Scotland Deanery
Quality Management Visit Report

Date of visit	4th November 2019	Level(s)	FY/GP/ST
Type of visit	Revisit	Hospital	Ninewells Hospital
Specialty(s)	Obstetrics & Gynaecology	Board	NHS Tayside

Visit panel	
Alastair Campbell	Visit Chair - Associate Postgraduate Dean – Quality
Nick Dunn	GP Representative
Gail Littlewood	Specialty Representative
Alastair Hurry	Trainee Associate
Hazel Stewart	Quality Improvement Manager
David Ramsay	Lay Representative
In attendance	
Fiona Conville	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Obstetrics & Gynaecology
Lead Dean/Director	Alan Denison
Quality Lead(s)	Alastair Campbell and Peter MacDonald
Quality Improvement Manager(s)	Hazel Stewart

Unit/Site Information		
Non-medical staff in attendance	7	
Trainers in attendance	9 (including TPD, college Tutor & ATSM director)	
Trainees in attendance	12 (FY, GP, ST2-7)	

Feedback session: Managers in attendance	Chief Executive		DME	✓	ADME	✓	Medical Director		Other	✓
Date report approved by Lead Visitor	12th December 2019									

1. Principal issues arising from pre-visit review:

A triggered visit was undertaken to the O&G department in NHS Tayside on 13th July 2018 following a significant deterioration in the 2017 trainee data.

At the visit, the panel found that improvements had been made. However, concerns regarding the culture within the department persisted both in the behaviours of staff and the trainees' perceived tolerance of the behaviours by a lack of action to address any concerns raised. Following the visit 8 requirements were made covering the following topics:

- Culture
- Induction – both departmental and hospital
- Rota improvements to enable access to regional teaching
- Patient safety – update guidelines and clear process for reviewing patient results
- Educational Governance
- Educational Resource – access to wi-fi to enable trainees to access various systems including eportfolio.

The final action plan response from the department reported that equality and diversity training and an external review of the culture within the department was undertaken. The induction was being reviewed to make any necessary improvements. There were plans to clarify the role of the Director of Medical Education (DME) as well as inviting trainees to senior meetings to raise educational issues. Suitable processes and groups were being introduced to address the patient safety related requirements and the department reported to have ensured that all trainees have access to the university wi-fi to enable trainees to have internet access throughout the building.

During pre-visit review of the most recent data, it was noted that the 2019 STS and NTS data indicates that the trainee experience at all levels has improved. In particular, the culture within the department which has been a persistent area of concern. However, the most recent information via the PVQ indicates that some of the work undertaken may be slipping. It would appear, that ST trainees are having the least positive experience, particularly in relation to teaching and workload. It is positive that trainees would recommend the post. It was noted that comments regarding the work intensity within the department and rota gaps were starting to impact on

trainee experience, at all levels. This is an issue which is known to have been a main protagonist for the deterioration in the trainee experience then resulting in triggered visits.
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 there is a well organised induction with allocated time provided to trainees. Trainers reported that trainees are also provided with a handbook, which they can refer back to and that induction is tailored to the different levels of trainees. They also reported that the department is looking to develop an online induction module for the specialty to further improve their induction process.

FY/GP Trainees: Trainees reported that they received both a hospital and departmental induction. Trainees felt a particular strength of the departmental induction was being given a tour of the department to ensure trainees know where to go and who to contact for support. Trainees reported being given information on how to deal with emergencies was particularly useful. Trainees felt the induction covered all bases and could not suggest any improvements.

ST Trainees: Some trainees reported that they did not receive a hospital induction or had a delay with IT access. Those that did receive a hospital induction reported that it covered all the information they required. All trainees reported that they received a department induction. Those that attended the planned induction reported that this was works well, but those who required an out of sync induction reported that the quality of this was variable.

Non-Medical Staff: Staff felt they could not answer questions relating to induction as they are not involved in delivering any part of the induction and do not get site of the induction plan.

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

Trainers: Trainers described a variety of local teaching sessions, these included:

- Cardiotocography (CTG)
- Risk management meetings and
- PROMPT.

