Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	29th November 2021	**Level(s)**	F1, F2 and GP
Type of visit	Triggered	**Hospital**	St John's Hospital
Specialty(s)	Paediatrics	**Board**	NHS Lothian

Visit panel	
Dr Geraldine Brennan	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Clair Evans	Training Programme Director
Dr Rebecca Docea	Foundation Programme Director
Dr Laura Mulligan	Trainee Associate
Mr Eddie Kelly	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Geraldine Brennan & Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	6
Trainees in attendance	F1 – 1, F2 – 2, GP – 2

Feedback session: Managers in attendance	Chief Executive	0	DME	0	ADME	1	Medical Director	0	Other	7

Date report approved by Lead Visitor	04/03/2022 Dr Geraldine Brennan 14/03/2022 Professor Clare McKenzie

1. Principal issues arising from pre-visit review:

Following review and triangulation of available data, including the GMC National Trainee Survey and NES Scottish Trainee Survey, a Deanery Triggered Visit has been arranged to Paediatrics at St John's Hospital.

GMC Triage List 2021

Paediatrics – GMC Triage list, NTS and STS significant change in scores.

NTS 2021

All trainees – Pink Flags, Adequate Experience, Clinical Supervision, Curriculum Coverage, Educational Governance, Educational Supervision, Handover, Reporting Systems. Red Flags, Induction, Overall Satisfaction, Rota Design, Supportive Environment.
F1 Paediatrics – all grey flags.
F2 Paediatrics – Green Flag, Clinical Supervision Out of Hours. Pink Flags, Educational Supervision, Induction, Supportive Environment. Red Flag, Rota Design.
GPST – all grey flags.
ST – no data.

STS 2021

All trainees – Pink Flags, Handover, Teaching.
Foundation Paediatrics – Red Flag, Handover.
GPST Paediatrics – all grey flags.
ST – all grey.

At the pre-visit teleconference the visit panel agreed that the focus of the visit should be around the areas highlighted in the survey data and pre-visit questionnaire.

The GP trainees in post at the time of the visit were unable to attend the virtual session on the 29th November. To ensure a robust report these trainees were interviewed by a reduced panel on the 26th January 2022.

Department Presentation:

The visit commenced with Dr Aniela Tybulewicz, Joint Clinical Lead delivering an informative presentation to the panel. This provided detailed information on the configuration of the department, and the impact of COVID-19 on working arrangements. The department was are keen to understand the concerns raised in the flags within the GMC National Trainee Survey so improvements can be made.

2.1 Induction (R1.13):

Trainers: Trainers reported that there is a well-established comprehensive and structured induction in place which they feel prepares trainees well for their time in post. Induction is repeated from those who cannot attend due to night shifts and induction packs are also sent to all trainees 6 weeks prior to commencing in post.

F1/F2/GP Trainees: Trainees reported a mixed response to induction. Most confirmed receiving a comprehensive departmental induction to paediatrics and SCBU. Non-attendance was due to nightshift and although a catch-up session was arranged it was not as in-depth as the full induction session offered on the first day in post. Induction to the postnatal ward could be improved as often trainees feel unsupported and unsure of their role. Induction to the neonatal unit could also be improved; trainees commented on feeling anxious and stated that they should have been provided with 2 supervised sessions to demonstrate baby checks before doing these independently, which did not always happen. Although they were supplied with an induction pack prior to commencing in post which detailed roles and responsibilities and details of the online prescribing modules they suggested more information should be added on ward 11 and the expectations of them when in this area. They also confirmed being supplied with a pack on the first day which contained IT passwords.

Only one trainee attended hospital induction other trainees were either presented with a condensed induction provided by a consultant in the department or were advised not to attend at all even if new to the health board.

