Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	18th November 2021	Level(s)	FY/GPST
Type of visit	Triggered visit	Hospital	Dr Gray's Hospital
Specialty(s)	Obstetrics and Gynaecology & Paediatrics	Board	NHS Grampian

Visit panel	
Professor Alastair McLellan	Visit Chair - Postgraduate Dean
Professor Rona Patey	Undergraduate Dean – University of Aberdeen Medical School
Robin Benstead	Principal Education QA Programme Manager
Susan Fiddes	Lay Representative
Dr Cieran McKiernan	Associate Postgraduate Dean – Quality
Dr Karen Rose	Foundation Programme Director Representative
Dr Aravind Ponnuswamy	College Representative
Alex McCulloch	Quality Improvement Manager
In attendance	
Emma Stewart	Quality Improvement Administrator
(Name redacted)	Lay Representative (shadowing)
Alison Ruddock	Quality Improvement Administrator (shadowing)

Specialty Group Information		
Specialty Group	Obstetrics and Gynaecology and Paediatrics	
Lead Dean/Director	Professor Alan Denison	
Quality Lead(s)	Dr Alastair Campbell Dr Peter MacDonald	
Quality Improvement Manager(s)	Fiona Paterson	
Unit/Site Information		
Non-medical staff in attendance	0	
Trainers in attendance	3	
Trainees in attendance	FY2 x 1	GPST x 1

Date report approved by Lead Visitor	21st January 2022 

1. Principal issues arising from pre-visit review:

Obstetrics and Gynaecology (O&G) at Dr Gray's Hospital was highlighted on the GMC National Training survey triage list from post data (all grades of trainee) for significantly low scores and which places them in the bottom 2% of units for O&G in the United Kingdom. The data of concern is highlighted below and was particularly in relation to GPSTs. As a result of this data a triggered visit was arranged to O&G at Dr Gray's. Although the visit was triggered in reference to the O&G data collected by the GMC National Training Survey, the posts are women and child health posts which includes rotations in O&G and paediatrics. This report is in reference to concerns specifically in regard to the O&G part of the rotation. The maternity service at Dr Gray's at the time of the visit was mainly a midwife-led service for intrapartum care with no inpatient antenatal admissions.

Programme Group	Programme Specialty	Level	Indicator	2021
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Adequate Experience**	red
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Clinical Supervision**	white
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Clinical Supervision out of hours**	white
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Curriculum Coverage**	pink
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Educational Governance**	pink
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Educational Supervision**	white
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Facilities**	grey
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Feedback**	yellow
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Handover**	red
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Induction**	pink
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Local Teaching**	red
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Overall Satisfaction**	red
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Regional Teaching**	red
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Reporting systems**	grey
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Rota Design**	red
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Study Leave**	white
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Supportive environment**	red
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Teamwork**	pink
GP Prog - Obstetrics and Gynaecology	Obstetrics and Gynaecology	GPST	**Work Load**	white

During the trainers' sessions the panel would like to thank Dr Morag Turnbull who provided an informative and helpful presentation around the work being done to address the concerns raised in the GMC NTS training survey. The content of Dr Turnbull's presentation is included in the trainers' responses in body of the report below.

2.1 Induction (R1.13):

Trainers: Trainers felt they provided a good standard induction for trainees, which included a specific women and children post induction. Personalised induction was also organised for those trainees who started their post out of synch.

Trainees: The trainees present confirmed they had received induction to the Paediatric elements of the post; this met the trainees' needs. However, they described a lack of an adequate induction to O&G with consequent lack of clarity around their role and expectations of them including the arrangements for out of hours working in O&G.

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

Trainers: Trainers described the different teaching sessions available to trainees. The consultant of the week in paediatrics led on paediatric sessions, Foundation teaching took place weekly on Fridays and was led by the local foundation lead.

Trainees: Trainees estimated they got to at least 1 hour of teaching per week in paediatrics. The teaching sessions were run by the paediatrics department. Trainees felt it was often difficult to attend sessions because of workload, although there was provision at times for others to hold bleeps. There was opportunity to attend Morbidity & Mortality (M&M) meetings. Trainees described a near-absence of local O&G teaching. Trainees were able to attend regional teaching sessions including GP day-release sessions

2.3 Study Leave (R3.12) - Not asked.

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

Trainees: The trainees present had been allocated educational supervisors and had met with them regularly on both a formal and informal basis. Educational supervisors met with GPSTs at the beginning of their rotation to plan GP based teaching subjects and trainees were asked what they would like to be taught.

