Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	23rd March 2023	**Level(s)**	FY, GP, ST
Type of visit	Triggered	**Hospital**	Borders General Hospital
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Borders

Visit panel	
Dr Peter MacDonald	Visit Chair – Associate Postgraduate Dean - Quality
Dr Karine Newlands	Training Programme Director – GP
Dr Martin Carlin	Training Programme Director - Foundation
Dr Chris Lim	Trainee Associate
Richard Gibbons	Lay Representative
Fiona Paterson	Quality Improvement Manager
In attendance	
Gayle Hunter	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Obstetrics, Gynaecology & Paediatrics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Alastair Campbell & Dr Peter MacDonald
Quality Improvement Manager(s)	Fiona Paterson

Unit/Site Information		
Trainers in attendance	6	
Trainees in attendance	7	

Feedback session: Managers in attendance	Chief Executive		DME	x	ADME		Medical Director	x	Other	x

Date report approved by Lead Visitor	30th March 2023

1. Principal issues arising from pre-visit review:

The O&G department at Borders General Hospital was last visited in March 2018, this was a scheduled deanery visit. Overall, this was a positive visit although some concerns were raised around patient boarding. 5 requirements were set and the action plan submitted for review at SQMG and signed off for regular monitoring.

The unit was part of a small site assessment pilot in 2022 which identified areas for improvement, as this was a pilot survey, requirements could not be set however this provided an opportunity for the unit to review and take action prior to the forthcoming visit.

The visit commenced with a detailed presentation from Dr Kate Darlow which provided an update highlighting the improvements made within the department since the pilot survey.

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.

2.1 Induction (R1.13):

Trainers: Following review, departmental induction has been updated to ensure trainees are adequately equipped to start work. Induction comprises a welcome pack, tour of the hospital, presentations and Badgernet training. Advanced Badgernet training is provided once trainees are in post and familiar with the system.

Trainees: All trainees present received induction which prepared them well for their role. System access was provided promptly, some basic Badgernet training was given with a more in depth session planned for later in the post, however trainees told us the charge midwife has delivered informal sessions and there is always someone to seek support from as required. Trainees did not have any suggestions for improvements.

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

Trainers: Trainers described a variety of formal teaching opportunities available to trainees, these included.

- Daily departmental case-based discussions,
- Weekly Oncology risk,
- Monthly Perinatal risk,
- CME – Audit and scenarios,
- Obstetrics Risk,
- Cardiotocography,
- PROMPT and
- Simulation

We were told that for cohort-specific teaching trainees provide cover and for sessions held out-with the department the consultants will cover the workload. Teaching sessions are not interruption-free but everyone is aware interruptions should be minimal during this time.

Trainees: GP trainees can attend hospital wide GP teaching every 2nd week, Specialty trainees were able to attend an estimated 70% of their national teaching sessions. SE Regional teaching has been cancelled at short notice and trainees told us these sessions had not been rearranged. What trainees described as national training (pan-Scotland) was considered to be very good and happened as timetabled. Trainees felt it would be beneficial if the regional/national sessions were recorded to allow those unable to attend to watch at a convenient time.
All trainees described a rich informal learning environment with lots of ad hoc teaching. Due to the size of the department opportunities to work closely with consultants in theatre and clinics are abundant.

All trainees noted it would be beneficial to have cohort specific local teaching sessions but acknowledged the challenges due to staffing. Due to the exceptionally high standard of informal teaching provided any formal teaching programme would need to be high value.

2.3 Study Leave (R3.12)

Trainers: Trainers advised that there have been no issues in supporting study leave.

Trainees: Trainees confirmed they have good access to study leave.

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

Trainers: All trainers have time recognised within their job plans however some felt that the amount of time allocated was not sufficient to carry out all elements of the role. Any known concerns regarding a trainee would be provided via the TPD and a support plan implemented.

Trainees: All trainees had been allocated educational supervisors, met with them and agreed learning plans. Trainers were described as accessible and intuitive facilitating informal learning.

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 felt able to work closely with and learn individual competence levels of trainees. There is a notice board outside labour ward with photographs of all team members which is updated regularly.

After feedback from trainees regarding the accessibility of the on-call consultant, this role now has a dedicated bleep. The on-call consultants are identified at the morning huddle and all consultants carry a pager should they need to be contacted. Any out of hours gynaecological issues are diverted through the switchboard directly to the consultant. The role of Advanced Birth Practitioners (ABP) is detailed at induction and a crib sheet created clarifying which procedures require consultant presence.

