Scotland Deanery

Quality Management Visit Report

NHS Education for Scotland

Date of visit	Tuesday 11 January 2022	Level(s)	Foundation/Core/Specialty
Type of visit	Triggered Visit (virtual)	Hospital	Aberdeen Royal Infirmary
Specialty(s)	General Surgery	Board	NHS Grampian

Visit panel	
Kerry Haddow	Visit Lead and Associate Postgraduate Dean for Quality
Alison Lannigan	Training Programme Director
Melvin Carew	Foundation Programme Director
Sarah Bowers	Trainee Associate
Vivienne Harte	Lay Representative
Vicky Hayter	Quality Improvement Manager
In attendance	
Ashley Bairstow-Gay	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	9
Trainees in attendance	Foundation x 9 Core x 2 Specialty x 8
Feedback session	16
Date report approved by Lead Visitor	18th February 2022

1. Principal issues arising from pre-visit review

A previous visit was held on 20th February 2019. The visit panel highlighted a number of requirements (see below).

Previous Requirements:

- All handovers within Vascular and Paediatric Surgery must become more structured and more robust with written or electronic documentation
- Educational Supervision structures must be formalised, and regular meetings held with trainees
- Trainees must receive adequate unit induction to all departments they cover to allow them to work safely and confidently
- A formal mechanism for all trainers to feedback to trainees must be established
- There must be an increase in relevant training opportunities for Core Trainees
- Barriers preventing FY2 trainees attending their dedicated teaching must be addressed

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.

The panel met with the following groups
Foundation Trainees
Core Trainees
Specialty Trainees

The visit panel were informed that the department had suffered many staff shortages due to covid at the time of the visit and only 2 core trainees attended on the day. We offered a number of dates and time to see the trainees out with the visit but were not able get a sizable group together. Therefore, this report includes some responses previously submitted by core trainees two weeks prior to the visit via a pre-visit questionnaire.

The Deanery would like to thank Aileen McKinley (Clinical Lead) and Shay Nanthakumaran (Chair of General Surgery Committee) for the helpful and informative presentation before the visit commenced highlighting the recent introduction of the allocation dashboard, the ongoing challenges facing the department, and what is required to improve training for the future.

2.1 Induction (R1.13)

Trainers: Trainers advised there is a simulation day and departmental handbook emailed to all the trainees. Higher trainees are invited to the Paediatric Surgery induction and given a handbook however there is no formal cross cover induction to departments trainees cover out of hours. Induction is recorded on Microsoft teams for any trainees who cannot attend.

Foundation Trainees: All trainees received hospital and departmental induction and had access to the departmental handbook. Trainees advised they did not all receive IT passwords and log in information for TRAK and could not access patient lists for a few days. Trainees reported a very good complex departmental induction which included simulation but felt slightly overwhelmed with the amount of information.

Core Trainees: Trainees received hospital and departmental induction; the majority of trainees felt hospital induction could be improved by tailoring this to specific grades. There were a mix of views on departmental induction, additional comments described it as rushed and not well structured, trainees would have preferred more information on who does what, a pre induction handbook and clear arrangements on handover. Trainees did not receive any induction to specialties they cross cover out of hours.

Specialty Trainees: Trainees advised they received hospital induction but IT passwords were delayed. Trainees did not receive departmental induction; one trainee completed an online IT induction there was no handbook or a separate induction to specialties trainees are required to cross cover. Paediatric Surgery have a separate induction with a handbook.

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

Trainers: Trainers encourage trainees to make time to attend teaching. Foundation teaching is currently one hour per week which is bleep free via Microsoft teams. All core trainees are timetabled to attended teaching although attendance has been patchy due to Covid. A timely email is circulated to trainees and consultants to notify them of upcoming teaching dates. Specialty trainees have 4 days per year timetabled with rotas scheduled to allow attendance.

Foundation Trainees: FY1s advised there is deanery teaching on a Thursday, QA teaching once a week and peer teaching run by a PA which is not bleep free. Deanery teaching is held on microsoft teams and can be difficult to attend as there is not always access to a computer and trainees can be regularly interrupted. FY2s advised that teaching is sporadic and not weekly, and it can be difficult to leave the ward due to workload. Trainees currently only have a training schedule for the next two weeks and advised they would benefit from a scheduled teaching programme distribution in advance.

Core Trainees: Trainees receive between 1-2 hours teaching per week which is not bleep free. Trainees would prefer more grade specific teaching with the time and topic sent in advance. Half of trainees can attend between 30-49% regional teaching with half stating it as bleep free. Due to lack of theatre opportunities if trainees would prefer to attend theatre and can watch teaching later but this does not count towards attendance.

