Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	22nd June 2021	**Level(s)**	F1, F2, IST and Specialty
Type of visit	Revisit	**Hospital**	Victoria Hospital
Specialty(s)	General Surgery	**Board**	NHS Fife

Visit panel	
Dr Marie Mathers	Visit Chair – Associate Postgraduate Dean (Quality)
Ron Coggins	Training Programme Director
Alan Grant	Foundation Programme Director
Cameron Herbert	Trainee Associate
Mr David Ramsay	Lay Representative
Ms Dorothy Wright	Lay Representative (Observer)
Mrs Jennifer Duncan	Quality Improvement Manager
Miss Kelly More	Quality Improvement Manager (Observer)
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	7
Trainees in attendance	F1 – 9, F2 – 2, IST – 3, ST – 5

Feedback session: Managers in attendance	Chief Executive	0	DME	1	ADME	1	Medical Director	1	Other	4

Date report approved by Lead Visitor	16/09/2021 Dr Marie Mathers 17/09/2021 Professor Clare McKenzie

1. Principal issues arising from pre-visit review:

Following review and triangulation of available data, including the NES Scottish Trainee Survey, a Deanery visit is being arranged to General Surgery at Victoria Hospital. This visit was requested by the Foundation Quality Review Panel in August 2019 and placed on hold due to Covid-19. It was agreed at the Foundation Quality Review Panel in August 2020 that the decision to visit should be upheld.

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

NTS Data 2019

F1 – Red Flag – Clinical Supervision.
F2 – Red Flag – Educational Governance, Educational Supervision, Feedback, Supportive Environment.
F2 – Pink Flag – Overall Satisfaction, Teamwork.

Core – Aggregate Green Flags – Clinical Supervision, Clinical Supervision Out of Hours, Induction, Regional Teaching.
Core – Aggregate Lime Flag – Educational Governance.

ST – Lime Flag – Feedback.
ST – Green Flag – Handover.

STS Data

Foundation General Surgery - White Flags – Clinical Supervision, Induction, Handover.
Foundation General Surgery - Pink Flags – Educational Environment, Team Culture, Workload.
Foundation General Surgery - Red Flags – Teaching.

Core – General Surgery – All Grey Flags.
Core Surgical Training – All Grey Flags.

ST – All Grey Flags.

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

Department Presentation:

The visit commenced with Mr Satheesh Yalamathi, Clinical Director delivering an informative presentation to the panel which provided detailed information on the configuration of the department and the impact of COVID-19 on working arrangements within the department.

2.1 Induction (R1.13):

Trainers: Trainers reported that trainees are e-mailed a copy of the rota and induction booklet prior to commencing in post. Trainee attend a corporate hospital induction and a standardised departmental induction which includes trauma and orthopaedics, general surgery and otolaryngology. IT passwords are also provided on arrival if trainees have not already completed a rotation in Victoria Hospital. Mr Martin Clark provides IT induction to those trainees who miss induction due to nights. The chief registrar is currently working on one-page quick reference guides for each department which will be in place for August 2021. Trainers commented that due to Covid foundation trainees had spent longer than 4 months in post which they have found a huge advantage. They also stated that elective time has been down and there has been more pressure placed on on-call.

F1 Trainees: Trainees reported receiving an induction handbook prior to commencing in post. They also attended NHS Fife hospital-based induction and a socially distanced departmental induction. They commented that induction was good but did not prepare them for the job. The induction handbook is very detailed, and trainees stated they do not have time to read it. They suggested the handbook should be more succinct to the role of the F1 and that although contact details are up to date most of the other information requires updating. There are clear differences noted with regards to the roles and responsibilities laid out in the handbook which state clearly that primary duties of an F1 are to clerk and see patients. However, in reality this is not the case and F1s are to prioritise updating lists which involves tracking a written record of who has been admitted, updating blood results, management plans and removing discharged patients. They also stated that it is not uncommon for them to have to start early and work late.

F2/IST Trainees: Trainees reported attending both hospital and departmental induction. They stated that there is a degree of learning on the job however do feel inductions equipped them to work in the department. An induction handbook was provided, and a lot of information is available online. IST induction is trainee lead with representatives from urology and trauma and orthopaedics in attendance.

ST Trainees: Trainees described receiving a thorough induction to the hospital and department and received a detailed induction booklet.

