

Scotland Deanery Quality Management Visit Report



Date of visit	12 th September 2023	Level(s)	ST
Type of visit	Scheduled Programme	Hospital	Aberdeen Royal Infirmary, Royal Infirmary of Edinburgh at Little France, Western General Hospital, Ninewells Hospital, University Hospital Monklands, Queen Elizabeth Hospital, Glasgow Royal Infirmary
Specialty(s)	Infectious Diseases including Medical Microbiology/Infectious Diseases, Medical Virology/Infectious Diseases, Infectious Diseases/General Internal Medicine	Board	NHS Grampian, NHS Lothian, NHS Tayside, NHS Lanarkshire, NHS Greater Glasgow & Clyde

Visit panel	
Dr Marie Mathers	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Kerri Baker	Training Programme Director
Dr Harriet Hughes	The Royal College of Pathologists Representative
Dr Chris Puo Nen Lim	Trainee Associate
Professor Lorna McKee	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Diagnostics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	35
Trainees in attendance	21

Feedback session: Managers in attendance	Chief Executive		DME	x	ADME	x	Medical Director		Other	x
Date report approved by Lead Visitor	Dr Marie Mathers Professor Alan Denison									

1. Principal issues arising from pre-visit review:

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 Deanery's programme scheduled visit aims to visit each unit/location delivering training once every 5 years. Accordingly, the Diagnostics Specialty Management Group are arranging a scheduled visit to the Infectious Diseases Programme (including Combined Infection Training, MM/ID, MV/ID, ID/GIM) in the North, East, South-East and West of Scotland.

NTS Data (2022)

Combined Infection Training

Aberdeen Royal Infirmary – Green Flags – Regional Teaching, Supportive Environment. Lime Flags – Adequate Experience, Educational Governance, Handover, Local Teaching. Pink Flag – Clinical Supervision Out of Hours.

Glasgow Royal Infirmary – All Grey Flags.

Ninewells Hospital – All Grey Flags.

Queen Elizabeth University Hospital – All Grey Flags.

Royal Infirmary of Edinburgh at Little France – Green Flags – Clinical Supervision Out of Hours, Induction, Regional Teaching. Red Flag – Supportive Environment. Pink Flags – Feedback, Teamwork.

Western General Hospital – All Grey Flags.

Infectious Diseases

Aberdeen Royal Infirmary – No data.

University Hospital Monklands – No Data.

Queen Elizabeth University Hospital – No Data.

Western General Hospital – No data.

Medical Microbiology

Aberdeen Royal Infirmary – All Grey Flags.

Glasgow Royal Infirmary – All Grey Flags.

Queen Elizabeth University Hospital – All Grey Flags.

Royal Infirmary of Edinburgh at Little France –No data.

Ninewells Hospital – No data.

Western General Hospital – Pink Flags – Clinical Supervision Out of Hours, Feedback, Supportive Environment.

Medical Virology

Glasgow Royal Infirmary – No data.

Queen Elizabeth University Hospital – All Grey Flags.

Aberdeen Royal Infirmary – No data.

Royal Infirmary of Edinburgh at Little France – No data.

Western General Hospital – All Grey Flags.

STS Data (2022)

Combined Infection Training

Aberdeen Royal Infirmary – No data.

Glasgow Royal Infirmary – No data.

Ninewells Hospital – No data.

Queen Elizabeth University Hospital – No data.

Royal Infirmary of Edinburgh at Little France – No data.

Western General Hospital – No data.

Infectious Diseases

Aberdeen Royal Infirmary – No data.

University Hospital Monklands – No data.

Queen Elizabeth University Hospital – No data.

Western General Hospital – No data.

Medical Microbiology

Aberdeen Royal Infirmary – Green Flag – Induction.

Glasgow Royal Infirmary – Green Flag – Induction. Lime Flag – Handover.

Queen Elizabeth University Hospital – All White Flags.

Royal Infirmary of Edinburgh at Little France – No data.

Ninewells Hospital – No data.

Western General Hospital – No data.

Medical Virology

Glasgow Royal Infirmary – All Grey Flags.

Queen Elizabeth University Hospital – All Grey Flags.

Aberdeen Royal Infirmary – No data.

Royal Infirmary of Edinburgh at Little France – All Grey Flags.

Western General Hospital – No data.

For the purposes of the visit trainer and trainee sessions were divided by East Coast and West Coast to manage attendance in each session. East Coast sessions including hospitals within NHS Grampian, NHS Lothian, and NHS Tayside. West Coast sessions including hospitals within NHS Lanarkshire and NHS Greater Glasgow & Clyde. At the pre-visit teleconference the visit panel agreed that the focus of the visit should be around the areas highlighted in the survey data and pre-visit questionnaire.

