

# Scotland Deanery Quality Management Visit Report



<b>Date of visit</b>	Friday 24 January 2020	<b>Level(s)</b>	Foundation/Specialty
<b>Type of visit</b>	Triggered Visit	<b>Hospital</b>	Western General Hospital
<b>Specialty(s)</b>	Neurosurgery	<b>Board</b>	NHS Lothian

<b>Visit panel</b>	
Mr Phil Walmsley	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Stuart Waterston	Training Programme Director
Dr Peter Armstrong	Foundation Programme Director
Dr Aine McGovern	Trainee Associate
Mr Daniel McQueen	Lay Representative
Ms Elaine Mowat	Lay Representative (shadowing)
Ms Vicky Hayter	Quality Improvement Administrator
<b>In attendance</b>	
Mrs Susan Muir	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>	
Non-medical staff in attendance	0
Trainers in attendance	1
Trainees in attendance	2 FY trainees, 4 STs
Feedback session: Managers in attendance	6 including 2 Associate Director's of Medical Education

Date report approved by Lead Visitor	4 March 2020
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## 1. Principal issues arising from pre-visit review

At the Surgery Quality Review Panel there were some concerns raised regarding the trainee experience in this unit and the discussion resulted in a triggered visit being arranged.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that the NTS data includes all surgical specialties on site for the Foundation trainees and may not be wholly reflective of the experience in General Surgery.

### NTS Data

FY2 – All White Flags

ST – Red Flags – Clinical Supervision, Reporting systems and Workload

Pink Flags – Overall Satisfaction, Clinical Supervision OOH, Induction, Curriculum Coverage, Educational Governance and Supportive Environment

### STS Data

FY – All White Data

ST – No data

### Previous Visit

There was a visit to this unit in February 2016 which highlighted recommendations listed below:

- Induction documentation needs to be provided to all trainees especially those working nights before starting in the department or starting in the department on nights.
- The Foundation rota requires adjustment to ensure Foundation trainees to attend their mandatory teaching.
- Space requires to be identified to enable specialty trainees to attend a weekly clinic as required as part of their curriculum.

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

Specialty Trainees

## 2.1 Induction (R1.13)

**Trainers:** The Trainer stated there is a comprehensive induction which consists of corporate induction in the morning and departmental in the afternoon. Trainees are given an induction folder which is a collection of information covering out of hours and contact details. If trainees are unable to attend the departmental induction, then educational supervisor will cover this at a later date. The trainer commented that induction that worked well and covers terminology on various specialties and is useful.

**Foundation Trainees:** Trainees advised they had received both hospital and departmental induction. Trainees met staff on the ward and received an induction pack which was helpful. Trainees are aware that Neurosurgery is a niche specialty and a lot of learning is done on the job however they felt they would have benefited from more information on protocols and procedures for theatre.

**Specialty Trainees:** All trainees received both hospital and departmental induction. The majority of trainees had worked in the department previously therefore could access the required IT systems. However, if you are new to the department there may be delays in receiving log ins for several months and this can limit access to the required systems. Trainees advised that induction is geared at foundation level and not middle grade staff. They feel induction would benefit from the addition of more role specific neurosurgery information

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

**Trainers:** The Trainer advised that Foundation trainees have mandatory teaching every Tuesday which is bleep free. The foundation educational supervisor discusses various topics every week on a Tuesday or Wednesday morning. Trainees can attend the academic meeting on a Friday, a journal club every two months which is out of hours and a Radiology morning meeting. The specialty trainees attend protected regional teaching every month and are encouraged to attend multi-disciplinary teaching and the Morbidity and Morality meeting. Trainees organise cake-based discussions every Thursday.

**Foundation Trainees:** Trainees reported there is no formal timetabled departmental teaching but spontaneous sessions. Trainees advised that cake-based discussions are very good when they happen but unless they find a specialty trainee to facilitate the sessions it can be difficult to organise them. Mandatory foundation teaching is held once a month which is bleep free.

