Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	3rd May 2022	**Level(s)**	Foundation, Specialty
Type of visit	Revisit	**Hospital**	Royal Infirmary of Edinburgh at Little France
Specialty(s)	Trauma & Orthopaedics	**Board**	NHS Lothian

Visit Panel	
Dr Geraldine Brennan	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Shilpi Pal	Training Programme Director
Dr Lisa Black	Foundation Programme Director
Dr Sarah Bowers	Trainee Associate
Mrs Helen Adamson	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In Attendance	
Mrs Gaynor Macfarlane	Quality Improvement Manager

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	15
Trainees in attendance	24 (F1 – 4, F2 – 4, ST – 16)

Feedback session: Managers in attendance	Chief Executive	0	DME	0	ADME	2	Medical Director	0	Other	10

Date report approved by Lead Visitor	16/06/2022 Dr Geraldine Brennan 21/02/2022 Professor Clare McKenzie

1. Principal issues arising from pre-visit review:

Background information

Following a deanery re-visit in May 2021 and subsequent action plan review meetings in August 2021 and January 2022 it was agreed a revisit to the department was required. This is due to serious concerns raised at the visit regarding undermining along with ongoing concerns relating to Foundation training in the Trauma and Orthopaedics Department at the Royal Infirmary of Edinburgh.

NTS Data 2021
Foundation NTS data combines both General Surgery and T&O.
F1 Surgery – All White Flags.
F2 Surgery – Red Flag – Feedback.

CST – Green Flag – Induction.
CST – Lime Flag – Teamwork.

ST – Top 2%. Significantly high for specialty – NTS Programme Group high performers list.
ST - Green Flag – Reporting Systems.

STS Data 2021
Foundation STS data combines both F1 and F2.
Foundation - Pink Flags – Clinical Supervision, Educational Environment.

CST – Green Flags – Educational Environment, Handover, Induction, Teaching.
CST – Lime Flag – Clinical Supervision.
Core T&O – All Grey Flags.

ST – Green Flags – Educational Environment, Teaching.

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.

Department Presentation:

The visit commenced with Mr Iain Brown delivering an informative presentation to the panel. This provided an update on the previous report action plan, highlighted clinical and training issues, areas that are working well and areas for development. It also provided an overview of a project undertaken by the medical education fellow tasked with improving the foundation experience. Details of the findings were provided along with implementation ideas.

2.1 Induction (R1.13):

Trainers: Trainers reported that all training grades receive a comprehensive half day induction. On their first day trainees are given the option to attend the 8am trauma meeting with the formal induction session commencing at 1.30pm. They believe this prepares them well for the job. Prior to induction the administration team work hard to ensure a smooth start for trainees. They arrange name badges and ensure the foundation trainee handbook is e-mailed to all prior to commencing in post. Trainees are also provided with a paper copy at the induction session. Trainers recognise that there is a lot of information provided to trainees on the first day.

F1 Trainees: Trainees reported being provided with a detailed induction. They were provided with a good quality induction booklet which included protocols prior to commencing in post and received a paper copy on their first day. No catch-up induction was offered to those who could not attend the formal induction session on day one.

F2 Trainees: Trainees reported being provided with induction and the foundation handbook. They commented that consultants came in and out of the induction session. They indicated that more information on ortho geriatrics and how it works would be advantageous.

ST Trainees: ST1 trainees reported receiving induction which consisted of a talk through the workings of the department and practical aspects of the post. They found this equipped them well for working in the department.

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

Trainers: Trainers reported that advanced nurse practitioners (ANPs) and the educational ST take bleeps to allow trainees to attend teaching sessions. Most teaching sessions are held via Microsoft Teams and trainees are encouraged to go off the ward to find a quiet area to log in. There is an existing educational programme available to all training grades which is tailored to curriculum and trainee needs. Trainees are actively encouraged to attend all teaching opportunities.

F1 Trainees: Trainees reported having 1 hour of weekly bleep free locally delivered teaching available to them. They are also able to attend 70% of regional teaching. These sessions are recorded offering them the opportunity to catch-up in their own time should they miss a session.

F2 Trainees: Trainees reported having 1 hour of weekly bleep free department teaching provided by the ward ST. They commented that bleeps are not always physically passed over to the ANPs as there are 2 ANPs to cover 4 wards, one on early and one on late which create a time with 2 ANPs on shift for half the day. They confirm being able to attend all regional teaching sessions.

