Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	8th December 2021	**Level(s)**	FY & ST
Type of visit	Triggered	**Hospital**	Aberdeen Royal Infirmary
Specialty(s)	Histopathology	**Board**	NHS Grampian

Visit panel	
Dr Marie Mathers	Visit Chair – Associate Postgraduate Dean
Dr Gordon Reid	Training Programme Director –Histopathology – West Region
Professor Lorna McKee	Lay Representative
Miss Kelly More	Quality Improvement Manager
Dr Aaron Taylor	Trainee Associate
In attendance	
Mrs Alison Ruddock	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Diagnostics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Marie Mathers
Quality Improvement Manager(s)	Miss Kelly More
Unit/Site Information	
Non-medical staff in attendance	n/a
Trainers in attendance	11
Trainees in attendance	3 ST1s, 1 ST2, 2 ST3s, 2 ST4s, 2 ST5s, 2 ST7s

Feedback session: Managers in attendance	Chief Executive	no	DME	yes	ADME	no	Medical Director	no	Other	Yes cons & trainees

Date report approved by Lead Visitor	14 December 2021

1. Principal issues arising from pre-visit review:

The Deanery intend to visit the Histopathology Department at Aberdeen Royal Infirmary. The visit team plan to investigate the red flags in the 2021 GMC National Training Survey for adequate experience, clinical supervision, curriculum coverage, local teaching, overall satisfaction, regional teaching and workload. There were also pink flags for educational governance, educational supervision, feedback, supportive environment and teamwork. The 2021 Scottish Training Survey results showed red flags for clinical supervision, educational environment, teaching and team culture.

The visit team will also use the opportunity to regain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were teaching, adequate experience, feedback and team culture.

The visit commenced with Dr Louise Smith (Training Programme Director) and Dr Fiona Payne (Clinical Director) delivering informative presentations to the panel which provided some further detail around the issues highlighted by training survey data. Dr Payne also highlighted the significant pressures being experienced within the pathology service in relation to consultant staffing shortages, workload pressures and a current programme of renovation work within the department.

A summary of the subsequent 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 includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13):

Trainers: They were not aware of any issues with induction.

Trainees: All trainees had an induction; it was 2 weeks long and said to be very thorough. There were no issues or suggestions for improvement as it was comprehensive.

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

Trainers: The list of topics for formal Thursday morning trainee teaching sessions is sometimes based on requested topics from trainees rather than specific curriculum content. The list is trainee driven and covers a range of needs which means that sometimes the sessions are tricky to pitch correctly. Some of the consultants felt that the topics on the list were very specific and it could be difficult to find cases to teach to.

Significant, long term consultant staffing issues and current diagnostic workload pressures can make it challenging to find time to deliver teaching. Some consultants wanted to be involved but due to time pressures were unable to do so. Teaching does happen, it isn't always formal as there is also case based teaching taking place.

Trainees: There is 1 hour of formal teaching on a Thursday morning, trainees are able to attend but the issue is more with getting a consultant to deliver the session. There are another 2 hours during the week for circuses in cytology and histology although cytology sessions are more sporadic and do not always take place weekly. Prior to covid it was also difficult getting a consultant to sign up, so this is not a new issue. Circuses are mainly trainee led; consultants used to attend which was good as it led to more in-depth discussion. They do not attend many now.

The quality of the sessions is not always good as there seems to be a disconnect on what is delivered and what is expected by trainees. For example, trainees would actually prefer more regular informal shorter sessions rather than longer lecture based teaching that is delivered less frequently and takes a long time for consultants to prepare for. They would also like some exam-based teaching particularly for the part 2 exam. Trainees recognise the challenge facing consultants around pitching to different levels. They also mentioned that some consultants regularly deliver sessions but around 1 third to a half don't deliver any formal sessions.

There is informal teaching based around cases although double headed microscope teaching has been dramatically reduced so don't get the same experience. Teaching at cut up has also reduced.

2.3 Study Leave (R3.12)

Trainers: n/a

Trainees: n/a

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

Trainers: Covid has had a big impact on this, face to face supervision is not always possible due to social distancing. Some consultants are more rigid with their demands on trainees' time so other consultants can't get the trainees' cases checked as they are doing work for someone else. Time to train is also an issue as supervisors have time in the job plan but it is used up by doing service provision. The renovations are having an impact on physical space/ability to see the trainees.

Trainees: They have no issues with educational supervision.

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: It is a small department; they all work in the same building so consultants are easy to access either in person or virtually. Cases allocated by laboratory staff and each case will have a named consultant. There is also a duty consultant for cut up. All the consultants are approachable and can be called on if a trainee can't find named consultant. Trainees are allocated to a particular subspecialty which makes it easier to find for a trainer to speak to.

Trainees: Trainees always know who their clinical supervisor is although social distancing makes it trickier, but they try to be proactive and plan ahead by arranging a time to see them. However, they may know who the supervisor is but depending on who it is they may not always all be approachable and accessible. In one specialty one of the consultants make comments about time pressures and looks at their watch. Another trainee said that they were left to cut a sample by themselves and did not feel entirely comfortable doing so.

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

Trainers: The training programme director (TPD) made colleagues aware of the main changes to new curriculum and consultants were directed to page on Royal College of Pathology website. Some of the educational supervisors try to read the highlights then direct trainees to relevant sections.

Trainees: Senior trainees said that there is no independent reporting, its introduction has been discussed for many years, but nothing has changed. It can be challenging to achieve soft tissue pathology coverage in either service work or teaching. There is one consultant in that area who doesn't engage with trainees. It can also be tricky to get access to specialist gastrointestinal biopsies.