Trainers reported that the CTG sessions are well attended with good discussion. They reported that the department are in the process of providing more GP relevant teaching sessions. They reported that these sessions would be led by senior ST trainees. Trainers reported that ST trainees cover each other's work to enable bleep free attendance at regional teaching. For local teaching trainers reported that they ask the team not to bleep a trainee out unless it's an emergency. In addition, the department are looking to employ additional staff to release more trainees to attend local teaching sessions.

FY/GP Trainees: Trainees reported that CTGs are discussed at handover but felt that this was aimed at O&G trainees. They reported that they cannot attend O&G teaching as they are not invited, and some felt that they were excluded from educational opportunities on the labour ward. Trainees reported they can attend regional teaching, which they are able to attend unless working night shift or on leave. Trainees had some awareness of other local teaching which had recently been started but were not familiar with what is covered.

ST Trainees: Trainees reported that they attend can attend 1 – 3 hours of teaching each week and are released to attend regional teaching every 6 weeks. Trainees reported that there is Thursday CTG teaching following handover. Trainees reported that local teaching takes place on Fridays but that very few Friday teaching sessions had happened in the past 8 months. Some reported that they are aware of the risk management meetings but are unable to attend due to clinical work. Trainees reported that having consultant led teaching would be beneficial as there may be more impetus on the trainees to attend. Trainees reported that since regional teaching was split between ST1 – ST5 and ST6+, the quality has improved, and they are able to attend.

Non-Medical Staff: Staff reported that although they are aware that teaching sessions are taking place, they are unclear as to when this happens. They reported that they try not to bleep out trainees when they are at a teaching session, but this can be challenging when there is a high workload in the department.

2.3 Study Leave (R3.12)

Trainers: Trainers reported that rota gaps and having a number of ST trainees at the same level can be challenging to approving study leave. This is due to the need to have sufficient cover in the department but also, the leave requests being for the same course and date. Trainers reported that they were hopeful that employing additional staff grade would reduce these challenges.

FY/GP Trainees: Trainees reported that they had not request much, if any, study leave. Those that had requested and taken study leave reported that this was easy to do.

ST Trainees: Trainees reported that it was easy for them to request and take study leave.

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

Trainers: Trainers reported that the Training Programme Director (TPD) allocates supervisors to ST trainees based on the trainee's interests', level of support or supervision required. There is a consultant specifically appointed to supervise GP trainees to ensure they are familiar with the curriculum and educational needs of GP trainees. Trainers reported that they are normally allocated to a trainee before they start in pos. Any known concerns regarding a trainee is shared with the educational supervisor. Trainers reported that they were selected as a supervisor based on their expression of interest in the role and capacity within the department. Trainers described various training opportunities provided to them to undertake their supervisor role, including: NES run trainer course and the royal college of obstetricians and gynaecologist conference. Trainers confirmed that they do have allocated time within their job plan for their educational role which is reviewed annually during appraisal, through recognition of trainers.

FY/GP Trainees: Trainees reported that they were informed of who their supervisor would be at induction. All reported that they had formally met with their supervisor once but informally some had met on several occasions. Some GP trainees reported that due to the tight rota, they have not been able to meet with their GP educational supervisor.

ST Trainees: Trainees reported that they formally meet with their supervisor 3 times per year. Trainees reported that the new O&G curriculum requires trainees to have monthly meetings with their

supervisor and many reported that this had not yet been achieved. Trainees reported that the meetings they had had with their supervisor were useful to their development.

Non-Medical Staff: Staff reported that although trainee access to senior support may be slightly delayed, if the on-call consultant is in theatre, it is generally easy and forthcoming.

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 there are colour coded lanyards for trainees to wear with explanation posters published throughout the hospital. Trainers reported that the handover notice board includes the contact numbers for on-call staff and there is also an emergency page number which all staff are aware of. This ensures that trainees know who to contact for advice and support at any time. The felt that trainees are well supported and were not aware of any instances of a trainees feeling left to cope with a situation beyond their competence. Trainers reported that consent is not sought by Foundation and GP trainees as they would not be responsible for undertaking a procedure. They described an effective means of seeking and reconfirming patient consent for ST trainees to undertake procedures they are competent to do, and this would involve the consultant.

Trainees: Trainees reported that the level of supervision is very good and that they always know who to contact for support. Due to the level of support, trainees did not feel that they'd had to cope with a situation beyond their competence. Trainees felt that their senior colleagues are very approachable and accessible whenever they ask for support.