ST Trainees: Trainees stated that teaching is very much dependant on the level of training. They commented on having 15 hours of consultant led teaching per week and ample opportunities for informal teaching which is always well supported. Sessions are run by senior registrars and consultants and there are also excellent teaching opportunities in clinics and theatre sessions. Formal teaching is written into the rota and takes place once a month with each session themed in the programme. Trainees also described trauma department morbidity and mortality meeting (M&M) as useful and educational.

2.3 Study Leave (R3.12)

Trainers/Foundation Trainees/ST Trainees: Not asked, no concerns raised in pre-visit questionnaire, not relevant for F1.

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

Trainers: Trainers reported that supervisors meet ST trainees daily as part of normal clinical practice. They also have formal documented meetings 3 times per year. Trainers try to touch base with foundation trainees at daily ward rounds and believe this has been relatively effective. They also have 3 documented meetings with foundation trainees in their 4-month post however this is more difficult to achieve in the final post due to the requirement for all trainees to be signed off by the end of May for the annual review of competence progressions (ARCP) panels in June. Trainers also find WhatsApp an easy tool for communicating with trainees informally or to provide pastoral support. Trainers confirmed having sufficient time in their job plans for supervision. Most have 1 hour per week for educational and clinical supervision however this varies widely across the consultant body. They are well supported in their roles and report a good support network across the hospital, board and other departments and find the support from Al Murray (Associate Postgraduate Dean for Surgery) very useful.

F1 Trainees: Trainees confirmed having designated educational supervisors who they have met once formally since commencing in post. They also commented on having a few informal chats with supervisors on occasions.

F2 Trainees: Trainees confirmed having designated educational supervisors who most have met at least once since commencing in post.

ST Trainees: Trainees reported working closely with their designated educational supervisor most days for the first 6-months of the post. After which there is an option to remain with that educational supervisor for the full training year or be allocated to an alternative supervisor. Most trainees confirmed meeting formally with their supervisor a few times in each 6-month block.

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 described robust arrangements for the provision of clinical supervision during the day and out of hours (OOH). They believe previous issues with outpatient clinics and access to on site consultants has been addressed with a named consultant for each clinic. Outpatient services are undergoing redesign with the move back to named consultant clinics which are carefully reviewed to ensure that when the named consultant is away there are no complex patients for trainees to look after. Trainers commented that in the past there was a clinic running at St John's on a Thursday where trainees felt they have had to work beyond their competence however this clinic no longer runs. They are not aware of any instances where foundation trainees have felt they have had to work beyond their level of competence. They believe that consultant and senior support is very good, and that trainees can also access support from ANPs, and the ward ST should they have any immediate questions.

F1 Trainees: Trainees confirmed being aware of who to contact for supervision during the day and out of hours. They report feeling "pushed" at times but have never felt out of their depth. A good level of support is provided from the "registrar of the week" who is easily accessible, however they stated they do not have much interaction with the consultant body on a day-to-day basis.

F2 Trainees: Trainees confirmed being aware of who to contact for supervision during the day and out of hours, with the ward registrar being their first point of contact. Most reported that they are not expected to work beyond their level of competence and those providing supervision are easily accessible when required.

ST Trainees: Trainees confirmed being aware of who to contact for clinical supervision during the day and out of hours and referred to clear escalation pathways for clinical staff. They do not feel they have to work beyond their level of competence. Comments were made regarding emergency medicine and sometimes being faced with difficult cases or when working independently in theatre, but help is always readily available. They confirmed all senior colleagues are accessible, approachable and always happy to help. ST1-3 trainees are also linked as a buddy with an F1 trainee which involves meeting them at the start of their placement and conducting regular check-ins. Being allocated as “registrar of the week” is a good opportunity to build relationships with juniors and provide teaching which is of educational value to them. However, difficulties were noted in providing supervision and feedback at all daily ward rounds as the “registrar of the week” covers 5 wards.