Departmental Presentation:

The visit commenced with a presentation led by Dr Becky Wilson, Training Programme Director, Combined Infection Training. The presentation provided a useful overview and understanding of the structure of the training programme and its intricacies across each specialty and health board.

2.1 Induction (R1.13):

Trainers: Trainers reported a comprehensive national induction along with site and specialty specific inductions. Difficulties were noted in getting all trainees to attend local induction to Infectious

Diseases specifically in University Hospital Monklands. They also commented on the very successful and well received national Medical Microbiology and Medical Virology bootcamp which runs over 10 days and has recently received an award from the Royal College of Pathologists.

Trainees: Trainees reported receiving comprehensive inductions across all sites in the training programme. They highlighted a very good on-line national induction to the Combined Infection training programme which takes place at the beginning of the training year. It was noted that no catch-up is offered should anyone be unable to attend or for those who may start in post out of sync including those taking up locum appointment for training posts (LAT) who were not invited to the session. Positive comments were received relating to the national Medical Microbiology and Medical Virology bootcamp which all found extremely valuable. They commented that the only improvements that could be made to induction are when moving from a medical post to laboratory post as there is specific knowledge and conditions that trainees may not have encountered before.

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

Trainers: Trainers reported on a national teaching programme accessible via Microsoft Teams on a Wednesday and Friday which is mapped to the curriculum and includes a journal club. Sessions are well attended, and feedback is sought. Individual departments try to ensure that teaching is protected and bleep free however they are aware of clashes with some Medical Virology clinics specifically related to Glasgow. They commented that regional teaching is facilitated by consultants and trainees are given the opportunity to develop skills in teaching via the Clinical Educator Programme where they are encouraged to take part in modules. Trainees also can also attend morbidity and mortality meetings (M&M), travel clinics and local departmental meetings. Trainers highlighted the large amount of time and resource required to organise and facilitate a Scotland wide teaching programme.

Trainees: Trainees reported no concerns in being able to attend national teaching, which is well supported, mapped to the curriculum and they are encouraged to attend. Trainees in NHS Greater Glasgow & Clyde find regional teaching sessions to be useful and relevant. Trainees in NHS Lanarkshire were not aware of any local teaching sessions out with national teaching., All trainees suggested greater consultant input into local teaching especially taking advantage of the wealth of expertise in some areas.

2.3 Study Leave (R3.12)

Trainers: Trainers stated they do their best locally to accommodate study leave requests however acknowledge challenges with short term sickness absence and the ability to provide cover on occasion. All agreed that there are major issues relating to the study leave budget and budget allocation per trainee with the amount provided being utilised quickly. This inaccuracy is believed to be related to dual training. It was suggested that this matter be taken forward with relevant parties out with this visit.

Trainees: Trainees in NHS Lothian noted occasional difficulties in being released for study leave when in Infectious Diseases due to the number of registrars required to cover service. All other trainees reported no difficulties in requesting and being allocated time for study leave. All trainees noted concerns regarding the study leave budget allocation with comments received regarding requests for funding being declined despite that trainee not having made any previous claims and that some trainees are having to self-fund to attend events.

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

Trainers: Most trainers stated that they have time within jobs plans and are well supported to undertake supervisory roles. Challenges were noted in Infectious Diseases at University Hospital Monklands where not all supervisors have suitable time in job plans for supervisory roles. Infectious Diseases at Queen Elizabeth University Hospital noted that SPA provision has been an issue due to the previous training programme director (TPD) retiring and another supervisor being on maternity leave which has resulted in all supervisors taking on additional trainees. It was also noted that not all consultants in Medical Microbiology at Queen Elizabeth University Hospital have a supervisory role and those that do are feeling a little overwhelmed at present. Trainers meet regularly in each region to discuss trainee progress, discuss, and set objectives. They commented that trainees in difficulty can be highlighted prior to commencing in post via the TPD, Department of Medical Education or information within the individual trainees training portfolio. From a national perspective cross regional discussion is extremely helpful and allows the expertise from each site to be drawn upon. They commented on the difficulties with clinical scientists being approved and maintained as trainers with NHS Education for Scotland which is considered a disadvantage and missed opportunity.