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 were unaware of any incidents where trainees had to work beyond their competence and patients were always assessed and reviewed by consultants, any trainee decision making (in paediatrics) was always supported by consultant review. Trainers confirmed that trainees could access support in the out of hours period by an on-call consultant and a consultant of the week was also nominated each week to provide further support (if required).

Trainees: Trainees**,** not unusually in the specialties, initially can feel out of their depth, but can generally access support by day and out of hours. Trainees were aware of who to contact for support during the day and most of the time out of hours. Trainees felt getting support was more difficult in O&G than it was in paediatrics and on occasions access to support can be delayed when consultants are engaged in clinical care. It is not always clear to trainees in O&G which consultant is responsible for the care of particular patients.

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

Trainers: Trainers felt that a good balance of learning vs service provision was provided for trainees. Whilst working out of hours trainees provided more service provision but could still see patients with a consultant, which could be considered learning events. Trainers were unaware of any curriculum items that were difficult for trainees to get. Trainers felt access to clinics should be driven by trainees themselves and they were unaware of how many clinics on average trainees got to. Trainers advised that trainees observe what went on during clinics rather than leading on consultations within the clinics.

Trainees: Foundation trainees felt their learning requirements were fairly easy to get due to the generic nature of their curriculum. Concerns were expressed about the limited exposure to O&G and paediatrics within the overall duration of this GP training post, with time being spent out with these specialties. Concerns were expressed about the difficulties in getting procedural competence sign-off in Dr Gray's O&G. Feedback on O&G case management was available if actively sought but was not routinely proffered, in contrast to the proactive provision of feedback around paediatric cases that ensured every case management plan was discussed. Attendance at clinics could be challenging for GPSTs with estimates of around 5-6 clinic attendances over ~4months, and they tended just to sit in and observe rather than leading on consultations under supervision. In paediatrics trainees had access to simulation teaching including paediatric resuscitation and on sepsis management.

2.7 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11) - Not covered

2.8 Adequate Experience (multi-professional learning) (R1.17) - Not covered

2.9 Adequate Experience (quality improvement) (R1.22) - Not covered

2.10 Feedback to trainees (R1.15, 3.13)

Trainees: Trainees advised they received informative feedback that was willingly and spontaneously provided whilst working in paediatrics. When working in O&G feedback had to be sought out, although trainees confirmed they would get it if they asked a consultant. Trainees confirmed they received feedback more often during the day than out of hours but could also get feedback on the management of cases at morning handover following a night shift. Trainees felt their consultant colleagues were open and approachable when asked for feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainees: Trainees were generally happy with opportunities to feedback on concerns including around the quality of their training and felt they could raise any concerns they had about training with their consultant colleagues, all of whom were very approachable. While there appears to be monthly forum for Foundation trainees to feedback to seniors, there does not appear to be a similar opportunity for GPSTs as a group to feedback.

2.12 Culture & undermining (R3.3)

Trainees: Trainees found their consultant colleagues generally to be supportive and approachable. We heard of an incident that had been reported by a trainee to the management team and we understand the trainee was satisfied that this had been addressed appropriately.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers confirmed that their trainee numbers had been reduced this year, which meant a 6-person rota had only had 5 trainees (comprising of 1 FY2 and 4 GPSTs). However, 2 of the trainees on the rota have had long term sickness absence which had further reduced the current cohort to 3.

Trainees: Trainees confirmed there were currently 5 trainees on their rota, with 2 long term gaps due to sickness absence. Trainees advised that learning opportunities were not planned into their rota, but they had received study leave when they required it. Trainees did not have any rota concerns that they felt affected their health and advised they received adequate rest days in between shifts.