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

Trainers: Trainers reported being aware of the new curriculum for foundation trainees and the changes to learning events because of this. The ST curriculum is well known and understood by all and they have attended relevant training on curriculum updates. Trainers stated that there are a few types of cases which are in short supply due to recent changes in orthopaedic practice which is a national problem. There are also issues with availability of elective cases due to Covid and therefore there has been a dip in numbers for trainees. They are confident that as normal service resumes most trainees will be unaffected at ARCP and work is undergoing to help trainees meet minimum requirements. The department also provide ST trainees with a mock exam which has been well received. Trainers reported that a work life balance survey was completed recently which highlighted the amount of administration tasks all doctors undertake, and improvements are being made to help address this. They commented that although there are theatre sessions that are run by ST trainees this is deliberate to enhance learning; this is believed to be an essential part of training and support is always available if needed. Cases are specifically selected for trainees based on their level of competence and trainees are always provided the opportunity to decline a case. Very occasionally senior trainees will a clinic run without a consultant being physically present, however there is always a consultant available to discuss by phone if required.

F1 Trainees: Trainees reported having no difficulties in achieving learning outcomes for the posts. They commented on spending a significant amount of time carrying out duties which are of little or no benefit to their education, training or personal development. The F1 role during the day is mainly administrative however when on nights or out of hours (OOH) the workload differs.

F2 Trainees: Trainees stated they are not aware of any competencies or learning outcomes that they will have difficulties in achieving in this post. They reported that almost 100% of their time is spent carrying out duties of little or no benefit to their education, training or personal development. Work undertaken by F2s is purely ward based and due to staffing pressures, there is no opportunity to shadow ST trainees. F1 trainees, F2 trainees and ANPs carry out the same jobs.

ST Trainees: Trainees reported having a lot of clinic opportunities but have some concerns in achieving elective operative numbers due to Covid. The department is actively trying to help with this and are working hard to reinstate elective procedures. Trainees commented that 80% of their working week is spent in outpatient clinics and theatre sessions as trainees mirror their consultants' working pattern. Trainees confirmed that they run clinics and theatre sessions at times without a consultant present however support is always available; the cases are agreed with the trainees beforehand, and they have the option to decline. This does not involve the ST1-3 trainees.

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

Trainers: Trainers stated that it is very easy for trainees to achieve their portfolio assessments while in post. Elective work has been an issue due to Covid, normally numbers are far more than portfolio requirements. The department have been lucky in that trauma cases have continued, and targeted training will be offered to assist any trainees who require it. They confirmed no issues in foundation trainees achieving portfolio assessments. Trainers stated that they had done a small amount of foundation assessments however are keen to support these. These assessments tend to be obtained from the educational ST and ANPs. The placement supervision group (PSG) which is part of the new foundation curriculum is chosen by trainers who get together and discuss each trainee's competence to ensure the post can be sign-off.

F1 Trainees: Trainees reported only being in post for a few weeks and therefore have had limited opportunity to obtain assessments. A few have completed assessments and had no issues in getting these signed off by the junior registrar who was providing educational cover. To date only one trainee has had an assessment completed by a consultant.

F2 Trainees: Trainees reported that when on-call, junior ST trainees are happy to help with assessments however there are very limited opportunities on the ward during the day due to a lack of senior contact. No trainees in attendance have had assessments completed by consultants and all assessments have been provided by the ward registrar. Trainees commented that they rarely see consultants in a clinical setting as the trainees are usually not present on consultant ward rounds. Foundation trainees complete their own unsupervised ward round later and write up medical plans. If the trainees need help with orthopaedic patients under 65 with acute medical problems, they will discuss them with the medical registrar. Most support is provided from peers in that F2s also provide direct support to F1s.

ST Trainees: Trainees reported that it is fairly easy to complete workplace-based assessments and that consultants are very up to date on the workings of intercollegiate surgical curriculum programme (ISCP). Consultants are happy to complete their assessments and often prompt trainees on assessment opportunities.

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

Trainers/ Foundation/ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

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

Trainers/ Foundation/ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that the 5pm handover and trauma meetings are good opportunities to provide foundation trainees with feedback. ST trainees shadow consultants and undertake a team-based apprenticeship therefore feedback is provided continuously.

F1 Trainees: Trainees stated that they do not generally receive feedback on clinical decisions during the day or out of hours. They commented on receiving occasional feedback from registrars or from other specialities.