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

Trainers: Trainers described teaching available to SHO/F1/F2/GP trainees as taking place on a Monday morning prior to ward rounds. On a Wednesday afternoon the “hot week” consultant provides a teaching session and once a month junior trainee’s undertake simulation training. Consultants and advanced nurse practitioners (ANPs) help provide cover to allow attendance. They stated that the department adopts a proactive nature where middle grades and consultants encourage and allow juniors to take part in procedures with help and assistance provided.

F1/F2/GP Trainees: Trainees described 1 hour per week of paediatric teaching. It is their understanding that teaching sessions should be available on a Monday morning, Wednesday morning and Wednesday afternoon, with a schedule available on a whiteboard within the department however most of these sessions have not taken place. Sessions that have been held were of good quality however some trainees were unable to attend due to their busy workload. The on-call consultant has also provided very useful sessions on GP referrals which have been well received. Trainees suggested that the department should consider a different time for Monday teaching. This session is delivered by the junior coming off weekend nights which means they must stay late after shift to deliver the session from 8am – 9.30am which is not well received. Foundation trainees raised concerns regarding their regional teaching. This teaching is delivered once a month and topics/sessions are not repeated, therefore if missed trainees have no opportunity to catch up. GP trainees reported being unaware of what regional teaching is available to them as they have had no contact with deanery GP team whilst in post.

2.3 Study Leave (R3.12)

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

F1/F2/GP Trainees: Not asked, no concerns raised in pre-visit questionnaire.

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

Trainers: Trainers reported that not all consultants are recognised trainers. The educational supervisor role is split between 2 consultants, one of whom has been absent on a long-term basis,

with no additional cover provided. Due to staffing issues, the remaining consultants have had to take on additional responsibilities and it was deemed inappropriate to also share this responsibility at this time. The supervisor confirmed they had appropriate time within their job plan to undertake this role. The group commented that all of the consultant group should ideally become recognised trainers, to allow the workload to be distributed, but this has not been possible due to staffing issues.

F1/F2/GP Trainees: Trainees confirmed having good quality educational supervision. Most have met with their supervisor twice and all have set learning objectives for the post. They also interact with their supervisor regularly on the ward. Some commented on being allocated a supervisor who subsequently went off long term and reallocation of a new supervisor took some time to be confirmed.

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 not aware of any instances where trainees have felt they have had to work beyond their level of competence. They commented that some experienced trainees have undertaken a variety of jobs and wished to run the unit independently; they noted frustrations from these trainees with the high level of support provided as the trainees felt this was not required.

F1/F2/GP Trainees: Trainees reported no concerns regarding clinical supervision in the Paediatric unit and that consultants are approachable and easily accessible. However, they reported that supervision in the post-natal ward is unclear in particular relating to support for baby checks. Trainees were expected to undertake baby checks with no previous experience and without having the training described at induction consisting of two supervised sessions prior to undertaking the task. Trainees felt this was a difficult situation to be placed in which made them anxious and stressed. Trainees also must be proactive in seeking support from midwives in SCBU as this is not readily available. GP trainees confirmed having a designated clinical supervisor who they meet twice in post and have set learning objectives.

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

Trainers: Trainers reported that they are aware of changes to the Foundation and GP curricula. They advised of difficulty in trainees being allocated to clinics which has arisen due to Covid-19 and staffing issues. Ideally, they would wish to have clinics included in the rota. They commented that recently an

ST1 and ST2 have helped provide daytime cover which has been a huge benefit to the department; they would like this to become a longer-term measure as they believe this would help boost attendance of other trainees at clinics and teaching. Other than clinic attendance, the trainers consider all trainees to have a good balance of duties, patient care, training, and development. The department has a high outpatient clinic volume, juniors present cases to middle grades and consultants. Quite a few bring along GP referrals to allow juniors to reflect on how they would approach and manage primary care referrals.