Trainees: Trainees reported having allocated educational supervisors who they meet regularly and provide very good levels of support. Discussion did take place around trainees feeling that they are training in 2 separate training programmes as there is no joint approach or collaboration with departments who work separately and do not communicate. They reported a negative experience in having to work to 2 separate curricula, to completing evidence within 2 training portfolio's and undertaking 2 annual review of competence progression panels (ARCP) each year and believe this should be combined to reflect the training programme. They also reported major concerns relating to career trajectory with no role models or indication of consultant posts within the dual specialty which is impacting morale.

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 stated that trainees are encouraged to seek help from a senior or discuss with a consultant from that team should they feel they are being asked to work beyond their level of competence or experience. Trainees are well supported with good levels of supervision and senior presence daily. Improvements have been made to include more individual ward rounds. The Medical Microbiology duty room environment and calls received can be complex therefore until a trainee is comfortable, they are not part of the rota for calls and will shadow a consultant until they are ready. Scenarios are also part of the programme within the bootcamp. They recognise that there is a disconnect between how trainees feel in terms of level of skills, confidence, and competency in medical specialties against the laboratory-based specialties as they spend less time in post.

Trainees: Trainees reported knowing who to contact for supervision both during the day and OOH with accessible, approachable, contactable, and easily identifiable consultants.

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

Trainers: Trainers reported general concerns across Scotland with trainees who have raised difficulties in achieving all competencies in Infection Prevention and Control (IPC). It was felt that trainees may not have the appropriate level of skills in laboratory practices and that more time should be allocated to this to allow them to understand the complexities. They are also aware of challenges in trainees not being able to present accepted projects at national conferences due to study leave budget restraints. On a local level Lanarkshire and Greater Glasgow & Clyde noted lack of experience for senior trainees in Infectious Diseases having no opportunity to undertake on-call out of hours as they are not on the specialty rota.

Trainees: Trainees believe that they will be able to cover most areas of the curriculum by the end of their training programme. Trainees in NHS Lothian described difficulties in preparing for exit exams due to the separate governance lines for Medical Microbiology and Medical Virology. Trainees feel this hinders training and is a cause of tension due to how the service is run and can be extremely difficult to fit in Medical Virology experience due to the service commitments to Medical Microbiology. All trainees raised concerns regarding training in a dual programme and having to work to 2 separate curricula and linking the same evidence within 2 separate training portfolios. Most trainees were unsure if specific time was dedicated to infection prevention and control (IPC). Trainees in NHS Grampian also commented on completing the internal medicine component of the training programme via night shifts only they stated they provide no cover in internal medicine during the day or at weekends. Trainees in Greater Glasgow & Clyde and Monklands commented on receiving protected time to attend a HIS infection control training day. They also commented on time with Medical Virology being reduced to 2 months they do not consider the post to be well structured and believe trainees need to be incredibly motivated and self-lead to gain valuable experience in post. They commented on little exposure to training for viruses in Medical Virology as these are outsourced to Medical Microbiology.

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

Trainers: Trainers reported no concerns in any training grade achieving assessment requirements whilst in post. Concerns were raised at a consultant meeting in Queen Elizabeth University Hospital regarding a high number of trainees presenting at ARCP with incomplete documentation, measures to address this were also discussed. Trainers highlighted issues raised with the Royal College regarding trainees having to link all evidence and assessment to 2 curricula, which is time consuming and cumbersome for trainees it is regarded that a merged curricula and portfolio would be more beneficial to trainees.

Trainees: Trainees in NHS Grampian, NHS Tayside, and NHS Lanarkshire reported no concerns in obtaining workplace-based assessments in post which they consider to be fair and consistent. Trainees in NHS Lothian raised concerns regarding obtaining workplace-based assessments when in Medical Microbiology due to increased rate of service provision due to staff shortages and a general anxiety relating to who to approach to complete assessments. Trainees in NHS Greater Glasgow & Clyde reported no patient facing time, self-directed lab time and no consultant service when in

Medical Microbiology. They also commented on difficulties in obtaining workplace-based assessments due staffing shortages and working a phone infection service. All trainees reported feeling very supported in preparing for specialty exams.

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

East Coast Trainers, West Coast Trainers, East Coast ST Trainees, West Coast ST Trainees:

Not asked.

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

Trainers: Trainers reported that trainees have a wide range of opportunities to be involved in quality improvement projects and audits. These form part of the local teaching programmes where feedback is provided and regular quality assurance meetings. Trainees have the opportunity to present at national meetings to develop competence in quality improvement and are actively encouraged to do so. They reported that there are also opportunities available to trainees to develop skills in management, leadership and their academic career with some trainees undertaking chief resident roles and PhDs.