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

Trainers: Trainers reported no concerns in trainees attending training days. Trainees are invited to attend hospital teaching, gastrointestinal teaching which takes place on a Monday morning and surgery teaching which takes place on a Friday afternoon. Urology, trauma and orthopaedics and otolaryngology also hold separate teaching sessions for F1 trainees. After receiving feedback from foundation trainee's trauma and orthopaedic teaching sessions are now recorded which has been well received. Trainees can also attend a monthly departmental meeting.

F1 Trainees: Trainees confirmed local departmental teaching takes place on a Friday afternoon this is interesting and covers Morbidity and Mortality (M&M). Some trainees reported not being able to attend due to on-call or busy wards. Some also reported attending but then having to stay late to complete tasks. Regional deanery teaching is provided on a Tuesday for 1 hour which they can generally attend again ward work may stop attendance. Regional teaching is protected, and trainees are encouraged to leave phones when attending teaching however often regularly take these and are often interrupted despite informing staff. Trainees noted difficulties in attending teaching while working in urology due to workload.

F2/IST Trainees: Trainees described Friday afternoon teaching which involves an F1 presenting a critical care case study followed by departmental issues, unit activity, M&M, journal club and an open forum for discussion. F1s do not tend to stay for the full teaching session, they present and return to the ward. F2 trainees stated that leaving the ward to attend is an issue as the F1 that should be providing cover can be presenting at the session and these teaching sessions are run by the IST

trainees, so they are unable to provide cover. Trainees also commented that handover on a Friday morning is at the same time as grand rounds which makes attendance very difficult. Trainees reported no issues in attending regional teaching.

ST Trainees: Trainees reported attending Friday afternoon teaching if on electives. There is also teaching on Monday, but this can conflict with other activities. Regional teaching is once a month online and trainees report no concerns in attending unless they are on-call.

2.3 Study Leave (R3.12)

Trainers: Trainers reported no challenges in supporting trainees taking study leave.

F1 Trainees: N/A.

F2/IST/ST Trainees: Trainees reported no issues in requesting or taking study leave.

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

Trainers: Trainers reported that they can be allocated supervision of up to 3 trainees. They endeavour to hold 3 educational meetings with trainees when in post however due to Covid this has been challenging. Departments are responsible for the allocation of supervisors and all departments share supervision for general surgery. Trainers confirmed having time within job plans to undertake educational roles. They are well supported by the medical education team who are always helpful, and trainers also provide support for each other.

F1/F2/IST/ST Trainees: Trainees reported having named educational supervisors who they have met and agreed a personal learning plan for this post.

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 reported that trainees are advised at induction of who to contact for support during the day and out of hours. Escalation policies are also covered at induction and clear pathways highlighted in the induction booklet. Trainers are not aware of any instances where a trainee has felt

they have had to cope with problems beyond their competence. Trainees are provided with details of who to contact should they have any concerns.

F1 Trainees: Trainees confirmed knowing who to contact for supervision both during the day and out of hours. They also confirmed consultants are accessible and approachable. Trainees commented that they are now in post 3 of F1 and for this stage in their training have not had to cope with problems beyond their competence. They stated however that if this was their first post as an F1 they would not feel confident out of hours or over weekends covering 3 wards and having to determine where the clinical need is as you can feel unsupported during these times. An example was provided of a nightshift where contact for senior support failed and an F1 had to deal with 2 very unwell patients without support. Thoughts were if this had happened in the first post as F1 that it would have been unsafe.

F2/IST Trainees: Trainees confirmed knowing who to contact for supervision both during the day and out of hours. They also confirmed consultants are accessible and approachable. Trainees commented that F2s and ISTs do not have the same level of experience however no trainees reported working beyond their competence and stated support was available if needed.

ST Trainees: Trainees reported no concerns in knowing who to contact for support during the day and out of hours. They are not required to work beyond their competence and would contact consultants by phone for support if required.

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

Trainers: Trainers reported that they work along with IST and ST trainees to slot them into theatre and clinics to ensure trainees have the right balance. Endoscopy lists have now opened back up and all sessions are offered as training sessions. Commitment from trainees is varied. Trainers commented that from August 2021 the lead nurse will take on a new role as lead for endoscopy. Rotas will be issued 6-8 weeks in advance with trainees provided with 20 sessions per year. There will also be coming changes to fall in line with new criteria from the Joint Advisory Group (JAG). Trainers commented on working in a team-based system which sees F1 trainees taking on a more ward-based role and rotating through otolaryngology, trauma and orthopaedics and urology. Trainers reported that learning experiences have been affected due to Covid.

