Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	12th February 2025	**Level(s)**	FY, Specialty
Type of visit	Triggered Visit	**Hospital**	Aberdeen Royal Infirmary
Specialty(s)	Ophthalmology	**Board**	NHS Grampian

Visit panel	
Dr Cieran McKiernan	Visit Lead & Associate Post Graduate Dean – Quality
Mr Pankaj Agarwal	Training Programme Director, Ophthalmology
Dr Shona McLellan	Foundation Programme Director
Helen Adamson	Lay Representative
Fiona Paterson	Quality Improvement Manager
In attendance	
Jennifer Gierz	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Medicine, Anaesthetics/Intensive Care Medicine/Emergency Medicine & Surgery	
Lead Dean/Director	Professor Adam Hill	
Quality Lead(s)	Dr Reem Al Soufi, Dr Alan McKenzie, Ms Kerry Haddow, Dr Fiona Drimmie & Mr Phil Walmsley	
Quality Improvement Manager(s)	Jennifer Duncan and Vhari MacDonald	
Unit/Site Information		
Non-medical staff in attendance		
Trainers in attendance	8	
Trainees in attendance	FY2 & ST trainees x 8	

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

Date report approved by Lead Visitor	19/03/2025

1. Principal issues arising from pre-visit review:

Ophthalmology training at ARI was last visited in February 2020 following concerns raised at the Surgical quality review panel (QRP). The visit panel found the department had been taking appropriate steps to make improvements to training from the previous visit in 2017. Some areas of concern were raised regarding clinical supervision, lack of training for Foundation trainees, teaching and culture. 5 requirements were set around these issues and were managed through the SQMG.

Following the 2024 QRP the panel decided to trigger a visit to the unit due to the deterioration in the NTS data with adequate experience displaying red for three years and multiple pink flags resulting in the unit appearing in the GMC Priorities List. The visit aims to further investigate issues highlighted and to advise on steps towards addressing and resolving them where required.

Review of Survey Data:

NTS Trend 2024

The overall post 1 year trend data shows a red flag for Adequate Experience and pink flags for Clinical Supervision, Local Teaching, Overall Satisfaction, Regional Teaching and Study Leave. There is a green flag for Feedback. Significant change indicators (SCI) are present.

NTS Programme results for FY2 in 2024 –. Unfortunately, less than 3 trainees competed the survey

NTS Programme results for Specialty Trainees in 2024 – 7 trainees completed the survey and have flagged Adequate Experience as red (3 years). There are pink indicators for Clinical Supervision, Clinical Supervision OOH, Local Teaching, Overall Satisfaction, Regional Teaching (4 years) and Supportive Environment (3 years). Handover is light green.

NTS Triage/Top-Bottom 2%

NTS All Trainee Priorities list 2024						
Site	**Post specialty**	**N**	**Red flags**	**Changes in scores**	**Low scores**	**Triple reds**
Aberdeen Royal Infirmary - N101H	Ophthalmology	9	white	white	white	red

Department presentation: The visit team would like to thank Mr Sudipto Bhatto, Training Programme Director who provided an informative update on the departments progress over the past few years, also highlighting future challenges. Information from the presentation has been incorporated below.

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: All resident doctors receive a formal departmental induction to the unit. There is an induction booklet and shared drive which details roles, responsibilities and policies. They are given a tour of the department and introduced to the team. The college tutor leads the specialty doctor induction and the Foundation (FY) doctor session is led by a senior resident doctor. After induction the first postgraduate teaching session focuses on basic ophthalmology skills. Trainers seek feedback and adapt induction as required.

Resident Doctors: All doctors received both hospital and departmental induction which adequately prepared them for their role. Experienced specialty doctors rotate the role of administration registrar which provides them the opportunity to develop leadership skills organising the FY doctor induction.

FY doctors told us that induction to the ward is good however they would appreciate more specific ophthalmology exposure.

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

Trainers: Trainers acknowledged there had been some confusion over what is classed as regional and local teaching with the resident doctors. Weekly sessions are delivered on Thursday afternoons with planned topics and guest speakers. Only doctors scheduled to cover the urgent referral clinic (URC) are unable to attend however, consultants do 2-3 URC clinics per year to ensure maximum attendance at teaching for resident doctors. Trainers also listed a variety of subspecialty multi-disciplinary team meetings with case-based discussions that trainees are invited too and encouraged to present at. Ad hoc teaching is also provided within the clinic setting.

Resident Doctors: Doctors estimated they could regularly attend 2-3 hours per week of teaching. Scheduled teaching takes place 2pm-5pm on Thursday however doctors were unsure if this was their local or regional session despite having raised with the consultant team previously. Commitment to the URC can limit their ability to attend teaching sessions although this has improved recently. The organisation of teaching sessions is heavily specialty doctor led and they told us they would appreciate more consultant input. They can access subspecialty teaching sessions when working within that department but not at other times.

FY doctors told us they have been unable to attend any local FY2 teaching sessions due to their workload.