Trainees: Trainees reported good opportunities for involvement in quality improvement projects. They are supported and encouraged to attend the leadership bootcamp, NHS Education for Scotland's Leadership and Management Programme, local management team meetings and local multi-disciplinary team meetings (MDT). They are encouraged to take the lead in wards with appropriate supervision.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers confirmed providing feedback within training portfolios via assessments, review points and of providing regular individual feedback to trainees on their performance and training progression.

East Coast ST Trainees: Trainees in NHS Tayside commented on receiving regular feedback and described structured feedback with consultants after ward rounds. Trainees in NHS Grampian commented that although there is no formal forum for feedback consultants are open to having

conversations. Trainees in NHS Lothian commented on little opportunities for feedback unless through the formal workplace-based assessment route. They do not consider low level feedback to be done well and often find it a negative experience with examples given of being told they aren't as good as they used to be and being given negative feedback in a public setting. West Coast trainees commented on receiving feedback from ARCPs.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported seeking feedback on the quality of training provided via local surveys, departmental meetings, and trainee forums. Tayside are trialling a feedback tool to help with the handling of complex situations and interactions with colleagues from other specialties. Work conducted by Lothian to ensure forums for feedback are bi-directional was noted.

Trainees: Trainees reported being asked to provide feedback on the quality of their training via the National Training Survey and Scottish Trainee Survey. Trainees in NHS Tayside and NHS Grampian reported no direct forums for providing feedback however are content with informal chats with seniors. Trainees in NHS Lothian described a trainee and consultant meeting and a revision meeting that used to take place. They also commented on regular catchups with the Combined Infection TPD which are well received and have led to some positive change and recent discussions with Professor Adam Hill to discuss more generic issues. West Coast trainees confirmed taking part in a Scotland wide survey regarding the quality of training to gather feedback on what trainees want from their job and thoughts on infection services. They also noted attending governance meetings when in Medical Microbiology where issues have been raised by trainees relating to training where they believe the notes of the meeting did not accurately reflect discussions. They noted overhearing disparaging remarks relating to this meeting. They do not believe concerns raised are taken seriously or taken forward and resolved.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that trainees are aware of escalation policies and who to contact should they have any concerns relating to undermining or bullying behaviours. This topic is covered within inductions with local support provided by educational supervisors, wellbeing leads and training programme directors. Departments try to ensure a strong team culture with easily accessible and supportive consultants.

Trainees: Most trainees stated that they have not directly experienced or witnessed behaviours of undermining or bullying. Trainees in NHS Lothian and NHS Greater Glasgow & Clyde described a number of concerning behaviours which will be taken forward outside of this visit with the relevant medical education teams.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

East Coast Trainers, West Coast Trainers, East Coast ST Trainees, West Coast ST Trainees:
Not asked.

2.14 Handover (R1.14)

East Coast Trainers, West Coast Trainers, East Coast ST Trainees, West Coast ST Trainees:
Not asked.

2.15 Educational Resources (R1.19)

East Coast Trainers, West Coast Trainers, East Coast ST Trainees, West Coast ST Trainees:
Not asked.

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 stated that Dr Clair Evans, Associate Postgraduate Dean provides an excellent level of support to trainers and any trainees in difficulty. Trainee Development and Wellbeing Services and Occupational Health are other avenues of support for trainees in difficulty.

Trainees: Trainees reported feeling well supported. They are aware of who to contact should they require additional support for any reason and are comfortable in doing so. One example was provided

by a trainee who described a negative experience when requiring adjustments when in Medical Microbiology.

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: Not asked.

Trainees: Trainees confirmed being aware of who the TPD is and their role. Trainees commented on a transition period in the West of Scotland as the current TPD leaves the role.

2.18/2.19 Raising concerns and Patient Safety (R1.1, 2.7, 1.2)

Trainers: Trainers reported that they try to adopt an open culture and encourage trainees to raise concerns regarding patient safety or any aspect of their training experience with registrars, chief residents, and consultants. Adverse incidents can also be raised via the datix reporting system, which is reviewed, and feedback provided. Bootcamp is a very useful time to build relationships and rapport with trainees. Also ensuring locally that consultants are visible and approachable and help encourage an open culture.

Trainees: Trainees reported no patient safety concerns and of being aware of escalation policies and pathways. They are confident in raising any concerns via the appropriate channels.

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

East Coast Trainers, West Coast Trainers, East Coast ST Trainees, West Coast ST Trainees:
Not asked.