F1 Trainees: Trainees did not provide an answer when asked if there were any particular competencies or learning outcomes that were difficult to achieve when in post. They commented that the majority of their time is spent carrying out laborious admin tasks which are of little or no benefit to their training or education and could be carried out by a non-medical person. They tried to introduce a new method to pull blood results however this was met with a lot of resistance. Trainees commented that they would much rather be involved with the clerking of patients.

F2/IST Trainees: Trainees reported that Covid has limited opportunities to attend theatre and clinics and all electives were cancelled. IST trainees report being able to attend theatre twice a week however are not able to attend clinics as much as they would like. Due to an F1 gap an F2 has spent time covering which has reduced clinic opportunities. Trainees commented that appointing locums who are able to fulfil the role independently would help greatly instead of locum appointments who are shadowing.

ST Trainees: Trainees reported that Covid has impacted learning opportunities. They are each offered 2 lists per week and make the most of all training opportunities presented to them. Clinic attendance can be dependent on how many people are on the rota and annual leave. Very little time is spent carrying out duties of little or no benefit to training most activity is entirely appropriate.

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

Trainers: Trainers reported trainees have adequate opportunities to ensure they achieve their portfolio assessment requirements.

F1 Trainees: Trainees reported difficulties in obtaining workplace-based assessments when in post. They commented that during the day they see seniors a few times a day and at weekend when doing mostly clinical work there is no one to supervise should the opportunity for a workplace-based assessment come up.

F2/IST/ST Trainees: Trainees reported no difficulties in completing workplace-based assessments in post.

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

Trainers/F1/F2/IST/ST: Not asked.

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

Trainers: Trainers reported that all trainees are encouraged and supported to undertake a quality improvement project or audit. F1 trainees are less involved in this however IST and ST trainees are expected to do a presentation when in post. Consistency can be difficult and not all trainees take up opportunities offered to them.

F1 Trainees: Not asked.

F2/IST Trainees: Trainees reported having good opportunities to undertake a quality improvement project or audit which are structured and well supported. There are opportunities at Friday afternoon teaching to present projects.

ST Trainees: Trainees reported having good opportunities to undertake a quality improvement project or audit which are structured and well supported. Often these are undertaken in their own time.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that they work closely in teams and provide trainees with feedback daily. Trainees receive feedback from a multi-consultant feedback which comments on how they are progressing. If a trainee is highlighted as being in difficulty trainers try to meet with the trainee and educational supervisor to discuss and provide support. On-call teams are small with a consultant, F1, IST and ST trainee. Trainees are provided with good educational opportunities and continual feedback when presenting cases. From August 2021 the Intercollegiate Surgical Curriculum Programme (ISCP) will launch an official feedback tool which is currently in the pilot phase. Trainees based in trauma and orthopaedics are provided with audit projects and are paired with a senior trainee to help guide them. They are also offered the opportunity to present projects at department meetings. Due to Covid projects and presentations had stopped however recently a celebrating

success in Fife event was held which was well attended and supported by the Royal College of Surgeons in Edinburgh.

F1 Trainees: Trainees reported that they do not receive regular feedback on clinical decisions during the day or out of hours. They commented that feedback can be very much dependant on who you are working with and that as they do not see seniors regularly opportunities are limited. When updating lists there is no clinical component so no opportunity for feedback.

F2/IST Trainees: Trainees reported that feedback is received if you look for it. They would like seniors to have a more proactive approach to this as it can be difficult to know what individuals want for a patient.

ST Trainees: Trainees reported that feedback is provided regularly in a constructive way where trainees can be challenged on decision making. They all find this very useful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that the department adopt an open culture and provide trainees with various avenues to feedback concerns with regards to their training or experience in the department. Such as chief registrar, director of medical education or assistant director of medical education. The chief registrar offers a very successful system for feedback where trainees are comfortable raising concerns. Concerns are then brought to the consultant team by the chief registrar who are also very good at problem solving and helping address the issues. Prior to Covid a 360-degree feedback questionnaire would be completed anonymously on trainers. Finally, there is opportunity within the Friday afternoon meeting for trainees to voice any concerns they may have.

F1 Trainees: Trainees reported that they had recently been approached to provide feedback on issues and also provide solutions and ideas to be discussed at a consultant meeting. Trainees are happy that they are being heard and that consultants are open to ideas. Trainees stated that they had been informed of the chief registrar role at induction however were not aware who this person is.