**Specialty Trainees:** Trainees advised there is a meeting held on a Friday which consists of departmental business and teaching. This is not bleep free and is mainly departmental business therefore attending the theatre list takes priority. Specialty trainees set up teaching, some of which was in the anatomy department, but overall it can be sporadic due to workload. They felt that consultant support for these would be very valuable. There is a journal club every couple of months which is out of hours and consultant led. Radiology meetings are held every morning, but it can be challenging or impossible to attend due to the ward round and preparing for theatre. Regional teaching is once a month in Perth but due to on-call commitments trainees reported attending around twenty five percent.

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

**Trainers:** The Trainer stated that there are currently no issues supporting study leave requests. Foundation trainees request study leave well in advance.

**Trainees:** Trainees have no issues taking study leave. Specialty trainees reported issues with funding, particularly study leave which had been approved before attending the course and subsequently changed on return leading to the trainee had to pay half the course amount. There is a lack of funding for mandatory courses which trainees require as part of their curriculum.

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

**Trainers:** The Trainer advised that Foundation trainees are allocated their educational supervisors before commencing in post and are introduced at induction and given their contact details. If there were known concerns about a trainee before starting in post these would be discussed with the previous Foundation Programme Director or training programme director for specialty trainees. The trainer in attendance has allocated time in their job plan to undertake educational roles.

**Foundation Trainees:** Trainees stated that they have met with their Educational Supervisor who is very approachable.

**Specialty Trainees:** Trainees advised there is no formal allocation of educational supervisors and trainees approach Consultants themselves. All have met and agreed a personal learning plan.

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

**Trainers:** The trainer stated the previous training programme director is aware of the competencies required for specialty trainees for ARCPs. Foundation trainees attend the pre-assessment clinic every week however specialty trainee's attendance at outpatient clinics is variable due to inadequate room space. The trainer reported a compliant rota but that trainees were unhappy with the rota design.

**Foundation Trainees:** Trainees advised specialty trainees are happy to discuss any learning outcomes they may have difficulty achieving. Although trainees are offered the opportunity to attend clinics, grand rounds and Neurology teaching they cannot always attend due to ward commitments.

**Specialty Trainees:** Trainees reported a lack of outpatient experience due to the infrastructure, rota and staffing. There are currently not enough available rooms in the out-patient area, the current rota has a negative impact on theatre opportunities and there are only two elective theatre lists in one day making the required competencies difficult to achieve. Trainees can sit in with Consultants at clinics but due to having to achieve 200 cases per year this leads to the trainees prioritising attending theatre sessions over sitting in with Consultants in Clinic. Trainees advised they are not allowed to come in and operate of days off and should go home. Overnight however GPs cover out of hours and are not trained in Neurosurgery therefore trainees cannot leave the hospital. Opportunities to achieve emergency competencies are provided via the on-call/emergency work in the unit from ST3 onwards, however as a result some of the trainees felt there is a drop in the value of on-call benefits for learning in ST6/7/8.

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

**Trainers:** The trainer advised that assessments are discussed with Foundation trainees at induction and their initial educational supervisor meeting. Foundation trainees are encouraged to attend clinics and theatre. Specialty trainees allocate themselves to theatre lists based on their training requirements. The trainer advised that they had received training in work placed based assessments.

**Trainees:** Trainees reported no issues completing the workplace-based assessments which are fair and consistent.

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

**Trainers:** The trainer advised there is no formal multi-professional learning however there is a monthly vascular MDT which is very comprehensive.

**Foundation Trainees:** Trainees advised there are no formal opportunities for multi-professional learning.

**Specialty Trainees:** Trainees introduced cake-based discussions which ran very well initially however due to an increasing workload these have been proving difficult to organise.

## **2.8 Adequate Experience (quality improvement) (R1.22)**

**Trainers:** The trainer reported trainees are encouraged and supported to undertake an audit or quality improvement project and have the opportunity to publish these.

**Foundation Trainees:** Trainees are encouraged by their foundation educational supervisor to take part in an audit or quality improvement project.

**Specialty Trainees:** Trainees are required to complete an audit/quality improvement project as part of their curriculum requirements, and they do this by using their own initiative to undertake projects.

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

**Trainers:** The trainer advised that photographs of trainees are requested before they commence in post for circulation to all staff so they are aware of who will be coming to the department. Trainees also wear colour coded badges stating grade and level. Trainees know who to contact and are well informed at induction what to expect in the post. Foundation trainees do not consent it is the consultant in charge and some specialty trainees.

