

# Scotland Deanery Quality Management Visit Report

<b>Date of visit</b>	Thursday 10 November 2022	<b>Level(s)</b>	Foundation/Specialty
<b>Type of visit</b>	Enhanced Monitoring Revisit (virtual)	<b>Hospital</b>	Dr Gray's Hospital
<b>Specialty(s)</b>	General Surgery & Anaesthetics	<b>Board</b>	NHS Grampian
<b>Visit panel</b>			
Professor Adam Hill	Lead Dean Director (Chair)		
Miss Kate Bowden	GMC Education QA Programme Manager (Scotland & North East)		
Dr Reem Al-Soufi	Associate Postgraduate Dean (Medicine/Surgery)		
Professor Kwok-Leung Cheung	Representative from the Royal College of Surgeons		
Mr Chandru Kaliaperumal	Foundation Programme Director		
Dr Hannah Jolly	Trainee Associate		
Mr David Soden	Lay Representative		
Ms Vicky Hayter	Quality Improvement Manager		
<b>In attendance</b>			
Mrs Ashley Bairstow-Gay	Quality Improvement Administrator		
<b>Specialty Group Information</b>			
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		
<b>Unit/Site Information</b>			
Trainers in attendance	5		
Trainees in attendance	Foundation Anaesthetics/Surgery 4 Core/Higher all Surgery 3		
Feedback session:	16		
Date report approved by Lead Visitor	16 <sup>th</sup> December 2022		

## **1. Principal issues arising from pre-visit review**

Following the previous visit held on 18<sup>th</sup> November 2021 Dr Gray's was placed on enhanced monitoring with conditions by the GMC therefore a virtual revisit was scheduled.

Conditions as follows:

### **Anaesthetics**

1. NHS Grampian must ensure that learners have access to an appropriate level of supervision at all times, including out of hours and that there are enough staff members to facilitate this supervision.
2. NHS Grampian must ensure that learners do not work beyond their competence.

### **General surgery**

1. NHS Grampian must ensure that learners have access to an appropriate level of supervision at all times, including out of hours and that there are enough staff members to facilitate this supervision.
2. NHS Grampian must ensure that learners do not work beyond their competence.
3. NHS Grampian must ensure that speciality training posts give doctors in training enough educational experience to meet the curriculum and assessment requirements set out in the approved curriculum and that the balance between educational experience and service provision is appropriate.

### **Previous Visit**

The previous visit highlighted recommendations listed below:

- Hospital and departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.
- A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.
- Educational Supervision structures must be formalised, and regular meetings held with trainees.

- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.
- Doctors in training must not be expected to work beyond their competence.
- Handover of care of patients must be introduced to support safe continuity of care and to ensure unwell patients are identified and prioritised.
- Measures must be implemented to address the patient safety concerns described in this report.
- Trainees must be able to access learning opportunities to meet curricular objectives including, for example, outpatient clinics/theatre.
- The department must develop and sustain a local teaching programme relevant to curriculum requirements of core and higher Surgical trainees including a system for protecting time for attendance.
- The scope of the ward cover and the associated workload at weekends and overnight must be reduced as currently they are not manageable and safe.
- Medical staffing must be reviewed to ensure this is appropriate to safely manage the workload, with consideration of employing more non-training medical staff.
- The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.

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

Foundation Trainees

Core/Specialty Trainees

The Deanery would like to thank Laura Nicol (Clinical Lead for Surgery) for the helpful and informative presentation which gave a detailed overview of work being done to address the 2021 visit requirements across the Anaesthetic and General Surgery departments. The presentation gave updates on the concerns raised, the action taken to resolve these and the plans for the future.

## 2.1 Induction (R1.13)

**Trainers:** Trainers advised August induction was run by a very experienced specialty doctor and went well. Trainees were given a wealth of information and had team's links with ARI re cross cover. The induction booklet was sent out in advance and trainees were given a tour of the ward by nursing staff. There are two trainees in the department that are supernumerary which enables new trainees to settle in and shadow the middle grade on-call.

**Foundation Trainees:** Trainees advised they received hospital and departmental induction which was shared with ARI. Trainees would have liked more detail regarding the rota and HDU. A booklet was given for Orthopaedics but not for General Surgery.