F2/IST Trainees: Trainees reported that they do not directly provide feedback on supervisors. They commented on an open forum for discussion of any training issues within the Friday afternoon teaching session. Trainees also confirmed being aware of who the chief registrar is and their role.

ST Trainees: Trainees reported that they are asked at the end of the post to provide multi-source feedback on consultants. They are aware of who the chief registrar is and their role.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported that allegations of undermining are taken very seriously, and the department adopt a zero tolerance to bullying. They are not aware of any incidents where trainees have felt bullied or undermined.

F1 Trainees: Trainees reported no concerns with support from seniors when they are able to get hold of them. Trainees commented on good experiences in urology and trauma and orthopaedics. Trainees did not answer when asked if they had experienced or witnessed behaviours that undermined confidence, performance and self-esteem. They stated that if they were to raise concerns they would do so via their educational supervisor.

F2/IST Trainees: Trainees described seniors as friendly, approachable and supportive. F2s reported that senior support on nightshifts is varied some registrars are not approachable and do not respond to calls. They find there is a lack of understanding in the differences between the levels of experience and decision-making skills at this level. At times they are put under great pressure when support is refused, and they are forced to make a decision unsupported. Trainees commented not all incidents relate to bullying or undermining and sometimes it's the different approaches people take. IST trainees commented that occasionally F2s can be confronted in front of the team even when a case has been discussed with the registrar. They also report difficulties with registrars. Trainees stated that the only person they would feel comfortable approaching with concerns of bullying and undermining is their educational supervisor.

ST Trainees: Trainees reported a very supportive training environment. They have not witnessed or experienced bullying or undermining. They would also raise any concerns with educational supervisors or the clinical director.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported rotas accommodate specific learning needs of the different grades of trainees. ST trainees maximise training opportunities and appear to be happy. Many trainees request to come back to the department which is testament to a good training environment. Trainers reported gaps in the F1 rota. These have been difficult to fill however a locum appointment has recently been made. Trainers are not aware of any aspects of the post that are compromising trainee wellbeing.

F1 Trainees: Trainees reported gaps in the F1 rota since the start of the training year, the department appealed for locum shifts and moved an F2 trainee to help. Recently a locum F1 has been appointed and they are currently shadowing. The rota is designed for service provision, its nature is that it does not allow for any gaps. When sick leave occurs, the burden is spread over the trainee cohort who are expected to provide cover. Trainees commented that the rota can affect their mental health and there is little room for recovery in the rota shift patterns. Trainees do not believe the rota accommodates specific learning and often must come in on days off to take advantage of clinical opportunities. Annual leave is also fixed within the rota and extremely difficult to change with trainees having to arrange swaps between themselves which is stressful as no help is provided.

F2/IST Trainees: Trainees confirmed that there are no gaps in the rota. They commented on a lot of on-call shifts and undertaking 4 weeks on-call and 2 weeks elective as intense. F2s commented that in a 4-month post they undertake the same amount of on-call as an IST trainee does in a 6-month post. Trainees are unsure how problems with the F2 rota can be resolved it is considered tough and tiring. IST trainees confirmed an even spread of theatre and clinics and suggested F2s could buddy up with an IST to assist in theatre, which would be of benefit to both training grades. F2 trainees commented that on-call runs which take place every 4 weeks and involve days to nights and back to days are tough and intense. IST trainees commented that the set of nights where one team are on over a Friday, Saturday, Sunday and Monday as needing revised before the new trainees start in August due to the intensity of this shift.

ST Trainees: Trainees reported no gaps in the ST rota. They are placed on a rolling rota and have no concerns is attending theatre session or clinics. They never work more than 7 days and do not consider the rota to impact on their wellbeing or mental health.

2.14 Handover (R1.14)

Trainers: Trainers reported that handover is normally consultant or ST lead. Scans and management plans are reviewed prior to ward rounds which is found to be very useful. They find this helps prepare 'SHO's' going onto the wards. Trainers commented on Friday afternoon grand rounds where all patients are discussed this is used to update the weekend team and F1s are invited to attend. Weekends are a good learning opportunity for 'SHO' and F1 trainees as they involve 1-1 discussion and feedback at the end of this shift.

F1 Trainees: Trainees reported that there is no structure to handover. At the end of a day shift often trainees call each other and either handover over the phone or arrange to meet up. They commented on a good, structured handover from H@N however electronic or written records would be a great improvement. Morning handover is described as inefficient as the night and day foundation trainees handover at the same time as the ward round which means the F1s miss half of the patients discussed.