2.3 Study Leave (R3.12)

Trainers: Study leave requests are managed by the TPD via TURAS. All study leave applications from 2023 – 2024 were approved.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6) Not asked

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: The unit has invested in clinical supervision over the past year ensuring robust supervision is in place, increased by the appointment of the 3 subspecialty consultants. Out of hours (OOH) shifts are 1 in 10 for consultants and 1 in 8 for resident doctors providing more support. The small size of the unit means consultants and doctors regularly work closely together.

Resident Doctors: Trainees always felt well supported by their senior colleagues. They did not feel they had to work beyond their level of competence and reported no instances when they were required to do so. ST1 doctors are given a shadowing period alongside a senior doctor when starting in the department.

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

Trainers: A new curricular was introduced last year and all are working closely with the TPD to familiarise themselves with requirements and how to deliver effectively.

Trainers acknowledged that historically a lack of consultants across the team limited trainee exposure to certain competencies. To help address this, 2 substantive consultants in uveitis and neuro ophthalmology and 1 locum consultant in surgical retina were appointed in 2023-2024. Exposure to level 4 Vitreoretina surgery is currently not provided due to lack of a full house of consultants, but it is hoped this will be deliverable in the future. If a specialty doctor wishes to undertake this, there is an agreement in place with other regional TPD's to help support access.

For specialty doctors the TPD completes a personalised structured timetable on a 6 monthly basis ensuring that needs are met across a variety of learning opportunities such as theatre and clinics. This is shared and discussed at consultant meetings ensuring any deficits or amendments can be addressed.

Resident Doctors: Provision for cataract surgery was limited during covid however doctors advised that this has improved over the last 18 months. Due to the unit size, some subspecialties were not represented however the appointment of new consultants has helped to bridge the gaps. Doctors

advised it can be challenging to complete SIA's as the breadth of opportunity can be limited in areas such as medical retina, paediatrics and glaucoma. There is currently no provision for vitreoretinal, motility and uveitis at level 4 which doctors told us may negatively impact staying within the region. There remains some confusion with the specialty doctors as to accessing level 4 training out with the region

Specialty doctors were happy with their exposure to outpatient clinics and theatres and appreciated the structured plan for their training. They consider there to be a good balance of non-educational tasks, training and education and do not consider this post to be service provision.

Due to the burden of significant boarders on the ward, FY doctors are limited in their access to learning opportunities in clinics.

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

Resident Doctors: All trainees reported no issues in completing their workplace-based assessments (WPBAs).

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

2.9 Adequate Experience (quality improvement) (R1.22) Not asked

2.10 Feedback to trainees (R1.15, 3.13) Not asked

2.11 Feedback from trainees (R1.5, 2.3) Not asked

2.12 Culture & undermining (R3.3)

Trainers: Trainers felt they had worked hard to provide a positive, friendly, and supportive culture within the department. Trainees are informed how to report any bullying or undermining concerns and are encouraged to raise any issues with consultants, clinical or educational supervisors.

Resident Doctors: Residents told us that their clinical team and senior colleagues are very supportive and approachable. No instances of undermining were reported. All had undertaken unconscious bias training and were aware how to escalate any concerns.

2.13 Workload/ Rota (1.7, 1.12, 2.19) Not asked

2.14 Handover (R1.14) Not asked

2.15 Educational Resources (R1.19)

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

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

2.18 Raising concerns (R1.1, 2.7)

Trainers: Residents are encouraged to raise concerns through the open culture of the department. Risk management meetings provide the opportunity to formally review cases and share learning from incidents. Pastoral leads have been identified for both specialty and foundation doctors.

Resident Doctors: All were aware of how to raise concerns and who to contact to do so. They can attend clinical governance meetings at which significant cases are discussed.

2.19 Patient safety (R1.2)

Trainers: Trainers felt that the environment was safe for patients. Resident doctors receive bespoke supervision with the high ratio of consultants to resident doctors. Trainers advised doctors do not consent patients for procedures they are not competent in.

Resident Doctors: Ophthalmology patients are never boarded out with the department however the unit has a high proportion of boarders from other specialties. Clear escalation policies are in place and no concerns of patient safety were raised.

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

Trainers: There is a strong culture to report incidents via DATIX. If doctors are involved in the incident, hey will be fully supported and asked to write a reflection piece for their eportfolio.

Resident Doctors: The trainees reported that there has been some experience of being involved in an adverse event and they felt supported throughout the process.

2.21 Other

3. Summary

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

Positive aspects of the visit:

- Overall, a positive visit,
- There is a good consultant to trainee ratio within the department providing good supervision in a progressive style with lots of learning opportunities for trainees
- The education and teaching programme is very thorough, detailed and appreciated by trainees
- The department have made progress towards providing as many SIAs at level 4 as potentially can due to patient population and opportunities
- Enthusiastic and engaged trainer body

Less positive aspects of the visit:

- Level 4 SIA development across regions ensuring all trainees receive equal opportunities

4. Areas of Good Practice

Ref	Item	Action
	NIL	

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	Teaching	Provide clear definition on regional and local teaching sessions
5.2	Adequate experience	Trainees should be provided with concise information on selecting subspecialty SIA's
5.3	Teaching	Consider linking with Raigmore sessions
5.4	Adequate Experience	Ensure boarder workload does not impact FY ability to attend learning opportunities

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
	NIL		