**Foundation Trainees:** Trainees advised they know who to contact during the day and out of hours and have no concerns. Trainees commented that specialty trainees and nursing staff are very knowledgeable and are always available.

**Specialty Trainees:** Trainees advised they know who to contact both during the day and out of hours and reported the majority of Consultants as approachable. The department is geared towards senior trainees as all specialty trainees are expected to operate at a certain level.

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

**Trainers:** The Trainer reported trainees receive informal feedback. There are twelve consultants and five foundation trainees covering the neurosurgical ward. Trainees are encouraged at ward rounds to ask any questions to specialty trainees. Specialty trainees receive informal feedback both during the day and out of hours.

**Foundation Trainees:** Trainees reported receiving informal feedback both during the day and out of hours which was constructive and meaningful.

**Specialty Trainees:** Trainees advised they receive informal feedback during the day, out of hours and during the 8pm handover where patients and scans are discussed which is helpful.

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

**Trainers:** The trainer advised there is no formal way for trainees to provide feedback to trainers however the specialty trainees have been in the department for a number of years and would be happy to feedback either verbally or by email. Foundation trainees are aware they can contact their educational supervisor.

**Foundation Trainees:** Although there is no formal way to provide feedback to trainer's trainees would raise any issues with their educational supervisor.

**Specialty Trainees:** Trainees advised that giving feedback to trainers would be Consultant dependent. There is no formal mechanism.

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

**Trainers:** The trainer reported a compliant rota with no gaps and no patient safety implications. The current rota has a domino effect on training and the trainer suggested that improvements could be made by either a partial shift rota or giving staff grades on-call day hours which may increase training opportunities.

**Foundation Trainees:** Trainees advised there are no current rota gaps and no patient safety concerns in relation to the rota. Trainees reported that the FY currently on their GP placement cover out of hours during the week.

**Specialty Trainees:** Trainees stated there are currently no gaps in the rota however they are still required to cover each other due to work commitments. Trainees advised that out of hours is covered by GP FY2 trainees and believe that patient safety can be compromised due to their inexperience in neurosurgery requiring trainees to remain on site to supervise them. Trainees reported the rota impacts on wellbeing as it can be stressful achieving the required competencies and evenings can be spent re-arranging on-calls. The current rota lacks continuity of care and trainees make decisions on patients they do not know and feel there is a lack of support from consultants.

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

**Trainers:** The Trainer advised there are no concerns with handover which works well and is used as a learning opportunity.

**Foundation Trainees:** Trainees reported handover takes place between foundation trainees as specialty trainees have their own handover. Handover from nights can be used as a learning opportunity.

**Specialty Trainees:** Trainees reported a handover between specialty trainees which can be used as a learning opportunity. There is electronic documentation, but it is not used as part of TRAK. There is no consultant led ward round, but some consultants may do a ward round on their own. The radiology meetings take place after handover, occasionally consultants attend this meeting.

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

**Trainers:** The Trainer advised that trainees are on an academic campus and have access to online journals and a simulation lab.

**Foundation Trainees:** Trainees advised there are adequate facilities and resources to support learning.

**Specialty Trainees:** Trainees reported the IT infrastructure as very slow. Trainees received referrals from all over Scotland and have to type notes when taking referrals over the phone the introduction of electronic notes would save a lot of time. Trainees stated there were on-call educational resources available but frequently were unable to make use of these due to the intensity of the on-call workload.



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

**Trainers:** The Trainer advised there is an escalation process if a trainee is struggling. Foundation trainees would contact their educational supervisor and specialty trainees would contact the Training Programme Director.

**Foundation Trainees:** Trainees reported if they required any support regarding the job or health, they would contact their Educational Supervisor.

**Specialty Trainees:** Trainees advised support is available for those struggling with the job or health and any reasonable adjustments would be accommodated.

## **2.16 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 are aware of the Associate Director of Medical Education who is based on site. Trainees have access to a Facebook group which includes a trainee rep.

**Specialty Trainees:** The majority of trainees are aware of the Associate Director of Medical Education and trainee representative who is a member of the specialty training committee.