F2/IST Trainees: IST trainees commented that the only handover that could be used as a learning opportunity is on-call which can be useful sometimes.

ST Trainees: Trainees reported that handover is used as a learning opportunity. Morning handover in particular provides a good learning opportunity as nightshift cases are discussed with the consultant this is also an opportunity to help juniors plan the cases and review scans.

2.15 Educational Resources (R1.19)

Trainers: Trainers reported that computers are available on all wards. The education suite is available to all and open 24 hours a day. There is also a skills lab run by STs which provides F1s with suturing and surgical skills training.

F1 Trainees: Trainees described the medical education centre and library as good educational resources.

F2/IST Trainees: Trainees commented on surgical skills as a good resource however due to Covid space is limited. IST trainees do not have a designated workspace and share computers with all other trainees.

ST Trainees: Trainees reported good available educational resources.

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

Trainers/F1/F2/IST/ST: Not asked.

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: Not asked.

F1 Trainees: Trainees reported that they would raise concerns with regards to the quality of their training with their educational supervisor. As previously mentioned, discussions are underway with clinical leads with regards to current concerns.

F2/IST Trainees: Trainees reported that they can raise concerns about the quality of training in the national training survey and Scottish training survey.

ST Trainees: Trainees reported that they would raise any concerns relating to the quality of training with the local clinical lead and then the training committee.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that the department is team-based, and trainees are very much encouraged to escalate any concerns with regards to their training, education or patient safety via the nursing team, registrars or consultants. M&M meetings and governance meetings offer learning and reflections as they review cases, datix and local adverse event reviews.

F1 Trainees: Trainees reported that they would raise any patient safety concerns in urology with the registrar and with advanced nurse practitioners (ANPs) in general surgery.

F2/IST Trainees: Trainees reported that they would raise patient safety concerns with the team on the job at the time.

ST Trainees: Trainees reported that depending on the nature of a patient safety concern they would approach the consultant on-call at the time or the clinical director for a longer-term issue or concern with regards to ward management. Trainees commented that they are not aware of any issues and are confident if an issue was to arise it would be dealt with appropriately.

2.19 Patient safety (R1.2)

Trainers: Trainers reported using TRAKCARE and TRIGGER as a very good hospital system used in all wards to monitor the safety of patients. This is an online system where nursing staff enter patient observations which then automatically trigger at various scoring levels which then must be actioned. The system will send continuous reminders until actioned. All cardiac arrests are investigated and provide a good learning opportunity.

F1 Trainees: Trainees reported a mixed response when asked if they would have concerns if a friend or family member were to be admitted to the ward. Some had no concerns and consider the hospital to be appropriately run. Others commented on the excessive workload in particular over the weekend when F1s are left to make decisions alone. Trainees described a list for medical boarders which is updated.

F2/IST Trainees: Trainees commented that they would have concerns if a friend of family member were admitted to admissions unit 2. Staff are excellent however this is an extremely busy area and is shared with Medicine, it is not considered fit for purpose and is a risk to patients. There is also a shortage of beds and no triage room only a very small holding area. Trainees commented that patients boarded in 24-hours are often moved to wards not suitable for their care and often this can result in care being delayed. They commented on the use of TRAKCARE and FEWs scores which are reviewed at daily safety huddles.

ST Trainees: Trainees reported that they would have no concerns if a friend of family member were to be admitted to the ward. ST trainees are aware of systems to monitor the safety of patients and

commented that they see every patient at least once a day and are quite comfortable with any follow up.

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

Trainers: Trainers reported that a monthly safety zone newsletter which reviews and collates all datix highlighting any common themes is sent to all staff. The department are trying to work through and resolve how some datix are being missed. During Covid the newsletter has been issued less frequently however as service resumes this will be picked back up.

F1 Trainees: Trainees reported that datix are discussed and feedback provided at the weekly Friday teaching sessions however many of the F1s are unable to attend this.

F2/IST Trainees: Trainees commented on being involved in a clinical effectiveness team who review incidents and datix which is open to anyone who is interested. The ambulatory care unit was formed as a result of this group.

ST Trainees: Trainees reported receiving feedback on adverse incidents via the datix system. Though they have not been involved in an incident they are aware that the technical lead contacts the relevant people and feedback is provided.