Non-Medical Staff: Some staff were aware of colour coded lanyards to highlight different levels of trainees. Most however, felt that chatting to trainees and getting to know them what the best way to become aware of each trainee's level of competence. Staff reported that there is good senior presence within the department resulting in there being no known instances of trainees having to cope with situations beyond their level of competence.

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

Trainers: Trainers reported that they are aware of the learning needs and curriculum requirements for ST trainees through the RCOG website and matrix, which lists the educational requirements for all

levels of ST trainees. They reported that a document has also been drafted to list the curriculum learning needs of GP trainees. In addition, trainers reported that they will ask trainees what their learning needs are at handover. Trainers reported that there is protected time for ST trainees to undertake their required ATSM sessions and other ST trainees rotate through the team to ensure they can achieve their learning needs. Protected time is provided to the ST trainees to undertake and maintain the scan training. Trainers reported, that when there is enough staff, they allocate GPSTs to outpatient clinics and encourage attendance at clinics when working if Perth Royal Infirmary. Trainers were reported they had not received any feedback from trainees of difficulties achieving their required competences. They felt there was a good balance between educationally beneficial work and more service-based tasks. This was in part due to the level of supervision available, resulting in more educational opportunities even when trainees are undertaking more service-based work.

FY/GP Trainees: GP Trainees reported although they will be able to achieve their required procedural skills. GP trainees felt that they gain a lot of acute exposure in the post, which was interesting, but less relevant to their future career as a GP. They felt it would be useful if they could gain exposure to more practical skills, but that these are mostly achieved at clinics. They reported that access to clinics such as menopause and sexual health would be beneficial to their training but as yet had not had the opportunity to attend any clinics. Trainees felt that their post is service heavy with approximately 70% of their tasks being of little educational benefit. In particular, they felt that their work on the gynaecology ward was particularly service bases with lots of discharge letters, cannula insertions and taking bloods.

ST Trainees: Trainees reported that due to the new curriculum, which had just been introduced, they were not yet aware if any of their requirements would be difficult to achieve. Trainees at ST3 and above undertake at least 1 clinic per month but there are no specific clinics rostered for ST1 and ST2 trainees. Some trainees reported that they had not managed to gain access to theatre sessions for 3 months, but this was in part due to a decrease in theatre opportunities for reasons such as less patients opting for elective surgery. Senior trainees reported that as the majority are seeking to specialise in gynaecology, there is more competition for theatre sessions, but they are able to access their required amount. Trainees felt that there is a fair balance (50/50) between educationally beneficial work and more service base duties, but there are always opportunities to learn.

Non-Medical Staff: Staff reported that they provide training to trainees through practice teaching opportunities, such as: Perineal repair courses and ad hoc skills drills (emergency procedures).

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

Trainers: Trainers reported that they are aware of the assessment needs of ST trainees through their matrix, and that foundation and GP trainees will inform them of their needs. Trainers reported that having a 'what is your educational need' section built into handover ensure staff are aware of the various assessment needs of all levels of trainee. Trainers reported that it is normally easy for trainees to achieve their assessments but there have been teething problems filling out the assessment forms on the new O&G eportfolio system. None of the trainers had had the opportunity to benchmark their assessments of trainees against other trainers.

FY/GP Trainees: Trainees reported that it is easy for them to get senior trainees to complete their assessment forms. They reported that they would normally ask a senior trainee to undertake their assessment as they tend to work alongside them more than a consultant. Trainees felt that their assessments were completed in a fair and consistent manner.

ST Trainees: Trainees reported that apart from teething issues filling out the assessments forms on the new eportfolio system, trainees did not have any issues completing their assessments. They felt that their assessments were completed in a fair and consistent manner.

Non-Medical Staff: Staff reported that they are happy to complete multi-source feedback assessments for trainees when asked.

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

Trainers: Trainers described a variety of multi-professional learning opportunities, including:

- Risk management meetings,
- Clinical effectiveness meetings, and
- Gynaecology clinical governance meetings.

FY/GP Trainees: Trainees reported that they received useful informal ward-based learning from midwifery staff but were unaware of any opportunities for joint learning with other health professionals.

ST Trainees: Trainees described a variety of multi-professional learning opportunities, including:

- PROMPT – which trainees thought was well run and valuable training.
- CTG teaching sessions, and
- Perinatal meetings.