2.21 Other

Management of transition phases

Trainers: Trainers stated that educational supervisors provided support to help trainees transition from one stage of training to the next by building good relationships, discussing career pathways, managing expectations, identifying, and setting goals and providing acting up roles for seniors.

Trainees: Trainees in NHS Lothian described the move to higher specialist training in Medical Microbiology and being given more opportunities to demonstrate learning, to undertake practical learning with consultant support, graded guiding, and increased responsibilities when appropriate to do so. West Coast trainees reported that their roles and responsibilities don't change they are that of the SHO. They receive good induction to each department within the 2 hospitals they work within however roles and responsibilities in Medical Virology can often be unclear.

3. Summary

Is a revisit required?	Yes	No	Dependent on outcome of action plan review
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The panel commended the engagement of the training programme directors, sites, trainers, and medical education teams in supporting the visit. All sessions were also extremely well attended. The panel noted an informative and positive visit with a particular highlight being the excellent feedback provided on the Medical Microbiology and Virology bootcamp. The key areas for improvement noted at the visit relate to induction, training opportunities/assessment and culture and undermining. The next steps will be to conduct SMART Objectives meetings and Action Plan Review meetings with relevant health boards or the training programme director in line with visit report requirements.

Positive aspects of the visit:

- Excellent engagement from Training Programme Director, Department of Medical Education teams and departments with an informative presentation delivered on the day.
- Enthusiastic and engaged group of trainers who wish to provide a good training environment.
- All visit sessions were very well attended.
- Excellent feedback provided on Medical Microbiology & Virology bootcamp.
- Trainees reported no barriers to attending national/departmental teaching.
- Trainees confirmed being well supported by designated educational supervisors.
- Trainees reported being aware of who to contact for support during the day and out of hours and noted approachable and accessible consultants.
- Good opportunities for involvement in quality improvement projects if trainees wish to do so.
- Trainees reported good levels of support should they be struggling with the job or health.
- Trainees confirmed being aware of who their Training Programme Director is and their role.
- Trainees reported no concerns relating to patient safety with appropriate escalation pathway in place.
- Trainees reported receiving workplace feedback.
- Trainees reported various avenues to provide feedback within post however concerns are not always acted upon or taken forward by seniors.

Less positive aspects of the visit:

- National CIT induction takes place once a year at the beginning of the training year, there is no catch-up induction for those trainees who start out sync or midway through the training year. National induction should also include LATs.
- Issues were raised with the allocation of the study leave budget across the programme, with some trainees noting no funding was available to them upon their request.
- Concerns were raised regarding availability of training opportunities and difficulties obtaining workplace-based assessments in areas of the training programme. E.g. difficulties scheduling time in Medical Virology due to service commitments in Medical Microbiology, difficulties obtaining Mini-CEX due to telephone infection service.

- Difficulties were noted in obtaining all requirements for the internal medicine component of the training programme due only working night shifts in this discipline within NHS Grampian.
- Concerns were raised in both NHS Lothian and NHS Greater Glasgow & Clyde relating to behaviours of bullying and undermining.
- Medical Microbiology staffing shortages are believed to be impacting trainee opportunities in Glasgow and Lothian.
- Trainees felt disillusioned and uncertain regarding trajectory for consultant posts in dual specialties. Persistent negative comments were also noted relating to the dual training programme and negative interactions between ID and MM/MV.

4. Areas of Good Practice

Ref	Item	Action
N/A	N/A	N/A

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		Issues were raised with the allocation of the study leave budget across the programme, with some trainees noting no funding was available to them upon their request. (ALL).
5.2		Medical Microbiology staffing shortages are believed to be impacting trainee opportunities in Glasgow and Lothian.
5.3		Trainees felt disillusioned and uncertain regarding trajectory for consultant posts in dual specialties. Persistent negative comments were also noted relating to the dual training programme and negative interactions between ID and MM/MV. (ALL).

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Health Boards in scope (ST trainees)
6.1	A process must be put in place to ensure that any trainee who misses the national programme induction session, are appointed to a locum for training (LAT) post or commences in post out with the August changeover date is identified and provided with an induction.	February 2024	National APGD/TPD
6.2	The department must increase relevant training opportunities for ST trainees. This should also support provision of WPBAs.	June 2024	NHS Lothian, NHS Greater Glasgow & Clyde
6.3	The current rota must be reviewed and revised to ensure more time for training during the day for the internal medicine component of the training programme.	June 2024	NHS Grampian
6.4	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific example of undermining behaviour noted during the visit will be shared out with this report.	Immediately	NHS Lothian, NHS Greater Glasgow & Clyde