Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	26th April 2022	**Level(s)**	Specialty
Type of visit	Triggered Visit	**Hospital**	Princess Alexandra Eye Pavilion
Specialty(s)	Ophthalmology	**Board**	NHS Lothian

Visit panel	
Kerry Haddow	Visit Lead and Associate Postgraduate Dean (Quality)
Stuart Waterston	Training Programme Director
John Scollay	Foundation Programme Director
Catherine Ward	Trainee Associate
Susan Fiddes	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Ashley Bairstow-Gay	Quality Improvement Administrator
Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Soufi
Quality Improvement Manager(s)	Ms Vicky Hayter
Unit/Site Information	
Trainers in attendance	12
Trainees in attendance	17
Feedback session	25
Date report approved by Lead Visitor	25th May 2022

1. Principal issues arising from pre-visit review

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit was arranged to Ophthalmology at the Princess Alexandra Eye Pavilion. This visit was requested by the Quality Review Panel around the following concerns: Deterioration of survey results from Green Flags to aggregated red flags over 5 years.

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

NTS Data

ST – Pink Flags – Educational Governance, Educational Supervision and Reporting Systems

STS Data

ST – All White data

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

The panel met with the following groups:
Specialty Trainees

The Deanery would like to thank Mr Jas Singh, Clinical Director for Ophthalmology for the helpful and informative presentation which gave a detailed overview of the strengths, challenges and future plans of the department and an update on the recent completion of the library facility and conversion to an e-library, dry lab and simulation suite with video-conferencing ability. The presentation highlighted the structure and background of the department the challenges due to the profound effect of Covid on staff shortages and wellbeing and their plans for remobilisation and a desire and ambition to achieve previous survey results.

2.1 Induction (R1.13)

Trainers: Trainers advised all trainees are given a tour of the department and given access to a library of induction material to read in their own time. Passwords and IT access are sent to trainees in advance and TRAK access is set up by the clinical manager. Trainers regularly ask trainees for feedback on induction and make changes accordingly.

Specialty Trainees: Trainees reported a moderately useful online hospital induction. All trainees advised they had received a comprehensive departmental induction which was two half days. Trainees were sent a handbook which was useful but slightly overwhelming and they suggested a short document of key points would have been useful. There is an attempt to orientate trainees across all sites, but trainees reported it can be difficult to remember the details for each hospital.

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

Trainers: Trainers advised that all trainees except the trainee who is on-call have no clinical activity on a Friday so they can attend teaching. All trainees can attend regional teaching which is currently online. Trainers ask trainees for feedback after teaching sessions and when they rotate to subspecialties a discussion is held to identify their individual trainee requirements. Trainees have access to a wet lab with a simulator and microscopes and a recently refurbished library and dry lab facility to run remote course in line with the Royal College. There is a new sim lab which is well equipped with a machine for cataract surgery and shows each trainee's progress. A laser sim course has started recently which has received excellent feedback.

Specialty Trainees: Trainees reported good, protected teaching time and receive on average 2-3 hours teaching per week. The on-call rota is split evenly so everyone can attend. Trainees have unlimited access to the simulator to practice skills.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there are currently no issues supporting study leave requests if 6 weeks' notice is given.

Specialty Trainees: Trainees advised that it is easy to request study leave if you give appropriate notice.

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

Trainers: Trainers advised that trainees normally remain with the same Educational Supervisor throughout their training. Trainees rotate to Fife and supervisors are allocated based on the curriculum, exams, experience so far and their 3 choices previously discussed with the training programme director. All trainers have time in their job plans and their roles are considered during appraisal which are supported by the service.

Specialty Trainees: Trainees reported they have all met with their allocated Educational Supervisor and agreed a personal learning plan. Educational Supervisor meetings can range from once a rotation to 2-3 formal meetings depending on the supervisor.