Non-Medical Staff: Staff described a variety of multiprofessional learning opportunities within the department, including:

- PROMPT,
- CTG,
- Risk review meetings, and
- Clinical effectiveness.

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

Trainers: Trainers reported they discuss quality improvement (QI) projects with ST trainees during their induction. There is a list of ongoing projects which any trainee is can look to undertake whilst in post. Trainees have the opportunity to present the QI project at one of the quarterly audit meetings.

FY/GP Trainees: Trainees reported that they have been asked if they want to participate in a quality improvement (QI) project. Those that have, reported to have had a supportive meeting to discuss the project.

ST Trainees: Trainees reported that they are supported to undertake QI projects. They have an opportunity to present their findings at the quarterly audit meetings.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that feedback is provided during handover. Where there are concerns regarding certain clinical decisions, feedback is provided on a one to one basis to the trainee. Trainers reported that they can also email or text a trainee to provide positive feedback and copy in their supervisor. Trainers felt that feedback is provided to junior trainees on an ongoing basis as they present each case to a senior colleague.

FY/GP Trainees: Trainees reported that feedback on their decision-making skills is provided during handover. They can also discuss cases with a consultant who will provide constructive and meaningful feedback to them. Trainees reported that the ward round was a particularly useful forum for gaining feedback from senior staff.

ST Trainees: Trainees reported that they receive constructive and meaningful feedback on their decision-making skills. Feedback can be provided immediately and on a one to one basis.

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

Trainers: Trainers reported they had trialled a project for trainees to report on the quality of their experiences with different trainers. The project was voluntary for the consultant staff to engage with. Findings of the project were provided and demonstrated that the department were performing well on a number of areas. Trainers reported that they were hoping to undertake the feedback project again. In addition to this, trainers reported a trainee representative is encouraged to attend their monthly meeting to feedback any issues they may be experiencing within the department. During the presentation, it was also highlighted that the department have incorporated a new scheme called learning from excellence, which shares feedback and learning opportunities from positive experiences.

FY/GP Trainees: Trainees reported that they could feedback concerns to their supervisor. They reported that some issues are known to all staff and therefore did not feel the need to feedback their concerns. Some trainees felt that they could escalate their concerns to the deanery, although none had done so at the time of the visit. Trainees reported they were not aware of the trainee forum.

ST Trainees: Trainee reported that they had provided the anonymous feedback on trainer feedback and would be looking to participate in this again. Trainees sited an example where their feedback

resulted in a positive change to the teaching provided. They also have the opportunity to nominate members of the team for the positive work that they have undertaken to the learning from excellence scheme.

2.12. Culture & undermining (R3.3)

Trainers: Trainers reported that following the previous deanery visit, an external review of the culture within the department was undertaken. The report from this had only been shared with the department at the time of the visit but it was reported that any learning events and changes that required to be made would be actioned. Trainers reported that the trainee representative is encouraged to attend their monthly meetings and can raise concerns regarding culture within the department. Trainers also felt that the clinical lead, in addition to the workplace behaviour champion, was another way for trainees to report any concerns relating to culture within the department. None of the trainers were aware of any significant issues having been raised.

FY/GP Trainees: Trainees reported that the clinical team are very supportive. None of the trainees had experienced any undermining behaviours. Trainees reported that they would be comfortable to raise any concerns regarding negative behaviours with the named workplace behaviour champion.

ST Trainees: Trainees reported that they worked within a supportive clinical team. None of the trainees the panel met with had experienced or witnessed behaviour that would undermine their performance or self-esteem. Trainees reported they would be comfortable to raise concerns about negative behaviours to the workplace behaviour champion.

Non-Medical Staff: Staff reported that there is a good working relationship within the department. They felt that they try to make everyone feel welcome and ensure that trainees know who to go to for support if required. Staff reported that they would be comfortable to challenge any negative behaviours, such as undermining, and encourage all staff to raise concerns if anyone was to experience or witness such behaviours. Staff reported they were not aware of any trainees having received comments that would be found to be less than supportive or undermining.