F1/F2/GP Trainees: Trainees reported having no difficulties in achieving their learning outcomes. GP trainees commented that it would have been beneficial to attend more outpatient clinics however they were unsure if they could have attended any more as these are not highlighted on the rota. Foundation trainees commented that they have not had the opportunity to attend outpatient clinics however this is not a curriculum requirement. They felt the post allows development of skills and competence in managing unwell patients. They consider the ratio of administrative tasks and clinical work compared to other posts as being very good and commented on getting a lot of time to develop clinically and as a doctor.

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

Trainers: Trainers stated that there is no shortage of opportunities for trainees to meet assessment needs. Often, they find at mid-point review that a lot of trainees are only just beginning to populate their portfolio, they are supported and encouraged to do so.

F1/F2/GP Trainees: Trainees reported no concerns in completing workplace-based assessments. They stated that ANPs and consultants are always very helpful and often on nights by default they are already completing case-based discussions (CBD) and mini clinical evaluation exercises (Mini-CEX) with them.

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

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

F1/F2/GP Trainees: Not asked, no concerns raised in pre-visit questionnaire.

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

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

F1/F2/GP Trainees: Not asked, no concerns raised in pre-visit questionnaire.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that feedback to trainees is immediate and continuous. Each case and management plan are discussed with a consultant.

F1/F2/GP Trainees: Trainees stated that feedback is received often and is honest, constructive, and meaningful. They are given the opportunity to present cases to seniors regularly.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers commented that trainees are asked to complete feedback after induction and at the end of their placements on areas they find are lacking which should be included in the next set of inductions. They are also asked to complete feedback after teaching, which is also used for reflection, improvement and to keep topics relevant. Trainees who are interested in research are guided to an appropriate consultant who will support them with a project.

F1/F2/GP Trainees: Trainees reported providing feedback via the training surveys, at supervisor meetings and via the NHS Lothian trickle app. However, they stated there was no open forum to provide constructive feedback to trainers on the quality of their training.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that the channels to report concerns around bullying and undermining are covered at induction and trainees can approach and discuss any matters with their educational supervisor. Induction also covers the datix system for reporting adverse incidents.

F1/F2/GP Trainees: Trainees reported on a very supportive and easily approachable clinical team and they have no concerns regarding bullying and undermining.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported that since August 2021 there had been no rota gaps. The biggest area of concern surrounding staffing issues was between February – August 2021 which may have been reflected in the survey data at that time. The rota comprises of 6 trainees 3 of which are on nights and it is recognised this can be difficult for them. Weekends for GP trainees can be difficult when they are coming back to the ward from a period of 4 weeks in their GP practice however support is always available. The rota has been monitored twice in the last year and was on the cusp for breaks and working hours however has passed on both occasions. Gaps in the rota can be very difficult to manage however when these occur the department try to remain as flexible as possible.

F1/F2/GP Trainees: Trainees reported having no gaps in the current rota. They stated that although there are no formal mechanisms to suggest improvements to the rota, they often engage in open conversations with the rota coordinator and are quite happy with how it works. They do not feel that the rota has compromised their wellbeing and in fact find it quite manageable although nights for F2s are heavy however hours are less per week. F2s undertake 5-6 sets of nights over the 4-month block.

2.14 Handover (R1.14)

Trainers: Trainers commented that handovers should involve junior doctors. There are 3 verbal paediatrics handovers and one written neonatal handover per day. The verbal handovers follow an SBAR format which is led by middle grades with consultant presence. They consider handover to be a learning opportunity with consultant discussion and the opportunity to discuss complex cases.

F1/F2/GP Trainees: Foundation trainees commented that handover is an area that could be improved upon. They mentioned 2-3 handovers per day led by the senior who is about to finish shift. Handovers rarely finish on time due to general chit chat about matters that are not relevant for handover purposes, which can sometimes result in important patient information being missed. Handovers are usually very thorough and provide safe continuity of care. Suggestions were made for the inclusion of a handover sheet which could be passed to the day or night teams, so people don’t

spend the entire handover trying to take notes. They felt that handover is sometimes a learning opportunity but more so if there is a complicated case. Foundation trainees would be keen to attend and present patients at handovers. Trainees have no access to written handovers in the neonatal unit. GP trainees reported that handovers were well structured and agreed with comments relating to handovers overrunning.