F2 Trainees: Trainees stated that they do not generally receive feedback on clinical decisions during the day or out of hours, but they can be provided with informal feedback when seeking support on patient management.

ST Trainees: Trainees reported receiving constructive and meaningful formal and informal feedback on a daily basis from consultants.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that a recent survey of ST trainees including freetext comments was undertaken to gauge a baseline of experience; this also included questions about culture, work life balance and areas they find hardest at work. The freetext element has been very useful and it has been agreed the survey should run on a yearly basis. Foundation trainees were excluded from the survey at the request of NHS Education for Scotland (NES) due to a risk of survey fatigue.

F1 Trainees: Trainees stated they are not aware of any opportunities to provide feedback to trainers or the management team on the quality of their training.

F2 Trainees: Trainees stated that at induction trainers commented they could be contacted should trainees have any concerns.

ST Trainees: Trainees reported they were aware of the regional training committee where concerns regarding the quality of training can be raised.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that as a specialty they require a good team culture between juniors and consultants. They are a supportive group of consultants who recognise the impact Covid has had on the department and are trying to improve team culture. They reported that there is little evidence of a bullying or undermining culture in the department and all trainers have been actively encouraged to attend active bystander training.

F1 Trainees: Trainees reported on a supportive clinical team and commented that ANPs are very supportive. They have not witnessed or been subject to behaviours of bullying or undermining and would speak directly to educational supervisors if they had any concerns.

F2 Trainees: Trainees reported a friendly clinical team and seniors however contact with them is brief. Often seniors can come onto the ward see a patient and leave without any discussion. The orthopaedic team are also less willing to become involved in dealing with medical issues that may arise with their patients. Trainees stated they have not witnessed or been subject to behaviours of bullying or undermining and would speak directly to their foundation programme director (FPD) if they had any concerns.

ST Trainees: Trainees reported no concerns regarding bullying and undermining. They commented on a supportive culture within the department and that help has always been provided when escalating issues.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that the rota complements what trainees require for the end of their training. The department have a cohort of foundation locums to help with short term gaps and ST gaps are easily filled by locum appointments. They commented that the rota is often highlighted as compromising trainee wellbeing and in response to that improvements are being made from August 2022 which is hoped will address some of the concerns.

F1 Trainees: Trainees stated they are not aware of any gaps in the rota but felt it was tight and note a degree of juggling is required to accommodate sick leave and annual leave. When on-call, F1s provide cross cover in orthopaedics and cardiology admissions with some F1s covering multiple surgical wards. No formal induction was offered when first covering these areas OOH nor were these duties included in departmental induction on the first day in post. When covering cardiology admissions there is a document that trainees follow but they still must seek support for questions. They are unsure if hospital at night (H@N) was covered at induction.

F2 Trainees: Trainees confirmed there are currently no gaps in their rota. They stated that when on-call they provide cross cover for elective and 3 other orthopaedic wards and when on nights cover is Pan Lothian. No formal induction was offered when first covering these areas nor were they included in departmental induction on the first day in post. H@N induction was covered as part of site wide induction for those who had not worked in the hospital previously.

ST Trainees: Trainees reported that there are 2 gaps in the ST rota with OOH shifts being offered to locum cover. The gaps have had little impact on trainees who may have taken on a few additional on-call shifts to help support the department. They believe the rota accommodates learning opportunities and they are provided with ample opportunities as they work directly with supervisors. There is a current drive to have junior and senior trainees in trauma lists and the rota master is very mindful of this. They are aware that the rota has been monitored and were sent relevant e-mail correspondence and a web link to complete monitoring.

2.14 Handover (R1.14)

Trainers: Trainers commented that formal handovers provide safe continuity of patient care. Handovers include the medical ST and members of the OGS team. They believe that handovers provide good learning opportunities to trainees who can present and discuss any questions. The educational ST also has good input into handovers.

F1 Trainees: Trainees reported that they are invited to attend handovers during weekdays and weekends. They believe there is an agreed structure to how patient information is handed over however they do not think handovers are used as learning opportunities for F1s due to lack of senior input. They reported on hearing concerns with the handling of admissions from the emergency department overnight where patients are not logged correctly however most had not directly experienced this.