**Core/Higher Trainees:** All trainees received hospital and departmental induction and were given relevant IT information and passwords. Trainees only received the rota two weeks before commencing in post which they felt was inadequate.

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

**Trainers:** Trainers advised that regional teaching for higher trainees rotates between ARI and Inverness and is condensed to two days. Dates are given in advance to the rota coordinator to enable trainees to attend. FY trainees have protected weekly teaching and are encouraged to hand their bleeps to ANPs. There is currently a bid in to increase the number of ANPs and PAs to support the rota.

**Foundation Trainees:** Trainees reported teaching happens every Tuesday for General Surgery and Anaesthetics for one hour. Being overloaded with jobs or being in HDU can prevent attendance.

**Core/Higher Trainees:** Trainees advised they have one-hour weekly teaching per week which they struggle to attend especially if they have a ward round or are on call. Regional teaching is once or twice a quarter which is either held in ARI or Inverness. Trainees would like to join NHS Grampian's QI weekly teaching but find this difficult due to workload.

### **2.3 Study Leave (R3.12)**

**Trainers:** Trainers have no issues supporting study leave requests.

**Core/Higher Trainees:** Trainees reported no issues 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 advised that Dr Gray's is a small hospital, and 3 middle grades are allocated to two supervisors. Four Foundation trainees are split between two supervisors which is supported by the Foundation and Training Programme Director. Trainers meet trainees regularly and focus on maximising training opportunities by discussing the required assessments in line with logbook requirements. Trainers would discuss any trainees concerns with the educational supervisor and support the trainees with the service manager, occupational health, and the Foundation/Training Programme Director. All trainers have time in their job plan to undertake their educational role.

**Foundation Trainees:** All trainees have been allocated and have met their education supervisor and reported no concerns.

**Core/Higher Trainees:** All trainees were allocated an educational supervisor and had a meeting to discuss their learning plan and agree objectives. Not all trainees were initially aware who their supervisor was and had to contact the training programme director.

### **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 that trainees know who to contact during the day and out of hours and trainers would expect to be called overnight if a trainee required advice. Trainers were aware previously of trainees working beyond their competence however more staff have been recruited and trainers have no recent concerns.

**Foundation Trainees:** Trainees reported they know who to contact for supervision both during the day and out of hours. In HDU and Surgery trainees contact the middle grade for advice. Trainees advised there is one middle grade and one consultant at weekends and if they are busy, it can be

challenging to get hold of someone. Trainees reported working beyond competence in HDU as there can be complications which are sometimes difficult to manage, and consultants do not always have time to come to the patient. During nights medical patients can be complex, there is only one middle grade covering all of medicine.

**Core/Higher Trainees:** Trainees advised they know who to contact for supervision during the day and out of hours. Although trainees do not feel they work beyond their competence trainees felt it daunting being a senior on nights when they haven't worked in the hospital before. However, trainees have no issues with support and consultants are approachable and always available.

## **2.6 Adequate Experience (R1.15, 1.19, 5.9)**

**Trainers:** Trainers advised the highest level of trainee in the department is ST3 and trainers go through training opportunities weekly. There is currently no register or formal attendance recorded but this is something trainers hope to put in place in the future. Trainees can complete two CBDs at every clinic and two WBAs in theatre. Trainees have access to the weekly QI meeting and the skills club via simulation.

**Foundation Trainees:** General Surgery trainees advised they had not been to any clinics or theatre and have been in post for three months. This is due to being the only person on the ward. Trainees advised this post allows them to develop skills and competencies in managing acutely unwell patients as they are always the first point of contact.

**Core/Higher Trainees:** Trainees reported grossly inadequate operating which has recently been made worse by the closure of a theatre due to a leak. Trainees advised despite having been in post three months they have done as little as ten operations. Educational Supervisors and the Training Programme Director are aware of the significant lack of training and low logbook numbers and trainees have had informal and formal discussions with trainers. There is no access to Endoscopy training and no encouragement for doing scopes. Stracathro is not a solution as this can be a five hour round trip for some trainees. Some trainees reported having done four emergency cases in three months with no elective activity. There is a large percentage of on call work and attendance at Surgical Ambulatory Clinics but very little operating. Having no ITU within Dr Gray's hospital means little high-stake operations as all critically ill patients go to Aberdeen Royal Infirmary.

