good".
- Robust induction
- Excellent local teaching
- Excellent Clinical Supervision
- Culture of exceptional teachers and trainers across the whole multidisciplinary team

Less positive aspects of the visit:

- Trainees reported feeling exhausted out of hours which is detrimental to their health
- High level of workload which has the potential to impact on patient safety
- Administration is a significant burden out of hours adding to an already excessive workload, 25% of time completing admin is of no educational value
- The amount of overnight operating is a risk to both trainees and patients
- Although the Clinical Development Fellows have been a useful addition to the departmental their roles and responsibilities require clarification as specialty trainees require more support particularly during handover
- Department too busy for physical and staffing resources

4. Areas of Good Practice

Ref	Item	Action
4.1	Excellent Consultant led teaching programme	n/a
4.2	Trainees highlighted the consultant teams' excellent proactive approach to providing feedback and actively ensuring there are multiple opportunities to complete work placed based assessments.	n/a

5. Areas for Improvement

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

Ref	Item	Action
5.1	2.16	Less operating at night

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Solutions must be found to address non-compliant trainee rota which may have non-intended consequences such as patient and trainee safety risks.	Feb 2022	ST
6.2	The rota structure is perceived to be too demanding because of a lack of down time and on-call and this must be addressed.	Feb 2022	ST
6.3	Medical staffing must be reviewed to ensure this is appropriate to safely manage the workload.	Feb 2022	ST
6.4	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities should be reduced.	Feb 2022	ST
6.5	Handover arrangements must be reviewed, especially out of hours.	Feb 2022	ST
6.6	All trainees must have timely access to IT passwords and system training through their induction programme.	Feb 2022	ST
6.7	Rotas must be issued in a timely manner, usually 6 weeks in advance.	Feb 2022	ST