F2 Trainees: Trainees reported that they can attend most handovers. They commented that ANPs take the handover and are very good at letting trainees know relevant information. There is a morning trauma meeting at 8am which covers the previous 24 hours which the foundation trainees feel is of no benefit to them. Foundation trainees are also either not on shift or not invited to consultant ward rounds and they must wait at the nurse's station to be passed information. They believe there is an agreed structure to how patient information is handed over and are happy this provides safe continuity of care. They do not consider handover to be a learning opportunity.

ST Trainees: Trainees reported no concerns with handovers which take place at the start and end of each day along with a separate on-call handover. There are also daily morning x-ray meetings to review new admissions. They commented that there is no agreed structure to handover, and it is the trainee's responsibility to ensure that if referrals still need to be seen that these are handed over to the next shift. They agree that handover arrangements provide robust and safe continuity of care for new admissions and that there is an educational aspect to handover sessions where questions can be asked.

2.15 Educational Resources (R1.19)

Trainers/ Foundation/ST 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: Trainers commented that they have worked directly with NES to provide support to trainees in difficulty which was very helpful. A system of mentorship is arranged with a trainer from another department to provide additional support. Should a trainee be struggling to meet a specific competence, targeted training can be arranged within the department or if there are issues with research or audit there is a wide base of consultants who are happy to assist. Foundation trainees are appointed a ST1-3 trainee as a buddy who acts as a first point of contact. ST trainees also work closely with their designated supervisors. They report that the department as a whole has a good multi-layered team-based system of support for all levels of trainee. They also have support from the specialty training committee (STC) NES and the university.

F1 Trainees: Trainees stated that support is available to those struggling with the job or health issues and find the department to be a very supportive environment.

F2 Trainees: Trainees stated that they are unsure what support is available to those struggling with the job or health, however, would feel comfortable discussing with colleagues if they had any issues.

ST Trainees: Trainees stated that support is available from supervisors who they work closely with and build good relationships.

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 due to time constraints.

F1 Trainees: Trainees stated that they would raise concerns regarding the quality of training in post informally with the junior registrar or with their educational supervisor. They are not aware of any trainee forum at which they could raise any training concerns.

F2 Trainees: Trainees stated that they would raise concerns regarding the quality of training in post through e-mail to Sara Robinson (Associate Director of Medical Education).

ST Trainees: Trainees reported that they can raise concerns regarding the quality of training through the STC or training programme director (TPD) who will in turn will escalate to the wider consultant body. They commented on positive experiences when raising any issues and felt issues are addressed appropriately and changes or improvements made.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that trainees are encouraged to use the datix system if they have any concerns regarding patient safety.

F1 Trainees: Trainees reported they would report any patient safety concerns to registrars or consultants who are friendly and always happy to be contacted. As a trainee group they are encouraged to escalate any issues. They commented that ANPs are also very good and would discuss cases with them prior to escalating.

F2 Trainees: Trainees commented on an experience where they raised patient safety concerns with a junior registrar, this was reviewed and a datix completed. They were pleased to note that their comments were taken on board.

ST Trainees: Trainees stated that they would raise any patient safety concerns with their supervisors and would feel comfortable escalating to the consultant body or management team. They also commented on the use of the datix system as a formal mechanism of raising concerns.

2.19 Patient safety (R1.2)

Trainers: Trainers reported a very safe environment for trainees and patients with clear escalation policies. The ward ST is also on hand to provide support and help when required to juniors.

F1 Trainees: Trainees reported that they would be comfortable if a friend or family member was to be admitted to the ward. They were not aware of any boarding patients.

F2 Trainees: Trainees reported that if a friend of family member was admitted they would wish them to be seen by someone more senior than F2. Trainees commented that this was a difficult question to answer as they are providing this care, although are confident in their abilities. Trainees stated that the medical boarding team covers the whole hospital and see all boarding patients; the boarding team provide the management plans and the foundation trainees carry out the work.

ST Trainees: Trainees reported that they would be comfortable if a friend or family member was to be admitted to the ward. They commented that the OGS team give confidence that medical issues are dealt with appropriately and all operations are independently reviewed. They also commented that M&M meetings and trauma meetings are useful functions to ensure quality of care. They stated that there is an element of boarding in the department with surgical patients boarding to medical ward and medical patients boarding to surgical wards. Guidance on boarders, escalation pathways and who cares for these patients has been much clearer since Covid.