2.14 Handover (R1.14)

Trainees: Trainees raised no concerns in regard to handovers in paediatrics. Handovers were described as effective although didn't follow a standard structure and was not documented or archived. They felt handovers were a good learning opportunity in paediatrics. However, in O&G the absence of consultant input to handovers was an issue because trainees were left uncertain about what was happening to patients given the consultant-based care that was being provided. Handovers in O&G, without consultant input, were not a vehicle that supported education and training. The maternity service at Dr Gray's at the time of the visit was mainly a midwife-led service for intrapartum care with no inpatient antenatal admissions.

2.15 Educational Resources (R1.19)

Trainees: Trainees reported a lack of useable office space on the wards and a lack of computers with up-to-date software that they could use. Wi-Fi was described as not being great. Trainees did have use of a trainee mess which they appreciated but advised they didn't always have access to it as it was used for teaching as well as meetings. There is no library facility but online access to resources was available.

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

Trainees: Trainees reported no concerns in regard to the support available to them.

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 advised monthly governance meetings and M&M took place and trainees attended both.

Trainees: Trainees would be happy to raise any concerns they had about their training either with their clinical or education supervisor or at regular department meetings. They had previously raised concerns about induction, which had resulted in changes to the induction programme. Foundation trainees also had access to a trainee forum where they could raise concerns.

2.18 Raising concerns (R1.1, 2.7)

Trainees: Trainees would raise concerns about patient safety either informally through their Clinical Supervisor or more formally through the Datix system. Trainee feedback was variable after Datix submissions, with only some trainees receiving feedback on outcomes resulting from their submissions.

2.19 Patient safety (R1.2)

Trainees: Trainees did not raise any concerns about patient safety.

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

There are monthly M&M meetings. In O&G there are risk management meetings conducted with the O&G unit in Aberdeen.

3. Summary

Is a revisit required? (please highlight the appropriate statement on the right)	**Yes**	**No**	**Highly Likely**	**Highly unlikely**

The visit panel identified significant concerns around the quality of training in O&G that falls short of the requirements of the GMC's standards; the concerning aspects of training are reflected in the requirements below. We determined that the on-going quality management would be through usual Deanery QM processes and that training concerns in O&G at Dr Gray's Hospital would not be escalated to the GMC's enhanced monitoring process at this time. The quality of training in relation to paediatrics is, however, good with no significant concerns.

Positive aspects of the visit:

Those were in relation to paediatrics, that was not a formal component of this visit:

- Teaching and learning opportunities in Paediatrics, that were strongly supported by the consultants.
- Supportive consultant Paediatric trainers.
- Feedback to trainees in Paediatrics to inform their learning.

Less positive aspects of the visit:

- Lack of consultant oversight and ownership of training.
- Lack of consultant engagement in the handover of patients.
- Lack of adequate experience for GP trainees.
- Lack of 'on the job feedback' to inform the trainees' learning.
- Lack of adequate induction to obstetrics & gynaecology (including roles and responsibility by day, OOH, how department works and when to contact seniors).
- Near absence of formal teaching in obstetrics & gynaecology. [When established this should be consultant-led and have protected time].

Overall Satisfaction: Trainees scored their overall satisfaction with training in O&G around 6 out 10. By contrast they scored their overall satisfaction with training in paediatrics around 9 out 10.

4. Areas of Good Practice

Ref	Item	Action
4.1	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	Nil	

6. Requirements – Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Lack of a culture embedding the training and education of doctors in training in Obstetrics & Gynaecology.	18th August 2022	FY2/GPST
6.2	The training opportunities provided to GPSTs must meet the needs of the curriculum.	18th August 2022	GPST
6.3	Trainers in Obstetrics & Gynaecology must engage in developing a culture of routinely providing informal 'on the job' feedback to doctors in training.	18th August 2022	FY2/GPST
6.4	Lack of adequate induction to Obstetrics & Gynaecology (including roles and responsibility by day, OOH, how department works and when to contact seniors).	18th August 2022	FY2/GPST
6.5	There must be a protected formal teaching programme for doctors in training in Obstetrics and Gynaecology. When established this should be consultant-led and have protected time].	18th August 2022	FY2/GPST
6.6	Handovers in Obstetrics and Gynaecology must include consultant input to ensure patient safety and learning opportunities for doctors in training.	18th August 2022	FY2/GPST