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

**Trainers:** The trainer advised that trainees are very well supported in the department and they are aware of their limitations. There is a monthly meeting co-ordinated by trainees to discuss any concerns.

**Foundation Trainees:** Trainees would contact their educational supervisor or charge nurse if they had any patient safety concerns.

**Specialty Trainees:** Trainees advised they would contact their Educational Supervisor or Consultant if they had any patient safety concerns which would be dealt with straight away.

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

**Trainers:** The trainer reported if there were any patient safety concerns these would be raised investigated and fed back through Datix. There is an opportunity to discuss Datix's on a Friday

afternoon and these would be used as a learning opportunity. Concerns can also be raised informally by theatre staff. Patients are rarely boarded and if they are consultants are made aware of any issues.

**Trainees:** Trainees advised that they have no patient safety concerns. Trainees have no concerns in relation to boarding as patients rarely get boarded. Specialty trainees reported a good standard of nursing and neurosurgery care.

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

**Trainees:** Trainees advised they would follow the escalation process and report any adverse incidents through the Datix system. Although trainees had not reported any incident, they would expect anything raised through Datix would be discussed. Trainees would feel supported if they had to communicate something that had gone wrong with a patient's care.

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

**Trainers:** The trainer advised there is an out of hours journal club which is held at a consultant's house and specialty trainees are invited. Foundation trainees are encouraged at induction to discuss any bullying or undermining concerns straight away with their educational supervisor. The specialty trainees would contact the training programme director if they had any concerns.

**Foundation Trainees:** Trainees reported a supportive team in particular specialty trainees and had no bullying or undermining concerns. If any concerns arose, they would raise these with their educational supervisor.

**Specialty Trainees:** Trainees were aware of a previous issue of undermining which has been dealt with but have not witnessed anything further and would contact their educational supervisor if they had any concerns.

### **Overall satisfaction scores:**

Foundation trainees average score 6.5/10.

Specialty trainees: average score 6/10.

## Summary

The visit panel highlighted several key areas of concern which are listed in the requirements section and relate to the rota, teaching, supervision, induction and feedback. The visit panel plan to revisit to ensure that progress is achieved in a reasonable timescale.

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

### What is working well:

- Supportive and proactive Foundation Educational Supervisor engaged in education and training
- Trainees have a strong professional culture and work ethic
- Cake based discussions are well received however trainees would benefit from support from Consultants

### What is working less well:

- Detrimental rota which affects training and trainees well being
- Foundation trainees on GP placement provide on-call out of hours with no Neurosurgery experience & not formally attached to department.
- Apparent lack of co-ordination between specialty trainees and Consultant ward rounds
- Access to and frequency of formal departmental teaching
- Lack of trainee attendance at outpatient clinics due to no available space & rota constraints
- No formal allocation of educational supervisors to specialty trainees
- Lack of tailored induction for specialty trainees
- Specialty trainees have difficulty attending regional teaching due to workload
- No formal mechanism to provide trainee feedback

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
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## 5. Areas of Good Practice

Ref	Item

## 6. Areas for Improvement

Ref	Item	Action
6.1	Apparent lack of co-ordination between specialty trainees and Consultant ward rounds.	
6.2	Trainees would benefit from the introduction of electronic notes.	
6.3	Timetabled departmental teaching for Foundation trainees would be more beneficial to training than the current spontaneous departmental teaching system.	
6.4	Timetabling of clinics into Foundation trainees' rotas would enhance their training experience.	

## 7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	October 2020	Specialty
7.2	There must be timely allocation of Educational Supervisors so that trainees know who is providing their educational supervision at commencement of their post	October 2020	Specialty
7.3	Establish departmental teaching for all grades of trainee.	October 2020	Foundation/Specialty
7.4	Barriers preventing trainees attending their dedicated teaching days must be addressed.	October 2020	Specialty
7.5	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities.	October 2020	Specialty
7.6	All trainees must have timely access to IT passwords and system training through their induction programme.	October 2020	Specialty
7.7	A formal mechanism for all trainees to be able to feedback to the department must be established.	October 2020	Foundation/Specialty
7.8	Lack of access to clinics must be addressed to improve the training opportunities.	October 2020	Foundation/Specialty