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

**Foundation Trainees:** Trainees reported that directly observed procedural skills (DOPS) which are required for eportfolio can be very difficult to achieve due to a lack of senior staffing.

**Core/Higher Trainees:** Trainees advised they have no issues completing work placed based assessments but do not always receive them back.

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

**Trainers:** Trainers advised all trainees work as a team and have close working relationships with nursing staff, ANPs and pharmacists. Trainees are able to join NHS Grampians QI meetings which are multiprofessional.

**Foundation Trainees:** Trainees advised they work closely with Physiotherapists, occupational therapists, and dieticians.

## **2.9 Adequate Experience (other) (R1.22)**

**Foundation trainees:** Trainees advised there are opportunities to engage in audit.

## **2.10 Feedback to trainees (R1.15, 3.13)**

**Trainers:** Trainers advised they meet with the overnight team and trainees in the morning prior to the ward round and discuss feedback. Feedback is given regularly via informal chats, Wednesday meetings and case-based discussions.

**Foundation Trainees:** Trainees advised there is no time for feedback and is consultant dependent whether they receive it or not.

**Core/Higher Trainees:** Trainees advised that they receive feedback, but it is consultant dependent. Feedback is given during handover which is useful.

## **2.11 Feedback from trainees (R1.5, 2.3)**

**Foundation Trainees:** Trainees advised supervisors check in regularly and ask for feedback regarding training, there are also opportunities to provide feedback via questionnaires internally and externally.

**Core/Higher Trainees:** Trainees were unaware of any platform to provide feedback to trainers except for a recent questionnaire sent last week. Trainees are aware of the long-standing issues in Dr Gray's and did not feel further conversations will make a difference to training opportunities.

## **2.12 Culture & undermining (R3.3)**

**Trainers:** Trainers were aware of a couple of issues which have been resolved. Trainers held discussions and supported trainees and used the issues as a learning opportunity.

**Foundation Trainees:** Trainees advised they had not been involved in any bullying or undermining incidents and would advise their educational supervisor if they had any concerns. Trainees would feel supported in doing so.

**Core/Higher Trainees:** Trainees advised they had not witnessed any bullying or undermining behaviour and are happy to raise any concerns with a number of educational supervisors and senior consultants who are polite, friendly, and approachable.

## **2.13 Workload/ Rota (1.7, 1.12, 2.19)**

**Foundation Trainees:** Trainees reported a very busy workload and trainees stay late most nights at least 30 minutes to an hour after their shift finishes. The rota is not currently compromising their well-being but if it continues it will cause burn out and be very draining.

**Core/Higher Trainees:** Trainees stated the rota was satisfactory, but it can be a challenge covering Orthopaedics at the weekends and on-call. Trainees advised it can be difficult negotiating who gets priority for training as locums feel they should take priority. The rota has been monitored as compliant



however trainees feel they have long shifts and are frequently on-call. There have been several informal discussions about changes with the rota which now includes the opportunity for swaps.

#### **2.14 Handover (R1.14)**

**Foundation Trainees:** Trainees reported a daily handover in surgery and a basic handover in HDU. There is only a nurse-to-nurse handover for new patients therefore trainees have no information regarding them which can be an issue. There is currently an audit being undertaken on handover arrangements in HDU.

**Core/Higher Trainees:** Trainees reported a thorough and detailed morning handover which isn't always educational as this depends on which consultant is leading it.

#### **2.15 Educational Resources (R1.19)**

**All Trainees:** Trainees reported adequate facilities, these have access to a doctor's mess, three computers and a library.

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

**Core/Higher Trainees:** Trainees advised support would be available if they were struggling with the job or their health.

#### **2.17 Educational Governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)**

**Foundation Trainees:** Trainees would raise concerns via their Foundation Programme director in relation to any concerns they have with the quality of training.

**Core/Higher Trainees:** Trainees advised they have feedback training concerns with their Educational Supervisor and Training Programme Director.

## **2.18 Raising concerns (R1.1, 2.7)**

**Foundation Trainees:** Trainees would raise any patient safety concerns with the nurse in charge, senior doctor then Datix.

**Core/Higher Trainees:** Trainees would take advice from colleagues or the supervising consultant if they had any patient safety concerns. Seniors are readily available and there is never an issue as consultants are quick to act and concerns are taken seriously.