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

Trainers: Trainers reported that should a trainee be involved in an adverse incident they are invited to a formal interview afterwards where there is discussion and feedback provided. In the event of a significant event, they described a system where there is an informal debrief with staff working at the time of the incident and a cold debrief which involves discussion and recommendations on how to prevent an incident being repeated. The department fosters a no blame culture and incidents that occur are used as learning opportunities. There are also regular M&M meetings to which trainees are encouraged to attend. Should a trainee be involved in an incident, support is provided by a consultant who would communicate directly with relatives.

F1 Trainees: Trainees commented that M&M meetings had been recently reinstated which they find to be very useful and interesting.

F2 Trainees: Trainees stated that they believe the appropriate support would be given should they be involved in an adverse incident, however, were unsure as to how this would be provided. Trainees commented on using the datix system but not having received any feedback. Trainees stated that they would be expected to undertake most family updates depending on the medical situation, however seniors are available and would be happy to step in when required.

ST Trainees: Trainees reported that they were happy with the level of support provided should they be involved in an adverse incident. Trainees commented that they would attend a debrief to discuss how to prevent the incident happening again; these events are used as a learning opportunity and there is no blame culture. Trainees feel well supported in the event of having to communicate with a patient's family if something goes wrong with their care. Consultants are also happy to take over communications.

2.21 Other

Overall Satisfaction Scores:

F1 – 7.5/10.

F2 – 5.5/10.

ST – 8.5/10.

3. Summary

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

The panel commended the engagement of the site, trainers and medical education team in supporting the visit and note the considerable effort that has been made to improve the training environment for all training grades since the last visit occurred. No serious concerns were identified within this visit. The panel noted a good training environment for specialty trainees however this is again in contrast to the experience reported by foundation trainees. The key areas for improvement noted at the visit relate to induction, assessments, supervision, feedback, support, and handover. The panel has recommended a revisit is arranged during training year 2023/24 and will follow progress with the site team through an updated action plan review meeting in approximately 6 months.

Positive aspects of the visit:

- Strong engagement from RIE medical education team, trainers and site management team in supporting the visit process.
- The panel recognises efforts made to continue to improve the training environment for all training grades. In particular the efforts that have been implemented to remove "lone working" in ward 209 are noted.

- All trainee groups commented on a supportive group of trainers who are approachable.
- Trainees commended the support they received on wards from ANPs and from Wendy Parkinson with management of the rota.
- Foundation trainees highlighted support available from the “registrar of the week”.
- Induction is working well for the majority; trainees felt reasonably equipped for their role and appreciated the online handbook being sent in advance along with a paper copy for reference on induction day.
- Trainees commented on being able to attend a good proportion of local and regional teaching which is bleep free and supported in the rota. This is tailored to the level of trainees involved and is open to Foundation trainees
- Educational supervision arrangements working well for the majority of trainees
- STs have a very positive training experience and work closely with their ES in an apprenticeship style
- STs have a mechanism for providing feedback on their training needs which appears to be responsive to issues raised
- Well defined levels of clinical supervision with clear escalation pathways for in hours and out of hours working
- Minimal rota gaps, but when these have occurred have been managed well to mitigate any impact on trainee’s workload and on call frequency
- Support is available from the OGS team for patients who fit the clinical and age criteria for this service
- The panel recognises that there is work underway in the department to promote a team culture and more engagement between trainers and foundation trainees, however the specific details of this were not commented on in the trainee sessions.
- All trainees are aware of how to raise concerns about patient safety.

Less positive aspects of the visit:

- No catch-up induction is provided for those who start on nights or out of sync.
- No induction is provided for areas covered out of hours – Foundation trainees reported they are still doing Cardiology admissions; there is now a section in the unit Handbook to support this activity, but it is not covered by their induction.
- Foundation trainees report that very few of their workplace-based assessments are signed off by a consultant.