Trainees: Trainees advised that they know who to contact during the day and out of hours and do not feel they have to cope with problems beyond their competence. The unpredictable nature of the specialty can sometimes result in a delay for support however, this has been raised with the consultant body and addressed.

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

Trainers: We were told that all trainers are aware of the curricular requirements for each cohort, they attend online teaching courses and utilise online resources to ensure they stay up to date with changes. All trainees have improved access clinics relevant to their training. As the impact of the Covid-19 pandemic reduces, theatre experience for specialty trainees has increased with more regular theatre lists throughout the hospital. The birth rate at the unit has dropped below 1000 per year which has a direct impact on obstetric procedures and training, increased simulation sessions have been implemented to address.

Trainees: Trainees described a valuable training placement with proactive nurses, midwives and consultants who help turn activities into learning opportunities. Both GP and ST trainees have good clinic access with GP trainees stating they have a 'normal' day built into their rota which facilitates attendance at clinic or theatre sessions relevant to their training. ST's advised that due to the lower delivery rate there may be some competencies such as the management of complicated deliveries which may not be met in this placement. However, they noted that when on call they have the opportunity, dependent on case presentation, to achieve some more advanced procedures than they might expect at ST3/4 level.
All felt the post offers good exposure to opportunities to manage acutely unwell patients.

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

Trainers: Trainers reported that there are plenty of educational opportunities for trainees to achieve their assessments and that they actively encourage submissions.

Trainees: All trainees reported no issues in completing their workplace-based assessments.

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

Trainers: Trainers advised there are several opportunities for multi-professional learning and trainees regularly work with ABP's, nurses and midwives. Simulation sessions run twice weekly along with regular multidisciplinary teaching days. The obstetrics MDT historically had been a closed forum however this has recently changed to allow trainees to attend.

Trainees: Trainees reported that they participate in lots of interprofessional learning.

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

Trainees: Trainees were unaware of a QI lead within the department but felt that support would be provided if requested.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Consultants provide regular constructive informal and formal feedback to trainees. A request from the theatre team to not provide trainee feedback at night was dismissed.

Trainees: Trainees advised they receive constructive and meaningful feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Dr Kate Darlow (college tutor) holds an informal monthly meeting with the trainees which allows concerns to be raised. Trainees are also encouraged to speak directly with Dr Darlow if they do not wish to discuss their concerns publicly.

Trainees: Trainees have autonomy to change identified areas through regular monthly meetings with Dr Darlow. Concerns raised are placed on an action plan and updates discussed until resolution. Trainees were aware of a hospital trainee forum although none had attended. They provided examples of active listening from the consultant body which resulted in positive change.

2.12 Culture & undermining (R3.3)

Trainers: Trainers felt they had worked hard to provide a positive, open, and supportive culture within the department. The monthly meeting allows trainees to raise concerns at an early stage allowing them to be dealt with promptly before they become a larger issue. There is a good news board within the unit celebrating positive learning.

Trainees: Trainees stated that they work within a very supportive unit with approachable consultants and wider multi-disciplinary team. None of the trainees had experienced or witnessed bullying or undermining behaviours. If they were to, trainees stated they would raise with Dr Darlow. They told us handover and CTG teaching provides and open forum for healthy debate for both trainees and consultants to learn.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Following feedback from the previous cohort of trainees the middle grade rota was revised with trainees no longer working 48 hour weekend on-call shifts. Weekends are now split with a rest day scheduled after a 24hr on-call shift. Locums are employed to ensure the rota is compliant with all legal requirements. Rotas are managed by trainees and provide an even allocation of theatre and clinical time for all trainees.

Trainees: Trainees told us that their rota is very well balanced and accommodates good access to learning opportunities. They reported that rota gaps are well managed. GP trainees have excellent outpatient experience on their normal days but noted these would be pulled if service required. To further enhance the GP experience, it was suggested some forward planning of clinic attendance would be beneficial. All trainees felt their workload was manageable and when on 24-hour on call shifts they were able to take adequate rest breaks.

2.14 Handover (R1.14)

Trainers: There is a daily multi-disciplinary handover at 08.30, all patients are discussed which provides safe continuity of care. Handover has been further enhanced with the addition of a shared document which details all inpatients, those expected and boarders.