2.21 Other

Overall Satisfaction Scores:
F1 (6) – 5.16/10.
F2/IST (4) – 5.75/10.
ST (3) – 7.33/10.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

This was a positive visit where the panel found an innovative and dynamic department with an enthusiastic consultant team who are focused on providing a good training environment. The panel recognise the enormous pressures the department faced and continue to face during the pandemic and are pleased with support provided. The key areas of concern noted at the visit relate to induction, teaching, rota, non-educational tasks, support and handover. Particular highlights from the visit are the monthly safety zone newsletter and the involvement of trainees within the clinical effectiveness team. The visit panel plan to revisit within the next year to verify progress of areas highlighted.

Positive aspects of the visit:

- Supportive, approachable and easily accessible supervisors.
- Good quality educational and clinical supervision.
- Comprehensive induction sessions. One-page quick reference guides encouraged going forward.
- Good team culture.
- Good range of experiences and training opportunities for IST and ST trainees.
- Handover at ST level described as a good learning opportunity.
- Involvement of chief registrar in department improvement projects.
- Clear lines of escalation with good supervision and support.
- Safety zone monthly newsletter.
- Trainee representation in the Clinical Effectiveness Team.
- Recognise time and effort made to ensure a good training environment and implementing change in particular the coming JAG accreditation.
- Forward thinking department with new technologies and the pilot of the combined GI Unit.

Less positive aspects of the visit:

- Recognise work put into induction document however it does need to be more succinct and updated. Foundation trainees commented on inconsistencies in information on roles which differ significantly to work undertaken.
- Practical difficulties of Foundation trainees attending teaching. Often results in them having to stay late to catch up with displaced work.
- Recognise additions of ANPs however work they undertake was not apparent in any session.
- Foundation rotas are having significant effects on trainee's health and wellbeing due to the intensity of shifts in particular on-call blocks. The panel are aware of rota gaps at this level. Going forward it was suggested this be considered for a quality improvement project in terms of rota models.
- Friday afternoon teaching primarily arranged and delivered by IST trainees requires greater consultant input to allow this also to be a learning opportunity for them.
- No protected time for Foundation trainees to attend Friday afternoon teaching. Often only the trainee presenting can attend and must return to the ward as soon as they finish.
- Non educational administration tasks for F1 trainees. Lists could be undertaken by a non-medical grade to allow trainees to undertake clerking and a more patient facing role.
- Variable experience of F2/IST trainees receiving adequate support from next tier. Often, they feel unsupported out of hours.
- Surgical admissions unit 2 highlighted as a particular patient safety concern for trainees in regard to not enough surgical beds and no triage room.
- No structure to handover for Foundation trainees and no written or electronic record from H@N.
- Frequent reference to 'house officer' amongst trainer group.
- Junior trainees unaware of chief registrar and their role.
- ST trainees undertaking quality improvement projects in their own time.

4. Areas of Good Practice

Ref	Item	Action
4.1	Safety zone monthly newsletter.	n/a
4..2	Trainee representation in the Clinical Effectiveness Team.	n/a
4.3	Forward thinking department with new technologies and the pilot of the combined GI Unit.	n/a
4.4	Involvement of chief registrar in department improvement projects.	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	2.1	Recognise work put into induction document however it does need to be more succinct and updated. Foundation trainees commented on inconsistencies in information on roles which differ significantly to work undertaken.
5.2	2.1	The chief registrar is currently working on one-page quick reference guides for each department which will be in place for August 2021.
5.3		Recognise additions of ANPs however work they undertake was not apparent in any session.
5.4	2.2	Friday afternoon teaching primarily arranged and delivered by IST trainees requires greater consultant input to allow this also to be a learning opportunity for them.
5.5	2.11	Junior trainees unaware of chief registrar and their role.
5.6	2.19	ST trainees undertaking quality improvement projects in their own time.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be active planning of attendance of doctors in training at teaching events to ensure that workload is covered and does not prevent attendance. This includes bleep-free teaching attendance.	31st March 2022	Foundation, IST
6.2	There must be a protected time for F1 trainees to attend the formal Friday afternoon teaching programme for doctors in training.	31st March 2022	Foundation
6.3	All references to “SHOs” and “HOs” must cease.	31st March 2022	All grades
6.4	Avoid rota patterns which result in excessive fatigue.	31st March 2022	Foundation, IST
6.5	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for F1 trainees should be reduced.	31st March 2022	Foundation
6.6	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’.	31st March 2022	Foundation
6.7	Ward handover must be formalised to include F1 trainees and happen consistently in all ward areas to ensure safe handover and continuity of care. Development of a written/electronic handover document to support morning handover from H@N.	31st March 2022	Foundation