

Scotland Deanery Quality Management Visit Report



Date of visit	22 nd June 2023	Level(s)	ST
Type of visit	Triggered	Hospital	Lauriston Buildings
Specialty(s)	Dermatology	Board	NHS Lothian

Visit panel	
Dr Holly Metcalfe	Visit Chair – Associate Postgraduate Dean for Quality
Dr Jason Williams	College representative
Mr Ian McDonough	Lay representative
Ms Gillian Carter	Quality Improvement Manager
In attendance	
Ms Claire Rolfe	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Medicine
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Alan McKenzie, Dr Greg Jones, Dr Reem Al Soufi
Quality Improvement Manager(s)	Ms Gillian Carter
Unit/Site Information	
Non-medical staff in attendance	4
Trainers in attendance	13
Trainees in attendance	4

Feedback session: Managers in attendance	Chief Executive		DME	√	ADME	√	Medical Director		Other	√
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Date report approved by Lead Visitor	30th June 2023
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1. Principal issues arising from pre-visit review:

Following review and triangulation of available data at the 2022 Deanery Quality Review Panel (QRP), a visit to Dermatology at Lauriston Buildings, Edinburgh, was requested as it appeared on the GMC priority list. It was noted verbally at QRP that the department was affected by high staff turnover and management issues as described by the Training Programme Director (TPD). In the 2022 National Training Survey (NTS) data there was a red flag for reporting systems and 7 pink flags for adequate experience, educational governance, educational supervision, feedback, overall satisfaction, study leave and teamwork. In the 2022 Scottish Training Survey (STS) all flags were white.

Accordingly, a triggered visit was arranged to Dermatology at Lauriston Buildings. The scope included all trainees in Dermatology at the site.

The panel would like to thank Dr Chandra Bertram, Clinical Director, for the informative presentation given during the introductory session which described the current activities and challenges within the department with reference to the 2022 NTS and STS results.

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: Trainers reported that new trainees receive a handbook of around 20 pages which is updated each year. The physical induction includes a tour of the department, a session with the pharmacist and shadowing including clinics. Trainees are also given their badges and IT logins and are assessed by Dr Naismith before being allowed to do procedures. Trainers noted that the induction is flexible and so is offered to all trainees regardless of starting date.

Trainees: Trainees reported that they received the handbook which was very useful. In terms of face-to-face induction, new trainees received an informal induction from an existing trainee which lasted around 2 hours as well as a session with a pharmacist and an induction to surgery with Dr Naismith.

They felt a more formal induction with a consultant would be useful as well as some more information about the computer systems. Some trainees reported delays of 2-3 weeks to receive their IT logins. Trainees also noted that they did not receive an induction to the inpatient wards where they were required to see patients when on-call and this would be beneficial.

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

Trainers: Trainers reported that departmental teaching is bleep-free for most trainees as 1 trainee will be on-call and hold the bleep. This arrangement was instituted following the last Deanery visit in 2016. Any trainees off-site will be able to attend bleep-free. Trainees apply for study leave to attend their regional teaching programme.

Trainees: Trainees reported that departmental teaching is organised by trainees and takes place on a Thursday lunchtime. It is attended by both consultants and trainees. Each trainee is on-call around 20% of the time and when on-call will miss part of teaching due to being called away. They also sometimes miss teaching due to morning clinics over-running. In terms of regional teaching there is an East of Scotland training day organised by trainees twice per year, but this is also not bleep-free. Trainees felt this was the most useful formal teaching for them as it is specific to registrars. Trainees would appreciate teaching relevant to the Specialty Certificate Exam (SCE) as they have poor pass rates for this exam which they felt were an anomaly compared to other regions.

2.3 Study Leave (R3.12)

Trainers: Trainers advised that they will approve study leave as long as there is 1 trainee working and 1 back-up available.

Trainees: Trainees reported that they usually had no issue obtaining study leave provided they were not on-call and gave at least 6 weeks' notice.

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 are allocated by the clinical director and trainees have the same educational supervisor for 4 years. Trainers have 0.25 sessions per trainee in their job

plans. They are on-call with the trainees whom they supervise and are generally available within the building when trainees need to contact them. Trainers are aware of any difficulties experienced by their trainees as they supervise them throughout the programme, however any issues prior to coming into the post would be picked up through reading previous supervisor reports and Annual Review of Competence Progression (ARCP) outcomes.

Trainees: Trainees reported that they meet their supervisors 3-4 times per year and find them helpful. Those with supervisors based in Lauriston Buildings see them regularly, however those with supervisors at other sites do not get to see them as often.

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

Trainers: Trainers reported that trainees will raise general queries with whichever consultant is available and are aware of consultants' expertise for sub-speciality queries. There is always an on-call consultant and there are nominated deputies for sub-specialties. Trainees are aware that they should not undertake procedures which they are not competent to do. Trainee clinics will run only if there is a suitable consultant to supervise them and trainees can cancel their clinics if they do not feel comfortable with the cases they need to see.