2.13. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported there is a 3.6 whole time equivalent gap on the junior rota. Trainers reported that they support the middle grade rota by being resident. They reported that they have a bank of locums that are used to cover some of the gaps in the rota as well. Trainers reported that the department are looking to employ an additional staff grade doctor to help cover the rota gaps. Trainers reported that they are made aware of teaching events, such as the GP regional teaching days, to ensure the department can organise cover within the rota to release trainees to attend. Trainers suggested that the rota could be improved if their own rota was based around the trainee's learning needs.

FY/GP Trainees: Trainees reported that there are gaps in their rota but are uncertain of the amount. Trainees reported that due to rota gaps they are unable to swap shifts with other trainees. Trainees reported that whilst they did not feel their rota gaps raised patient safety concerns, the foundation year 1 trainees were covering work that they should not be expected to undertake, such as: holding the bleep at times and covering the gynaecology assessment unit, more often that GP, ST1 and ST2 O&G trainees, where they should not be working.

ST Trainees: Trainees reported that they are aware of a lot of gaps on the junior rota but don't know the total. Trainees felt that their senior rota is overstaffed. Some trainees reported that whilst they gain lots of relevant experience when working in the labour ward, they do not have access to clinics. Trainees reported that due to an increase in demand for the gynaecology emergency service, workload is exceptionally high in this area. This resulted in an audit of the trainee's finish time when working in this area. Trainees felt that that a contributing factor is the lack of junior trainees. This had been fed back to the senior staff, but it was suggested that the trainees look into potential solutions to the issue.

Non-Medical Staff: Staff reported that they were not aware of any rota issues that would impact on the trainee's wellbeing. Some reported that they had heard of occasional issues due to rota changes, where a trainee is unaware of a consultant absence, resulting in a trainee losing out on educational opportunities, such as out-patient clinics.

2.14. Handover (R1.14)

Trainers: Trainers reported there is an effective and structured handover which follows the SBAR (situation, background, assessment, recommendation) format. There is a section on the handover board to highlight guideline changes, trainee learning needs. In addition, handover has time for discussion of hot topics and a learning point of the week. This enables handover to be utilised as a learning opportunity.

FY/GP Trainees: Trainees reported there is an effective handover twice daily, which follows the structured SBAR format. Trainees reported that the time spent on introductions at the start was very useful as it ensures that all staff are aware of who is responsible for each of the various aspects of work as this can differ from what's originally reported within the rota. Trainees reported that discussion of the cases within the department offers learning opportunities to them during handover.

ST Trainees: Trainees reported there is a robust handover in place which is used as a training opportunity.

Non-Medical Staff: Staff reported that there is a separate handover for midwives. The medical handover is attended by the senior charge midwife. Staff felt that handover is effective but could be more concise and multi-disciplinary. Staff reported that the medical handover can be used as a learning opportunity through discussion of cases and lessons learned.

2.15 Educational Resources (R1.19)

Trainers: Trainers described a variety of educational resources available to trainees, including:

- Library
- Laparoscopic equipment
- Additional computer access, and
- Access to the university wi-fi.

Trainees: Trainees reported there are adequate facilities and resources to support their learning. Trainees reported they are aware that they can gain access to the university wi-fi.

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 they would discuss concerns about a struggling trainee with their educational supervisor and escalate to the training programme director (TPD). They reported that there are doctors in difficulty meetings held every 2 months and trainees can also be referred for additional support through the Deanery's performance support unit.

Trainees: Trainees reported that support is available to them if they were struggling with the job or personally. GP and Foundation trainees reported that they would speak to their clinical and educational supervisor if they required support, as well as occupational health if needed. They reported that the department would accommodate requests for reasonable adjustments if needed.

Non-Medical Staff: Staff reported that if they had concerns that a trainee's performance was giving rise to patient safety concerns, this would be reported to a consultant and the trainee's supervisor. Staff reported that if the concern was immediate, they would be comfortable to intervene and stop the trainee at the time.

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 the quality of training and education is managed through the Deanery and the Director of Medical education. They reported that trainers are involved with the specialty training committee which will discuss any issues facing the department and this involves attendance by deanery representatives.

FY/GP Trainees: Trainees reported that they are aware of who the clinical lead is within the department but are not aware of who the DME is or their role in relation to their education and training. Trainees reported they were not aware of a trainee forum in which they could raise and discuss issues with their training.