- The weekly “ward education registrar” provides cover for 5 wards and so it is not feasible for them to undertake daily supervision of all Foundation led ward rounds.
- Foundation trainees spend a large proportion of their time carrying out ward based tasks including having responsibility for a daily ward round. Involvement of the “ward education registrar” for support relies on the ability of a trainee to recognise this is needed.
- Foundation trainees have little opportunity for direct interaction with consultants as ward rounds are often completed prior to trainees starting on shift. Trainees sit at the nurse’s station and await their list of jobs, but seniors do not always interact with them.
- F1, F2 and ANPs were referred to as doing the same job. F1 and F2 trainees have different training and educational requirements and hence there is no sense of F2s having any progression in this role.
- No formal mechanisms for Foundation trainees to receive feedback on their day-to-day decision making
- Foundation trainees were not aware of any formal mechanism for them to provide feedback on their training.
- Handover is rarely a learning experience for Foundation trainees due to lack of senior input.

Requirements from previous visit (18/05/2021)

Progress against previous requirements recorded as addressed, significant, some progress, little, no progress or carried forward.

Ref	Issue	Progress 03/05/2022
7.1	Allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them	Addressed
7.2	Medical staffing must be reviewed to ensure this is appropriate to safely manage the workload and avoid lone working of junior trainees	Addressed
7.3	All trainees working within clinics must be supervised by a Consultant.	Addressed

7.4	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for Foundation doctors should be reduced.	Carried Forward – now incorporated in 2022 visit report as 7.7
7.5	Doctors in training must not be expected to work beyond their competence.	Carried Forward – now incorporated in 2022 visit report as 7.8
7.6	Barriers preventing Foundation Year 1s attending their dedicated teaching days must be addressed.	Addressed
7.7	Educational supervisors must understand curriculum and portfolio requirements for the Foundation trainee group.	Addressed
7.8	Educational Supervision structures must be formalised, and regular meetings held with trainees.	Addressed
7.9	Trainers must ensure the availability of Specialty Trainees and Consultants for Foundation trainees and provide a clearly documented escalation policy.	Carried Forward – now incorporated in 2022 visit report as 7.3
7.10	A process for providing feedback to doctors must be established. This should also support provision of WPBAs.	Carried Forward – now incorporated in 2022 visit report as 7.3 and 7.6
7.11	Handovers involving Foundation trainees must include senior input to ensure patient safety and learning opportunities.	Carried Forward – now incorporated in 2022 visit report as 7.4
7.12	An induction or induction manual/guide must be provided to trainees who cover Cardiac Admissions	Addressed

4. Areas of Good Practice

Ref	Item	Action
4.1	Foundation trainees highlighted support available from the “registrar of the week”.	n/a
4.2	STs have a very positive training experience and work closely with their ES in an apprenticeship style.	n/a

4.3	ST1-3 trainees are linked as a buddy to an F1 trainee which involves meeting them at the start of their placement, conducting regular check-ins and acting as their first point of contact.	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	The weekly “Ward education registrar” provides cover for 5 wards; it may not be feasible for them to undertake daily supervision of all Foundation led ward rounds. A review of how Foundation trainees involve them would be helpful.	
5.2	F1, F2 and ANPs were described as having very similar roles. F1 and F2 trainees have different training and educational requirements and hence there is no sense of F2s having any progression in this role. Development opportunities within the F2 role are encouraged.	
5.3	Foundation trainees have little opportunity for direct interaction with consultants as ward rounds are often completed prior to trainees starting on shift. Trainees sit at the nurse’s station and await their list of jobs, but seniors do not always interact with them. Opportunities for better interaction should be sought which could facilitate Foundation trainees in receiving feedback and doing SLEs.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	3 August 2022	Foundation
6.2	Trainees must receive adequate induction to all sites they cover out-of-hours including cardiology admissions to allow them to begin out-of-hours working safely and confidently.	Immediate	Foundation
6.3	There must be senior support, including from consultants/recognised trainers to enable doctors in training to complete sufficient WPBAs/SLEs to satisfy the needs of their curriculum	3 February 2023	Foundation
6.4	All handovers within Trauma and Orthopaedics must be more structured and more robust with written or electronic documentation. They must have senior oversight and include learning opportunities.	3 February 2023	All
6.5	The department should ensure that there are clear systems in place to provide supervision, support and feedback to trainees undertaking ward rounds. There must be regular senior ward rounds to complement these, which review trainee decisions and care plans and offer constructive feedback & teaching.	Immediate	Foundation
6.6	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for Foundation doctors should be reduced.	3 February 2023	Foundation

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.