2.15 Educational Resources (R1.19)

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

F1/F2/GP Trainees: Not asked, no concerns raised in pre-visit questionnaire.

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

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

F1/F2/GP Trainees: Not asked, no concerns raised in pre-visit questionnaire.

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 reported that as part of the process to manage the quality of training in the department the associate director of medical education (ADME) touches base with the department every 6 months where any issues are brought forward and discussed. There is also the paediatrics specialty training committee and royal college where again issues can be tabled for discussion.

F1/F2/GP Trainees: Foundation trainees reported they are unsure of any trainee forums or the correct process to raise concerns about the quality of training in post. They are aware of British medical association (BMA) contractual meetings and sometimes receive e-mails from NHS Lothian regarding trainee management. GP trainees commented on a WhatsApp group used by junior staff to keep in touch and the availability of the Trickle App as way of raising concerns. They stated that consultants are approachable and would be happy to raise any concerns with them.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

F1/F2/GP Trainees: Not asked, no concerns raised in pre-visit questionnaire.

2.19 Patient safety (R1.2)

Trainers: Trainers commented on providing a safe environment for trainees and patients. Consultant cover is available until 8pm on weekdays and there is always middle grade support available out of hours. They feel that a high level of support is available, with a senior always on the ward and no patient is discharged without seeing them. There are also 2 safety briefs which take place daily within handovers. The datix system is also used to reflect and feedback on adverse incidents. If concerns are highlighted, they are approached in a supportive manner and taken forward constructively.

F1/F2/GP Trainees: Trainees reported they would have no concerns if a friend of family member was to be admitted to the ward. They commented on a daily morning safety brief however the Foundation trainees do not consider this to be useful as they do not highlight what needs to be done.

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

Trainers: Trainers reported that the datix system is used to reflect and feedback on adverse incidents. These are taken forward in a supportive and constructive manner. Debrief sessions are also arranged as way of support for any difficult situation as it can be very difficult for a young trainee to see very sick children.

F1/F2/GP Trainees: Trainees commented on being aware of significant event analysis that take place however do not have any debrief on these if they are not directly involved. Foundation trainees are unaware of any morbidity and mortality meetings (M&M meetings) taking place. GP trainees are aware of the datix system for reporting an adverse incident and confirm feedback was received.

2.21 Other

Overall Satisfaction Scores:

F1 – no score received.

F2 – 9/10.

GP – 9/10.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

This was a very positive visit where the panel found a strong, enthusiastic, and cohesive group of trainers focused on trainee wellbeing and providing a good training environment. This was echoed by the experience described within the trainee groups. The key areas for improvement noted at the visit relate to induction, feedback, support and handover. An action plan review meeting will be arranged 6 months post visit where the department will be given the opportunity to show progress against the requirements listed below.

Positive aspects of the visit:

- Supportive training environment with a strong, enthusiastic and cohesive group of trainers focused on trainee wellbeing.
- Strong multi-disciplinary team.
- Comprehensive induction to general Paediatrics and SCBU.
- 1-1 teaching provided by some “hot week” on-call consultants on GP referrals very much appreciated and enjoyed by trainees.
- Robust clinical supervision arrangements, with easily accessible seniors.
- Provision of 3 handover sessions per day which are consultant led.
- Excellent learning opportunities provided to trainees who have no concerns in achieving their curriculum requirements.
- Continuous “on the job” feedback highly valued by trainees.
- Good balance of patient care and learning opportunities.