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Trainers advised they have clinical supervisor meetings which trainees attend and complete a PDP to discuss objectives that suit their level of training. Trainers are flexible to requirements and timetables are altered to meet individual trainee needs. Staff are aware of different levels of training as all are introduced at induction and trainees work closely with members of the team and get to know them. Junior trainees are not on-call for the first month when commencing in post. Consultants are all present during the day and are contactable within the 3-tiered rota system and on-call. The out of hours consultant reviews patients on a Saturday and Sunday. Trainers are not aware of trainees working beyond their competence as there is always someone available for support but advised that trainees may find taking notes and arranging follow ups in patient management a time constraint.

Specialty Trainees: Trainees reported they have 3 tier system for escalation, first on-call are easy to contact the second on-call can be difficult as trainees do not always know who the on-call consultant is. Trainees advised they do not work beyond their competence but can find it difficult to arrange ongoing management of patients. Patients in the acute referral clinic have no designated consultant

on-call and ongoing outpatient care can be consultant dependent. Trainees advised there is no clear structure of who takes ownership of patients which can be challenging.

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

Trainers: Trainers advised they are familiar with the curriculum and regularly meet trainees. The curriculum is changing in the next couple of years which trainers are aware of. Trainers make sure trainees receive the required number of learning experiences such as clinics and theatres although some trainees are struggling with surgical numbers due to lack of operative exposure due to Covid. Penetrating eye injury can be difficult to deliver as it is a very rare procedure however there are simulation videos and trainees can practice on artificial eyes. Trainers advised the department has a high level of training with little administration and around 80% of time is spent on direct patient care.

Specialty Trainees: Trainees reported a lack of exposure to cataract surgeries as these are currently not happening frequently. One trainee had access to 2 lists in one block and did less than 10 cataract surgeries. Trainees raised concerns that theatre access is currently worse than it was during the peak of Covid and are unaware of the reasons for this as other sites do not have this issue. The non-restarting of cataract surgery is now affecting the ability to achieve the required competencies. Trainees are aware of private providers and the Golden Jubilee undertaking these surgeries, but juniors do not have access to these lists. Trainees reported that lists are not reasonably allocated and would like fair and transparent access for all.

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

Specialty Trainees: Trainees advised there are opportunities to complete work placed based assessments which are consultant dependent, and the onus is on the trainee to push and request. There is a timetable detailing day to day activity for trainees and consultants.

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

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

Specialty Trainees: Trainees advised there are opportunities to complete an audit or quality improvement project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that most trainees evaluate their own management plan but can receive feedback day to day, a lot of feedback is based on outcome and is protocol driven. Formal feedback is given via work placed based assessments.

Specialty Trainees: Trainees advised that juniors receive direct feedback from the 2nd on call. Senior trainees and those who are 2nd on call may ask specifically for feedback which is consultant dependent. Trainees advised there is now a consultant based in the acute referral clinic which is very useful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that trainees can feedback any comments via the clinical supervisor reports or during an informal chat as part of their rotation or impromptu meeting with the team.

Specialty Trainees: Trainees advised that the Training Programme Director is open to feedback as are some Consultants. There is a trainee representative who can feedback any issues on the trainee's behalf.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised there is currently an ongoing complaint which is being dealt with and they are supporting the trainees as much as possible. If trainees have any concerns they are advised to speak to their educational supervisor or training programme director. A few issues have been directed to HR previously who have a formal process, but trainees can be reluctant to take things further.

Specialty Trainees: Trainees reported an underlying undermining cultural issue which affects all areas of staff in the department. The majority of staff are supportive and approachable but there are some individuals who can make people feel undermined, intimated, and victimised. Trainees reported

an unhappy place to work with a reputation that has declined in recent years. Trainees spoke about specific incidents which had been formally raised in the past.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised there is a 3-tier rota with no gaps at the moment.

Specialty Trainees: Trainees advised that issues with the rota had been raise formally and there is no structured M&M or clinical governance meeting and no willingness to learn from concerns or incidents raised.