## **2.19 Patient safety (R1.2)**

**Foundation Trainees:** Trainees reported no concerns from a medical point of view however there were patient safety concerns in relation to the lack of staffing giving patients minimal care.

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

**Foundation trainees:** Trainees advised that adverse incidents are reported via Datix, but feedback is not always given.

**Core/Higher Trainees:** Trainees advised they would be supported following an adverse incident and would talk through it with their supervisor.

### **Additional comments:**

**Foundation trainees:** Trainees advised that one FY1 looks after all patients in HDU with one nurse and one consultant to contact which can be very daunting when commencing in post.

### 3. Summary

Although there have been a number of improvements since the previous visit in 2021 there are still significant concerns in relation to lack of training. In view of these concerns the Deanery will proceed to remove trainees from February 2023 if there are not significant improvements in training opportunities when we next meet in January 2023.

We have highlighted below both the positive aspects from the visit, and some areas for improvement and requirements.

#### What is working well:

- Excellent engagement with senior team who gave an excellent presentation
- Supportive and approachable environment
- No alleged dignity at work concerns or issues

#### What is working less well:

- FY1s initially managing unwell patients in HDU. The FY1s can call for help but it is not immediately available on the HDU
- Significant lack of operative numbers, endoscopy and clinics which is impacting on ST1 and above trainee logbook numbers
- Capacity to cope - trainees are currently very busy on the ward having difficulty attending teaching/QI etc. which will become more challenging when theatres and other training opportunities reopen

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

### 4. Areas of Good Practice

Ref	Item
4.1	N/A

### 5. Areas for Improvement

Ref	Item	Action
5.1	N/A	

**Review of previous requirements from 2021:**

<b>Ref</b>	<b>Visit requirement from 2021</b>	<b>Progress in 2022 Visit</b>
6.1	Hospital and departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.	Addressed – no issues
6.2	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	Addressed – no issues
6.3	Educational Supervision structures must be formalised, and regular meetings held with trainees.	Partially met – although all have an Ed Sup not all trainees knew who they were and had to contact TPD see 6.2 requirement below
6.4	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	Partially met – trainees still unable to access learning opportunities due to workload see 6.3 requirement below
6.5	Doctors in training must not be expected to work beyond their competence.	Partially met – FYs in HDU still have concerns see 6.4 requirement below
6.6	Handover of care of patients must be introduced to support safe continuity of care and to ensure unwell patients are identified and prioritised.	Partially met – lack of handover involving trainees of new patients in HDU see 6.5 requirement below
6.7	Measures must be implemented to address the patient safety concerns described in this report.	Improvement made however trainees reported lack of staffing impacts patient safety

		see 6.7 requirement below
6.8	Trainees must be able to access learning opportunities to meet curricular objectives including, for example, outpatient clinics/theatre.	Still significant concerns see 6.1 requirement below
6.9	The department must develop and sustain a local teaching programme relevant to curriculum requirements of core/higher trainees including a system for protecting time for attendance.	Partially met – STs still reporting issues attending teaching see requirement 6.6
6.10	The scope of the ward cover and the associated workload at weekends and overnight must be reduced as currently they are not manageable and safe.	Partially met – trainees reporting high workload and lack of staff impacting on patient care see requirement 6.7
6.11	Medical staffing must be reviewed to ensure this is appropriate to safely manage the workload, with consideration of employing more non-training medical staff.	Addressed – no issues
6.12	The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	Addressed – no issues

## 6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Trainees must be able to access learning opportunities to meet curricular objectives including, for example, outpatient clinics/theatre.	ASAP	All
6.2	There must be timely allocation of Educational Supervisors so that trainees know who is providing their educational supervision at commencement of their post.	July 2023	ST
6.3	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	July 2023	All
6.4	Doctors in training must not be expected to work beyond their competence.	July 2023	FY in HDU
6.5	Handover of care of new patients must be introduced to support safe continuity of care and to ensure unwell patients are identified and prioritised.	July 2023	All
6.6	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance.	July 2023	ST
6.7	The scope of the ward cover and the associated workload at weekends and overnight must be reduced as currently they are not manageable and safe.	July 2023	FY
6.8	A process for providing feedback to doctors in training must be established - this should also support provision of WPBAs	July 2023	All