Less positive aspects of the visit:

- The level of induction to the postnatal ward including clear information on roles and responsibilities for this area.
- Support provided to trainees in the post-natal ward; this includes support to those who are new to performing baby checks; not all trainees received 2 supervised sessions prior to doing this role.
- Trainees reported that they were asked not to attend hospital induction; this left trainees who were new to the hospital and health board being uncertain about the wider workplace at St John's.
- Trainees commented that catch up induction to the department for those on night shift is not as comprehensive as full induction provided on the first day in post.
- Local teaching (Monday morning junior led, and Wednesday afternoon Consultant led sessions) should be reviewed to ensure that sessions which are timetabled are held, Juniors presenting on Monday morning reported being required to stay beyond their rota hours to do this. Trainees reported being keen to present and request that this meeting is rescheduled to an alternative time.
- The panel recognise the difficulties faced by the department due to the long-term absence of an educational supervisor; the current arrangements for educational supervision within the unit are fragile and require review.
- Trainees should have a designated educational supervisor prior to commencing in post with induction and objective setting meetings taking place within the first 4 weeks of the post.
- Handover could be improved by introducing a more streamlined and structured format to focus discussions and maximise learning opportunities. Juniors currently have no role in presenting at handover meetings but are keen to do so and would welcome a handover sheet to help them to prioritise workload.
- There is no formal mechanism for trainees to provide feedback on trainers and training other than via the STS and NTS.
- Use of SHO terminology noted in the Trainer session should be actively discouraged.
- No GPST trainees were interviewed at the visit, however a focussed meeting to capture the views of this cohort has since been conducted and responses have been included in this report; this has contributed to a delay in releasing the report

Directly relating to St John's site:

- Trainees report that there is no back up for them to attend their mandatory once monthly teaching session. Trainees have on occasions requested to attend missed topics at other hospitals within the region.

Trainees are unaware of the existence of a local trainee forum/committee relating to training and education.

4. Areas of Good Practice

Ref	Item	Action
4.1	1-1 teaching provided by some "hot week" on-call consultants on GP referrals very much appreciated and enjoyed by trainees.	

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	Trainees reported that they were asked not to attend hospital induction; this left trainees who were new to the hospital and health board being uncertain about the wider workplace at St John's site.	
5.2	Trainees commented that catch up induction to the department for those on night shift is not as comprehensive as full induction provided on the first day in post.	
5.3	Local teaching (Monday morning junior led, and Wednesday afternoon Consultant led	

	sessions) should be reviewed to ensure that sessions which are timetabled are held. Juniors presenting on Monday morning reported being required to stay beyond their rota hours to do this. Trainees reported being keen to present and request that this meeting is rescheduled to an alternative time.	
5.4	The panel recognise the difficulties faced by the department due to the long-term absence of an educational supervisor; the current arrangements for educational supervision within the unit are fragile and require review.	
5.5	Handover could be improved by introducing a more streamlined and structured format to focus discussions and maximise learning opportunities. Juniors currently have no role in presenting at handover meetings but are keen to do so and would welcome a handover sheet to help them to prioritise their workload.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be induction of doctors in training to all roles and responsibilities, including induction to roles in postnatal wards.	Immediately	FY
6.2	There must be timely allocation of Educational Supervisors so that trainees know who is providing their educational supervision at commencement of their post. Initial meetings and development of learning agreements must occur within 4 weeks of commencing in post.	Immediately	FY
6.3	The department should ensure that there are clear systems in place to provide supervision, support and feedback to trainees working in postnatal wards including support to those who are new to performing baby checks, including an opportunity to receive supervised sessions prior to doing the role.	Immediately	FY
6.4	A formal mechanism must be established to allow all trainees an opportunity to provide feedback to the department.	October 2022	ALL
6.5	All references to “SHOs” and “SHO Rotas” must cease.	October 2022	ALL
6.6	Appropriate outpatient clinic training opportunities must be provided for General Practice Trainees. Clinic experience must be active participation (rather than merely observing) as is appropriate to the level of trainee.	October 2022	GP

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian’s Medical Education Directorate website. See “Action Plan” - located at the bottom of the webpage.