ST Trainees: One trainee was aware of who the DME is but they were unclear of their role in relation to the quality of education and training. Trainees reported that there is a trainee rep with whom they can raise concerns about their education or training in the department. They felt that having the rep raise their concerns at the consultant meetings was positive and could result in changes being made.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that trainees are encouraged to raise concerns about patient safety to any consultant or the O&G clinical lead. Trainees are encouraged to formally report patient safety issues via the Datix reporting system. Trainers reported that trainees can raise concerns about their education to the training programme director and also via the new Tayside feedback forms.

FY/GP Trainees: Trainees reported that they would raise patient safety concerns with the clinical lead. They would also formally report any concerns via the Datix reporting system which would be followed up with a meeting and discussion of what happened, and any action required.

ST Trainees: Trainees reported that they would raise patient safety concerns with the on-call consultant or the consultant in charge of that patient's care. They would formally record patient safety concerns through the Datix reporting system.

Non-Medical Staff: Staff reported that that patient safety concerns can be raised with the team lead and escalated to a consultant to address.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that the environment within the department was safe for both patients and trainees. There may be patients boarded in to the department but not out of the department and trainers reported that there are procedures in place to ensure staff know who to call regarding boarded in patients. In addition to handover, there are safety huddles to monitor the safety of patients. Trainers described a concern which had been raised by trainees which the department appropriately acted upon.

FY/GP Trainees: Trainees reported that they would have no concerns about the quality and safety of care a relative or friend would receive if admitted to the department. Trainees did cite some concerns regarding boarded inpatients on the gynaecology ward as they felt it is not always clear who they should contact, depending on the specialty the patient is boarded from. They also felt that some departments could improve on providing updates regarding boarded patients and any discussion regarding their care.

ST Trainees: Trainees reported that they would have no concerns about the quality and safety of care a relative or friend would receive if admitted to the department. Trainees reported they were aware of junior trainees having some issues regarding who to contact for boarded in patients.

Non-Medical Staff: Staff reported that they environment within the department is safe for both patients and trainees. In addition to handover, there are various huddles to monitor the safety of patients, but these do not involve the trainees.

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

Trainers: Trainers reported that adverse incidents are reported through the Datix system and reviewed at the risk management meetings. Learning points from adverse incidents are provided through the monthly newsletter which also highlights good practice items identified through significant event reviews. Trainers reported that risk management meetings determine if an incident requires to be escalated to a significant adverse event review. Outcomes from these reviews are shared with the trainee. When something goes wrong with a patient's care, trainers reported that they would discuss the issue with the patient, or a risk review meeting determines the appropriate action. Trainers reported that a consultant would lead on adhering to the duty of candour and would provide feedback to trainees.

FY/GP: Trainees reported that to date they had not been involved in an adverse incident. They were aware that Datix would be used to record incident and are reviewed by a named person.

ST Trainees: Trainees reported that adverse incidents are recorded through the Datix system. They reported that those involved are provided support from various staff, have the opportunity to discuss the incident and receive feedback. When involved in an incident where something went wrong with a patient's care, trainees would discuss this with the patient if it was a minor incident. More sensitive incidents are discussed with the consultant who will then discuss what has happened with the patient.

Non-Medical Staff: Staff reported that adverse incidents are recorded through the Datix system. Staff reported that 1:1 training is provided on the use of datix, resulting in high completion rates. Adverse incidents are discussed at quarterly review meetings and lessons learned are shared with the whole team.

2.22 Other

Trainees were asked to rate their training experience in the department to date from 0 (worst) to 10 (best).

FY/GP – Range: 7 – 8, Average: 7.5

ST – Range: 7- 10, Average: 7.7

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

This was a predominantly positive revisit to a department that had clearly put in a lot of effort to address the requirements raised from the triggered visit the previous year. The department has a very engaged consultant team who are supportive of their trainees. The main concern arising from the revisit is the significant reduction in training opportunities, particularly for the junior cohort of trainees, but also the high workload being experienced by all trainees. which has previously been at the root of the deterioration of trainee satisfaction regarding their experience within the department. In addition, whilst the department has introduced or improved on areas, such as local teaching, this was not reflected in the trainee's experience with many uncertain if some of the local teaching sessions were still being delivered.