2.14 Handover (R1.14)

Trainers: Trainers advised each team looks after their own patients and an email is done from the on-call consultant regarding the ongoing management of patients. The weekend handover is done via telephone. Handover arrangements can make getting patients out of the acute referral service a struggle, as there is not enough capacity, and more and more patients are referred to a general clinic. Trainees stated that handover is a huge learning opportunity for trainees and specialties will come back and give advice.

Specialty Trainees: Trainees reported the Friday-Saturday handover works well and is direct via a phone call. Semi urgent patients are handed over via email. Trainees advised that there is no- formal handover process and no paper trail which means patients can be missed from on-call to the next stage of treatment. There is a hesitancy to speak to consultants as there can be issues regarding who takes ownership of patients.

2.15 Educational Resources (R1.19)

Specialty Trainees: Trainees advised there are adequate facilities and have access to computers in the registrar room, a library and wet lab which has an EyeSi cataract surgery simulator. There is

currently a dry lab/simulation suite being installed. only two computers which have no microphones, cameras, or printers. Trainees struggle to complete day to day tasks such as looking up results or typing up notes due to a lack of computers and space.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12) – 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) – Not Asked

Specialty Trainees: Trainees reported there is a trainee representative who attends the Rotec and Consultant meetings.

2.18 Raising concerns (R1.1, 2.7)

Specialty Trainees: Trainees reported there is a lack of clinical governance or platform to raise concerns about trainee wellbeing and patient safety.

2.19 Patient safety (R1.2)

Trainers: Trainers advised the environment is safe for trainees and patients. There was a previous issue with telephone access to the department which has now been resolved and the acute assessment unit now has more consultant sessions which is a positive improvement for trainees and patients.

Specialty Trainees: Trainees advised they are not concerned about the care that patients receive but they are concerned about having to see patients out of hours due to a lack of time in the acute receiving clinic. There are no paper trails on patient' journey, particularly at weekends. Prioritisation of patients at triage (nurse led) can be an issue.

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

Specialty Trainees: Trainees reported they had received good support from the consultant team regarding any previous incidents that had been reported. The level of support is very dependent on

the adverse event and who trainees are working with and differs on a case-to-case basis. M&M meetings are not currently as productive as they could be but there is a process in place to improve these. The M&M meetings currently do not involve other non-medical professionals.

2.21 Other

The average overall satisfaction score from the pre-visit questionnaire was 7/10.

3.0 Summary

This department had received good practice recognition for a very good training environment in the past but had recently shown a significant decline in data. There are concerns around the culture within the department and potential bullying and undermining issues. There is a lack of clinical governance meetings to measure outcomes and a lack of a formalised handover system. The panel are aware that theatre exposure has been significantly reduced which impacts the ability to train across the full range of curriculum requirements, which is something that will continue to be monitored.

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

What is working well:

- A unit with a very good record of training in previous years with some engaged and active trainers
- Highly commendable teaching programme which was praised by trainees and is well attended
- Comprehensive induction programme with handbook which may benefit from an additional short summary
  Excellent access to simulation which would benefit from more consultant supervision to maximise its usefulness

What is working less well:

- Reports of potential undermining and bullying concerns which will be discussed with the Director of Medical Education

Lack of clear procedure for ongoing management of patients in the acute referrals clinic who need subspecialty follow up

- Lack of written or electronic handover
- No opportunity to measure outcomes due to a lack of clinical governance meetings with multi professional team
- The panel are aware of the reduction in theatre due to COVID however the department should ensure all training opportunities are equitable and transparent and maximised using all available locations.

4.0 Areas of Good Practice

Ref	**Item**
5.1	N/A

5.0 Areas for Improvement

Ref	Item	Action
	N/A	

6.0 Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.	Immediately	All
6.2	All staff must be behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	Immediately	All
6.3	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues.	30 November 2022	All
6.4	All trainee cohorts should be made aware of multiprofessional M&M meetings and when they happen, increasing the frequency of the meeting could be of benefit.	30 November 2022	All
6.5	Trainees must be provided with clearly identified seniors who are providing them with support.	30 November 2022	All