Attendance at multi-disciplinary team (MDT) meetings was easier in person. Now in some specialties trainees feel they are not welcome at, or not offered to attend. Some teams are very willing to get you involved and some are not, but this was the same as pre covid, although access at some meetings has improved since the regional associate postgraduate dean (APGD) got involved. Senior trainees do not get adequate opportunity to present cases at MDMs. Trainees do not feel that they do many things that are not educational as each task has some learning involved in it.

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

Trainers: Trainees are offered access to all subspecialties so there are plenty of opportunities for case-based discussion and chances to get assessments completed.

Trainees: They feel that they do achieve adequate assessment coverage. There are opportunities to get these done. Same consultants do all the assessments, and some do not return them at all even when they are sent directly to them.

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

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

Trainers: n/a

Trainees: Trainees are getting to do an audit a year as per their curriculum. Although some opportunities are not promoted equitably amongst all trainees. It can be harder to do quality improvement projects as they have no time set aside in their rota to do these and no one person in department taking charge of these things.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainees are given feedback during double headed microscope sessions. The majority of feedback given is on the job and informal. The formal feedback forms are given by trainees for completion by consultants. The form had been revised based on trainee feedback. Trainees are encouraged to get it completed at the end of every rotation, but it is not always used.

Trainees: The vast majority of feedback is informal and given at time of doing cases. There have been various attempts at formal feedback either at the end of year or twice a year. There is now a lack of engagement on both sides perhaps due to feedback fatigue for end of placement forms as this can be as frequent as every 2 weeks. Consultant engagement with forms that are issued is variable, some consultants don't return them, or trainees only get feedback when it's bad.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: n/a

Trainees: They have regular meetings with the TPD, these meetings are sometimes attended by other staff members. This is a good avenue to feed back as it is supportive, and trainees do feel listened to although they also feel that output from these meetings are then taken to senior staff meeting but ideas don't get any further.

2.12 Culture & undermining (R3.3)

Trainers: The department is not without problematic people, but the consultants present had not personally observed any bullying or undermining behaviours.

Trainees: The culture in the department was very different before the building work and covid. Trainees miss the social space and the opportunity to interact with consultants. Some trainees feel that they are perceived as a hinderance and that their training is a burden. They recognise the volume of the consultant workload and challenges that the points system brings. They feel that an open culture is not promoted and an example of this is that cameras are off at staff meetings.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainees are able to work in all subspecialties as they are on the rota in all of them. Trainees do not attend MDTs even though they are invited.

Trainees: n/a

2.14 Handover (R1.14) – Not asked.

2.15 Educational Resources (R1.19)

Trainers: Having better microscopes would be good. However, they do have plenty of books and adequate internet access. There is also a black box that can be used for teaching sessions.

Trainees: The building itself is old with leaking roofs. There are plenty of books and access to computers. However, there is a lack of voice recognition software and webcams and the noise pollution caused by the ongoing building works is very challenging.

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

Trainers: n/a

Trainees: They have access to occupational health and the TPD is very supportive.

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: n/a

Trainees: There is the trainee staff meeting with the TPD. Action against meeting output has become better since the regional associate postgraduate dean has become involved with the department.

2.18 Raising concerns (R1.1, 2.7) – Not asked.

2.19 Patient safety (R1.2) – Not asked.

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

Trainers: One of the consultants been involved in an incident that also involved a trainee. They helped the trainee filled in the Datix form and also completed a learning form about the event. The incident was used as shared learning with the wider team and also discussed at the clinical incident committee who reviews all forms.

Trainees: There is a critical incident meeting but only one trainee representative is invited.

2.21 Other

Trainers: n/a

Trainees: Overall satisfaction scores were between 3 and 10 with 5.7 being the average score.

3. Summary

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

The challenges around the ongoing building work and covid were recognised by the visit panel. This has led to a disconnect and low morale amongst both trainees and consultants. This coupled with increased workload pressures has led to a lack of understanding about each other group's needs.

Positive aspects of the visit were:

- There was a clear line of clinical responsibility for trainees on a day-to-day basis.
- The TPD is said to be excellent and supports both trainees and educational supervisors.
- The department has excellent resources in terms of both materials and trainers for example cytology.
- There is an effective induction process.
- There were examples of critical incidents being used as a learning opportunity
- Many of the team are willing to make changes
- Some consultants were willing to teach more but they feel that time pressure is significant.

Less positive aspects of the visit were:

- A programme of teaching needs to be established that runs regularly, is fit for purpose, & maps to the curriculum with consultant and trainee input.
- Senior trainees need to be enabled to present at MDTs and to carry out independent reporting.
- Access to clinical supervision could be improved for junior trainees.

4. Areas of Good Practice

Ref	Item	Action
4.1	There was a clear line of clinical responsibility for trainees on a day to day basis.	n/a
4.2	The TPD is said to be excellent and supports both trainees and educational supervisors.	n/a
4.3	The department has excellent resources in terms of both materials and trainers for example cytology.	n/a
4.4	There is an effective induction process.	n/a
4.5	There were examples of critical incidents being used as a learning opportunity.	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	none	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	A programme of formal teaching that is appropriate to the curriculum requirements of trainees should be maintained.	6 months	All
6.2	Those providing clinical supervision must be supportive of trainees who seek their help and must never leave trainees dealing with issues beyond their competence or ‘comfort zone’.	6 months	All
6.3	The department must increase relevant training opportunities for senior specialty trainees particularly around attendance at MDTs and being able to report independently.	6 months	Senior ST