Trainees: Trainees reported that there is a good, structured handover in place which facilitates learning opportunities as each patient is discussed and feedback given on management plans.

2.15 Educational Resources (R1.19)

Trainers: An additional computer has been added to the doctor’s room following trainee feedback.

Trainees: Trainees were happy with the resources available however noted the WIFI can be intermittent at times.

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

Trainees: Trainees told us support was available for those who were struggling and provided examples where reasonable adjustments were made for trainees.

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

Trainees: Any concerns regarding the quality of training would be raised through the monthly meetings with Dr Darlow.

2.18 Raising concerns (R1.1, 2.7)

Trainees: Trainees advised they would raise any concerns with the registrar who would then escalate to consultant level if required. They would also be comfortable raising concerns with the wider obstetrics team. Risk management meetings provide the opportunity to review cases and share learning from incidents.

2.19 Patient safety (R1.2)

Trainers: The reduced birth rate had a potential to deskill the obstetrics team, the trainers acknowledge the need to increase drills/scenario training. At present there is no gynaecology inpatient ward and patients will board on a general surgery ward. There is a service review underway and it is hoped this will address the gynaecology layout.

Trainees: Trainees have no concerns regarding patient safety and are confident any issues would be dealt with appropriately. They echoed the need for a gynaecology space for inpatients but told us that a dedicated room had been created within urgent care to assess patients.

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

Trainees: Trainees reported using the Datix system to report an adverse incident. These are discussed at M&M meetings and are very well supported within the department. Some trainees felt it would be desirable to have more information following the transfer of a baby to the special care baby units.

2.21 Other

All trainees spoke of the supportiveness of the consultants and how they felt they were invested in providing them with the best possible training opportunities. They work collaboratively with the trainers to drive change have the autonomy to drive changes.

3. Summary

Is a revisit required?	**Yes**	**No**	**Dependent on outcome of action plan review**

POSITVE ASPECTS OF THE VISIT

- Commend the work undertaken by the DME and department to target areas of concern raised in the pilot survey.
- Training is prioritised and desire to maximise all available opportunities.
- Both GP and ST trainees reported a valuable training placement, gaining useful learning and practical experience relevant to their future careers.
- Induction prepares trainees well for their role. Passwords and training for Badgernet and TRAK are adequate and trainees felt supported.
- Lots of informal teaching delivered on a 1 to 1 basis and through handover. Other more formal processes such as simulation and multidisciplinary activity was also positive.
- Concerns regarding clinical supervision have been resolved, the new mechanism of consultant pagers is working well.

- GPST's have good opportunities to attend clinic/theatre sessions.
- The department are proactive in listening to trainee concerns with action and resolution.
- Very proactive college tutor (Kate Darlow).
- Positive culture within the dept across multi-professionals contributing to positive experience for trainees.
- Organised social event at changeover to help create friendly team environment.
- Feedback to trainees was reported as very positive.
- Handover system is working well and further enhanced by suggested improvement from previous trainee.
- Collaborative working between trainers and trainees.
- Positive working relationships across the department, trainees commented on the contribution of the senior charge midwife which helped to create an environment where trainees felt comfortable raising issues with nursing and medical staff.

LESS POSITIVE ASPECTS OF THE VISIT

- Improve formal local teaching for registrar and GP trainees – acknowledge the restrictions with small department.
  Inconsistent Regional/National teaching issue will be raised within the deanery.
- Rota is being organised by trainees which works well at present allowing them to prioritise individual training opportunities, however this could be a future risk. Suggest including an element of consultant oversight to ensure equity is maintained for all individuals.
- It would be beneficial to identify a Quality improvement lead within the department.

4. Areas of Good Practice

Ref	Item	Action
4.1	Feedback	The college tutor has regular meetings with trainees to seek feedback and resolve actions.
4.2	Adequate Experience	The department are proactive ensuring all opportunities are a learning experience.
4.3	Adequate Experience	GP trainees have excellent opportunity to attend outpatient clinics.
4.4	Culture	Trainees feel part of a team which is invested in their training.

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	Adverse Incidents	In relation to adverse incidents one issue mentioned was the fact that sick babies get transferred out of the unit and the team involved in the delivery then don't hear what happened to the infant. Would there be some way of setting up a mechanism for actively obtaining updates on infant progress and feeding this back to the relevant team?

6. Requirements - Issues to be Addressed

Nil