Trainees: Trainees were confident that they always knew who to contact for supervision. They reported that when consultants are on Annual Leave they are meant to cancel their registrar clinics however this does not always occur and so trainees often need to seek alternative support at the last minute. It should be noted that trainers described how the new Dermatology curriculum supports greater independent practice and so trainers believed that trainee clinics should not necessarily be cancelled when a consultant is away providing alternative support is available. The understanding of trainers and trainees therefore diverged in this area.

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

Trainers: Trainers reported that they attended a lunchtime update on the curriculum last summer and were also encouraged to view updates which had been recorded online. They noted that it was difficult to offer trainees experience in adult genital Dermatology and photodermatology as these were not available at the site, however they routinely send trainees to other sites for sub-specialty

experience. They also noted that trainees are often off work on a Friday prior to a weekend on-call and this means they miss the educational opportunities available on a Friday every 5-6 weeks. This includes tumour clinics, skin surgery lists and patch testing.

Trainees: Trainees reported that each week they have 3-5 clinics, 1-2 surgical sessions and 3-4 administrative sessions. They do their on-call shifts during administrative sessions. Trainees noted that it was difficult to achieve their competencies in adult genital Dermatology, photodermatology and psychodermatology at the site, however they are able to see adult genital Dermatology either in general Dermatology clinics or by visiting Gynaecology and they spend 1 week in Ninewells Hospital, Dundee, working in photodermatology. Psychodermatology experience is offered via a course. It was noted that photodermatology and psychodermatology are offered in only a handful of sites across the UK.

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

Trainers: Trainers reported that they complete a lot of assessments for trainees, but it is difficult to complete assessments which require them to be in the same location as trainees during clinics such as mini-Clinical Examination Exercises (mini-CEXs). Trainers noted that they were under pressure from management to see larger numbers of patients and typically see 11-13 patients per clinic while trainees see 8-12 so it can be hard to see patients jointly.

Trainees: Trainees felt it was difficult with their current on-call arrangements to complete assessments as their clinic rooms were unsupervised and trainers were busy doing their own clinics. They have sometimes gone to additional clinics in their own time or during administration time to complete workplace-based assessments. Trainees felt it would improve their education and wellbeing if they were on-call for 1 week covering Monday-Thursday and then Saturday-Sunday to allow them to be supernumerary during the week and sit in on consultants' clinics when possible. During this on-call week, their routine clinic lists would be cancelled.

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

Trainers: Trainers reported that trainees attend multi-disciplinary team (MDT) meetings, such as for skin cancer, and attend MDT teaching on a Thursday afternoon. There is a dressing clinic twice per week and registrars will often be called upon to support this.

Trainees: Trainees reported that they do combined psoriasis clinics with a pharmacist and work closely with nurses in dressing clinics and patch testing.

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

Trainers: Trainers reported that there are audit and quality improvement (QI) meetings 3 times per year and trainees are encouraged to present something at these. They are also encouraged to present at national Dermatology meetings and trainers felt trainees were engaged with QI.

Trainees: Trainees felt encouraged to pursue QI projects and noted there were opportunities to do these if they sought them.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that trainees receive feedback via bi-monthly combined consultation clinics and by doing surgical lists with consultants. Trainees are also supernumerary for skin cancer clinics so all patients are seen by both the consultant and trainee leading to immediate feedback.

Trainees: Trainees reported that they receive formal feedback at meetings with their educational supervisor and in their multi-consultant report (MCR). They receive continuous informal feedback which they felt was constructive. There is also a de-brief following eczema and psoriasis clinics where they receive feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that trainees could give feedback via the NTS and STS. They also send a trainee representative to the training committee which meets twice per year.

Trainees: Trainees felt they did not really have opportunities to feed back to trainers and the management team on their training. They felt it was hard to give feedback in such a small department.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported that trainees could provide feedback about culture in their training surveys and could also speak to their supervisor, the clinical director or a non-clinical manager about any issues. They felt supervisors were approachable and hoped trainees would speak to them if needed.

Trainees: Trainees felt their trainers were generally very supportive.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported that rotas were drawn up by the TPD who asks trainees about their individual learning needs and writes the rota to accommodate these.

Trainees: Trainees noted that their rotas were personalised to their individual training needs, however they felt they could miss opportunities when on-call. For example, patch testing was given as an example of something which could be disrupted by on-calls as trainees do this only for a short time. Patch testing was also affected by no consultant supervision during the day 2 readings.

2.14 Handover (R1.14) – Not covered

2.15 Educational Resources (R1.19)

Trainers: Trainers reported that trainees have space for their own clinics and a registrar room with their own computers and access to textbooks. The seminar room has also recently been upgraded including better tele-conferencing facilities. Trainers noted that courses in Dermatology can be expensive and trainees would benefit from a larger study leave budget, however there was often money left over in the Deanery budget at the end of the year which could be allocated to trainees for additional study leave funding.