Specialty Trainees: Trainees advised there is a weekly QA meeting and trainees are strongly encouraged to attend. There is a journal club, M&M meeting and regional teaching which happens twice a year, two days in Inverness and one day in Aberdeen.

2.3 Study Leave (R3.12)

Trainers: Trainers advised that study leave opportunities were restricted due to covid, but these are now more flexible. Trainers reported that short notice requests can be challenging.

Specialty Trainees: Trainees reported no issues with study leave however it can be challenging if the requested course is when you're on-call as the rota is very rigid and impossible to change.

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

Trainers: Trainers advised the experienced trainers are allocated to core and specialty trainees and new consultant colleagues are allocated to foundation trainees for 4-month blocks. All trainers are allocated more than one trainee and although they have time in their job plan, they have to be creative with their time. If there are known concerns with a trainee, trainers are supportive and have ongoing discussions and manage these effectively.

Foundation Trainees: All trainees advised they had been allocated an educational supervisor automatically through Turas. The majority of trainees had met their supervisor which they found easy to do and very useful. One trainee reported they had not made contact in person with their supervisor as, yet which had been challenging due to absence.

Core Trainees: All trainees have met with their educational supervisor and discussed objectives. Not all trainees meet with their supervisor regularly in line with improving surgical training (IST) requirements.

Specialty Trainees: All trainees advised they were allocated an educational supervisor and meet formally at the start, middle and end of post but meet informally every day. Not all trainees have had a mid-term meeting and accessibility is variable between consultants. Trainees reported that not all consultants are familiar with the new curriculum requirements.

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 staff could differentiate between grades of staff using the colour coded lanyards. Trainees always know who to contact during the day and out of hours. Trainers are not aware of trainees working beyond their competence within the department but perhaps during re-deployment during covid trainees may have been out with their comfort zone.

Foundation Trainees: Trainees reported is can be difficult to know who to contact between 6-8pm when the shift patterns change. There is always someone available out of hours and all the registrars are very approachable. Trainees gave one example of working beyond competence and can

sometimes feel out of their depth when middle grades and consultants are in theatre, however advice can be given over the phone which does not impact on patient care.

Core Trainees: Half of trainees rated clinical supervision as good, and the majority advised that Consultants are approachable and happy to be contacted anytime. Two trainees reported working beyond their competence.

Specialty Trainees: Trainees advised they know who to contact during the day and out of hours and have no issues as trainers are accessible and approachable.

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

Trainers: Trainers advised the curriculum has recently changed and sessions have been held to give updates to trainees and consultants. Trainers reported some learning outcomes that are difficult such as gallbladders and hernias for core trainees and colonoscopy for specialty trainees. Trainers can receive feedback from the dashboard and align trainees to training opportunities based on these requirements. Trainers reported that Stracathro is a valuable option for training.

Foundation Trainees: Trainees advised they have no issues achieving the required number of core competencies for this post. However, they undertake a high number of daily tasks which are of little educational benefit such as taking bloods for patients not on their allocated ward which can take a lot of time and feeling rushed to do ward rounds with little time to take notes.

Core Trainees: Although some trainees are very or quite confident, they will receive the required competencies in this post others are not sure, not very confident or do not believe these will be achieved. There is a lack of endoscopy training and although trainees are keen to be trained on the simulator it is not always possible when they are based in Paediatric surgery. Trainees advised there are several opportunities to attend clinics for Paediatric Surgery but a lack of theatre cases.

Specialty Trainees: Trainees advised there was no structured way to which training is delivered and have to leave training opportunities to undertake ward rounds twice a day. There is no discussion in theatre as to what is expected of a trainee and there have been no dedicated training cases since August 2021. Trainees advised their duties are more of what would be expected of a junior trainee

dedicated to service commitments and not training. Some consultants are good trainers and will discuss training requirements for each case, but it is entirely consultant dependent whether trainees receive training or not. Trainees advised the allocation dashboard is good and senior trainees sit together to discuss training opportunities and are allocated to lists in advance. Trainees reported covering Paediatric Surgery/Breast Surgery and Vascular Surgery. It is no longer compulsory to rotate to Paediatric Surgery for 6 months.

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

Trainers: Trainers advised there is no mechanism in place to monitor how easy it is for trainees to complete workplace-based assessments and educational supervisors take personal responsibility for these. Trainees are regularly encouraged to submit assessments.

Foundation Trainees: Trainees advised there are opportunities to complete workplace-based assessment, but it can be difficult to get direct supervision.

Core/Specialty Trainees: Trainees advised completing workplace-based assessments is consultant dependent, some are very good, and some will take a long time to sign off.

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

Foundation Trainees: Trainees advised there are opportunities for multiprofessional learning at the weekly QA meetings and on the ward with the nurses and dieticians. Trainees are unaware of any MDT or CME meetings.