Positive aspects of the visit

- The culture within department is very positive and supportive. It is evident that the department has worked hard to improve the environment and should be commended for this.
- There is excellent, supportive clinical supervision available to trainees both during the day and out of hours.
- The department has taken on board feedback regarding handover. This is now very structured and is multiprofessional covering both obstetrics and gynaecology patients with supportive learning opportunities built into it.
- The provision and delivery of various innovations is to be commended, including:
    - Tayside trainer feedback tool and we'd encourage you to continue with this
    - Weekly CTG teaching

    - Continue to build on the Learning from excellence initiative
- Improvements to IT access, in particular Wi-fi and computer access.

Less positive aspects of the visit

- Local teaching: Trainees at both junior and senior level are not aware of when or if local teaching takes place.
- The rota is significantly impacting on junior trainee training opportunities and requires senior oversite to try to reduce the impact of gaps on the trainees' experience. In particular, there is a lack of access to outpatient clinics for GP and junior O&G trainees.
- Services pressure within the elective gynaecology service is impacting negatively on the workload within the emergency gynaecology unit.
- There are some concerns regarding lack of clarity of who to contact for support if a medical boarder becomes unwell as not all medical departments provide this information to the nursing or foundation doctors.
- Despite the introduction of coloured lanyards to differentiate between different trainee levels, all trainee cohorts still used the term SHO when referencing Foundation, GPST and O&G ST1 and ST2 trainees.

Requirement	**Progress to date**
There must be a zero tolerance culture of bullying and undermining behaviours.	Requirement met. All trainees reported on a positive and supportive team. External review undertaken.
There must be a site and departmental induction provided to all new trainees irrespective of where they completed their medical degree and/or Foundation programme.	Partially met Trainees reported positively regarding the departmental induction. All received a departmental induction, although the quality may vary for those returning to work out of sync. However, not all trainees received their required hospital induction and provision of a catch-up hospital induction should be provided to trainees

	that require orientation of the hospital and IT access.
The departmental induction must ensure that trainees are prepared to undertake the work in their post	Requirement met Trainees reported positively regarding departmental induction and could not offer any improvements.
The department must ensure the rota will enable trainees to attend their regional teaching sessions.	Requirement met. All levels of trainee reported that they are able to attend their regional teaching sessions.
There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level	Requirement still to be achieved. Most trainees remain unaware of who the DME is and their role in relation to education and training. Foundation and GP trainees are also unaware of any trainee forum or opportunity to feedback concerns regarding their education and training as a group.
The department must ensure a process is in place to review patients results when a trainee is on leave. This process should be made clear to trainees.	Requirement met. No trainee raised any concerns relating to review of patient results.
Guidelines used by doctors in training and provided by the department must be up to date	Requirement met Trainees did not raise any concerns relating to the guidelines and the department has now implemented a working group to continually review and update guidelines.
Wi-fi must be provided to support the learning needs of doctors in training.	Requirement met All trainee cohorts either had access to or were aware of how to gain access to the university wi-fi.

4. Areas of Good Practice

Ref	Item	Action
4.1	Trainer feedback survey enables trainees to highlight both positive aspects of a trainer's input and areas for development which is utilised to effect change within the department.	
4.2	Learning from excellence gives all staff the opportunity to share positive experiences and best practice which can be adopted but other staff both within the department and potentially the wider hospital teams.	
4.3	Use of handover for trainees to highlight specific learning needs aides trainees in being able to access specific learning opportunities to achieve their curriculum requirements.	

5. Areas for Improvement

Ref	Item	Action
5.1	Regular reference from trainees to the term SHO	All references to "SHOs" and "SHO Rotas" must cease.
5.2	Support for boarded in patients	There should be an updated provided to the staff within O&G regarding all boarded in patients with a clear list of contacts for each department for trainees to escalate medical concerns.

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Alternatives to doctors in training must be explored and employed to address the chronic gaps in the junior rota that are impacting on training.	4th August 2020	FY/GP/ST1-2
6.2	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	4th August 2020	All cohorts
6.3	There must be provision on the rota to ensure GP and ST1/ST2 O&G trainees can attend clinics relevant to their training needs.	4th August 2020	GP, ST1-2
6.4	All trainees must have timely access to IT passwords and system training through their induction programme.	4th August 2020	ST
6.5	There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level.	4th August 2020	All cohorts