Trainees: Trainees reported that they had their own office and laptops although their laptops initially did not have Microsoft Office programmes. They described limited places to eat in the department and often ate at their desks, or not at all when in clinics as they were not permitted to eat in clinic rooms.

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 reported that support was available from supervisors and the TPD as well as from the Deanery including the Trainee Development and Wellbeing Service. Trainees can access Occupational Health if needed.

Trainees: Trainees would contact their supervisor in the first instance about any difficulties and also felt comfortable speaking to the clinical director.

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: Trainers reported that the management and quality of postgraduate medical education was overseen by the medical education team in NHS Lothian.

Trainees: Trainees would speak with the clinical director if they had any concerns about their training and were confident these would be dealt with quickly.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that trainees are encouraged to complete datix reports if they have any concerns about patient safety and they hoped trainees would also feel comfortable speaking to their supervisor.

Trainees: Trainees would speak to their supervisor, the on-call consultant or the clinical director if they had any patient safety concerns.

2.19 Patient safety (R1.2)

Trainers: Not asked.

Trainees: Trainees reported they had some concerns regarding lack of nursing availability to do urgent dressings.

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

Trainers: Trainers reported that adverse incidents are reported via datix and discussed at morbidity and mortality meetings (M&Ms) 3 times per year. A copy of any datix reports raised by trainees would be sent to their educational supervisor and they would receive feedback on the outcome of the report as well as support from the consultant responsible for the patient affected.

Trainees: Trainees reported being taught how to complete a datix report a few months after starting their post. They had been encouraged to use the system by the clinical director. Most trainees had not yet used the system, but some experiences were reported of submitting reports in the first quarter of 2023. These reports had not yet received feedback.

2.21 Other

Trainees were asked to rank their overall satisfaction with this post out of 10 and gave an average score of 7.4.

3. Summary

Is a revisit required?	Yes	No	Dependent on outcome of action plan review
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Overall, the panel found a department offering excellent training opportunities in Dermatology to trainees who felt well supported by their consultant colleagues. Whilst some areas were noted which could improve the training environment, these were not significant and the panel wished to commend trainers within the department on the excellent feedback received during the visit.

Positives

- A very engaged and enthusiastic group of trainers ensure that trainees receive excellent training in Dermatology.
- Arrangements for educational and clinical supervision are strong with a supportive consultant body.
- Exposure to general Dermatology was good and careful consideration was given to trainees' individual requirements when writing their rotas.
- The induction material circulated in advance of trainees' start of work was comprehensive and helpful.
- Study leave was easily accessed and funding available.
- There were opportunities for trainees to be involved in QI work and audit.
- Facilities for trainees were commended in terms of pleasant registrar office space and individual laptops.

Negatives

- Trainees would like to have registrar-specific teaching and would particularly like teaching relevant to the SCE as they have a high fail rate at the site.
- Sometimes on-call commitments lead to trainees missing teaching and they were felt to be disruptive to specialty experience. Trainees suggested an alternative model whereby they could do full weeks on-call while being supernumerary for other educational opportunities.
- Trainees struggle to get workplace-based assessments when doing independent clinics. They felt a different model for on-calls might also improve this.
- Trainees felt it might have been helpful to participate in hospital induction to prepare them for looking after inpatients when on-call. They also noted that the face-to-face part of the departmental induction was informal and trainee-led and a more formal session led by a consultant would be helpful.
- Some clinical experiences are harder to access, but it was recognised these were common issues across the UK and plans for mitigation were robust.
- Trainees were not aware of ways to give feedback to their trainers and the management team and it was suggested that a formal feedback meeting approximately every 3 months might be helpful.

4. Areas of Good Practice

Ref	Item	Action
4.1	The clinical director considers the individual requirements and priorities of trainees when writing their rotas, leading to higher trainee satisfaction and better opportunities to meet curriculum requirements.	
4.2	The comprehensive induction handbook was commended by the panel and trainees reported it was very helpful.	
4.3	The registrar office and provision of laptops for trainees enhances their training experience and allows them to complete their work more easily.	

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 department would benefit from registrar-specific teaching and particularly teaching on the SCE with an aim of improving the high fail rate amongst trainees at the site.	
5.2	The model of on-call working should be reviewed as an alternative model may allow trainees better access to teaching, increased opportunities to complete workplace-based assessments and improved wellbeing.	
5.3	Trainees would benefit from inclusion in hospital induction for the site(s) where they will be working when on-call. They would also benefit from a more formal departmental induction with consultant input.	
5.4	A formal meeting for trainees to provide feedback on their training to trainers and the management team would be beneficial to trainees. It is recommended that this occurs approximately every 3 months.	
5.5	Patch testing was affected by no consultant supervision during the day 2 readings which is gold standard and should be introduced if possible, with the trainees having their own lists.	

6. Requirements - Issues to be Addressed

N/A