2.9 Adequate Experience (other) (R1.22)

Core/Specialty Trainees: Trainees advised there lots of opportunities if you wish to undertake a quality improvement project or audit.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that finding time to give feedback can be challenging and not all trainees are aware when they are receiving feedback. Feedback can be given during theatre lists or during simulator sessions. During the weekly grand round trainees present cases and feedback encouraging positive behaviours.

Foundation Trainees: Trainees advised they receive very little feedback unless they do something wrong as there is no formal procedure. If they do receive it, they find it constructive and meaningful.

Core/Specialty Trainees: Trainees advised that receiving feedback can vary depending on which consultant you are working with and receive this less frequently than weekly.

2.11 Feedback from trainees (R1.5, 2.3)

Foundation Trainees: Trainees advised they can feed back any concerns on the quality of their training to the lead trainee who attends the specialty trainee committee,

Core/Specialty Trainees: Trainees can feedback any concerns on the quality of their training to the clinical lead, weekly meetings or via the trainee representative on the specialty training committee. Trainees can also provide feedback via the new allocation dashboard.

2.12 Culture & undermining (R3.3)

Trainers: Trainers were aware of an undermining concern from trainees redeployed in early Covid which had been dealt with formally through the Director of Medical Education. There are unaware of any specific bullying or undermining instances and understand it is a culture which is inappropriate.

Foundation Trainees: Trainees are aware of undermining concerns raised last year with the previous cohort of trainees but have had no issues or concerns this year.

Core/Specialty Trainees: Trainees reported observing junior trainees being undermined in the past, but this has now been dealt with. Communication with specialties trainees cross cover can sometimes

be challenging but if a problem arose trainees would speak to their educational supervisor and any concerns would be addressed.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised that trainees are allocated to the rota according to their training needs using the QI dashboard. The QI dashboard has only recently been introduced and is discussed every week. There are currently no rota gaps unless someone goes off sick leave/self-isolation.

Foundation Trainees: Trainees advised the rota is not used optimally and trainees can work 7 days in a row 4 days and 3 nights then 2 days off. FY1s always remain in the same team when working 8-4 but this changes week to week. FY2s work a different shift and reported between 4-6pm as very busy with little time to handover. Trainees are not given 6 weeks' notice and are currently changing banding.

Core Trainees: The majority of trainees advised workload was busy and work between 5-20% beyond rostered time and some believe their health has suffered as a result. Three trainees reported their education and training is adversely affected by the rota. Trainees reported being exhausted with long days and on-call and have no time or energy for any quality improvement projects or research.

Specialty Trainees: Trainees stated the rota is challenging and trainees can work 76 hours in one week which is exhausting. The consultant rota is not in line with the specialty trainee rota and there are many service pressures. Trainees only receive the rota 3 weeks in advance which is rigid and very difficult to change. Annual leave is only on elective days and if you wish to swap you need to find cover for all teams which is virtually impossible.

2.14 Handover (R1.14)

Trainers: Trainers advised that handover is led by specialty trainees who present cases. Trainers try and encourage trainees to formulate a plan and use decision making.

Foundation Trainees: Trainees reported information can be lost when handing over on short days. Handover is not used as a learning opportunity and trainees often stay late to handover due to lack of time.

Core Trainees: Trainees reported difficulties handing over from the reg on call if working Friday and not the weekend. There is no clear structure in place for afternoon handover, core trainees have to leave training opportunities to take handover when the FY finishes at 4pm to then handover to the late FY at 6pm. No structured handover for non-receiving.

Specialty Trainees: Trainees reported handover as difficult. There are 3 handovers during the day and half of the 35-40 patients are new to trainees with little consultant input which can be challenging. All trainees finish at different times which means multiple handovers. At the weekend the registrar covers the ward round with no formal handover and no patient information which is a concern especially for patients with a complex history.

2.15 Educational Resources (R1.19)

Trainers: Trainers advised trainees have access to offices with computers. The teaching and training room is now used as an overflow due to covid.

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

Foundation Trainees: Trainees reported staff are very understanding and supportive but due to the nature of the job there isn't always someone available.

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

N/A

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised the any concerns are raised through the proactive Datix system and any incidents are collated with learning points and discussed weekly. Trainees are encouraged to raise concerns and there is always senior help around to guide and signpost.

Foundation Trainees: Trainees reported patient safety concerns if they are looking after 30 plus patients whilst taking bloods and doing repetitive tasks, they are worried things would be missed.

Core Trainees: Trainees reported patient safety concerns due to one junior doctor covering the entire ward and exhaustion which impacts the ability to learn.

Specialty Trainees: Trainees advised patient safety concerns in relation to the handover especially post receiving when trainees are expected to do the ward round with no knowledge of the patients. Trainees leave MDTs to attend handover at 5pm.

2.19 Patient safety (R1.2)

Trainers: Trainers advised there is always someone available to ask if a trainee has any patient safety concerns. There are advanced nurse practioners on the ward who signpost and guide trainees to the relevant person.

Foundation Trainees: Trainees advised it is easy to escalate any concerns but due to the day to day set up in the department things can easily be missed due to the volume of jobs required.

Core/Specialty Trainees: Not all trainees reported being comfortable if a friend or relative was admitted and this would depend on which consultant looked after their care. Trainees reported some patients being given antibiotics when they should have been operated on and they end up returning in a few weeks.

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

Trainers: Trainers advised any adverse incident are documented on the Datix system. If there is a minor issue, then guidance and support will be given or if more persistent issues it would be dealt with one to one with extra support. Trainers are currently in the process of looking of formalising mentorship.

Foundation trainees: Trainees advised that adverse incidents are reported via Datix and feedback is given.

Core/Specialty Trainees: Trainees advised they would use Datix following an adverse incident and would be supported by colleagues. If something went wrong with a patients care and educational supervisor would be available immediately.

2.21 Other

Average overall satisfaction scores:
Foundation trainees average score 6.2/10
Core trainees average score 4.5/10
Specialty trainees: average score 3.75/10

Additional questions:

Foundation Trainees: Trainees advised they can be rota'd for 7 days undertaking 70 hours plus per week and her allocated annual leave on the 8th and 9th day which is unacceptable.

Core Trainees: Trainees advised this post is not set up for core trainees and the post is entirely service provision.

Specialty Trainees: Trainees advised there is no training list for endoscopy. There was previously an agreement with management to allocate a trainee to Stracathro however this is no longer happening. There is simulation training on a Wednesday for endoscopy but only 2 trainees can attend. Trainees advised there are training opportunities available, but these are not being utilised which was an issue pre COVID. Dual consultants cover OG and HPB which leaves nothing for a trainee to do.

3. Summary

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

The visit panel found a supportive and approachable team who have recently introduced new initiatives with the allocation timetable and dashboard and skills sessions for foundation year ones. There are however some significant concerns and below is a list of requirements in relation to induction, rota, patient safety, supervision, handover, feedback, and training opportunities.

We have highlighted below both the positive aspects from the visit, and some areas for improvement and requirements.

What is working well:

- Supportive and Approachable Senior Team
- Excellent ANPs
- The visit panel commend the creation of the new initiatives – the teaching and training monthly meetings and allocation timetable and dashboard
- Introduction of the skills session and handbook for FY1s was well received
- No undermining or bullying concerns and a culture that supports whistleblowing

What is working less well:

- Lack of induction for Vascular, Breast and Paediatric Surgery cross cover which could impact patient safety
- Poor turnout of Core trainees due to staffing issues
- Intense non-compliant rota with issues at all levels. This was described as inflexible, inhuman, and onerous. This impacts on patient safety, educational opportunities, and trainee wellbeing
- Multiple handovers potentially impacting on patient safety
- Lack of clinical supervision on wards rounds
- Lack of formalised feedback for foundation trainees and variable feedback for higher trainees
- Variable Educational Supervision, not all trainees have met with an educational supervisor as regularly as required
- The panel are aware of the reduction in theatre and endoscopy training due to COVID however there are missed training opportunities and educational events which are not currently maximised.

4. Areas of Good Practice

Ref	Item
4.1	N/A

5. Areas for Improvement

Ref	Item	Action
5.1	Although regional teaching takes place this could perhaps be more than 2 days per year	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Induction must be provided for the specialties trainees cross cover which ensures they are aware of all their roles and responsibilities and feel able to provide safe patient care.	August 2022	All
6.2	Solutions must be found to address the non-compliant rota which may have non-intended consequences such as patient and trainee safety risks.	Immediately	All
6.3	The Rota pattern must be reviewed with the trainees who are on the rota to identify ways to address their concerns and ensure sufficient rest time and avoid patterns which result in excessive fatigue.	Immediately	All
6.4	Educational Supervision structures must be formalised, and regular meetings held with trainees in line with requirements. Educational supervisors must understand curriculum and portfolio requirements for their trainee group.	October 2022	All
6.5	Handovers involving trainees must be optimised to ensure patient safety and learning opportunities.	October 2022	All
6.6	Clinical supervision must be available at all times.	October 2022	All

6.7	Feedback to all levels of trainees on their management of acute receiving cases must be provided to inform their learning and training (aiming for this in at least 40% of opportunities).	October 2022	All
6.8	Trainees must be able to access learning opportunities to meet curricular objectives including, for example, outpatient clinics/theatre.	October 2022	All
6.9	Measures must be implemented to address the patient safety concerns described in this report.	October 2022	All