Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	21st February 2020	**Level(s)**	Foundation, Core, GP and Specialty
Type of visit	Triggered	**Hospital**	Queen Elizabeth University Hospital
Specialty(s)	Emergency Medicine	**Board**	Greater Glasgow & Clyde

Visit panel	
Professor Clare McKenzie	Visit Lead and Lead Dean Director
Dr Alastair Douglas	Training Programme Director
Dr Claire Gordon	Foundation Programme Director
Dr Patrick Hughes	Trainee Associate
Mrs Jennifer Duncan	Quality Improvement Manager
Ms Marie Therese Allison	Lay Representative
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator
Ms Jean Ford	Non-Executive Board Member (Observer)

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Geraldine Brennan and Dr Fiona Drimmie
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Non-medical staff in attendance	4
Trainers in attendance	9
Trainees in attendance	9 - F2 (4), GP (2), CT (0), ST5 (3)
Feedback session: Managers in attendance	9

Date report approved by Lead Visitor	17th November 2020

1. Principal issues arising from pre-visit review

Background information

At the Foundation Quality Review Panel concerns were raised regarding culture and heavy workload 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 STS data includes Anaesthetics on site for the Foundation trainees and may not be wholly reflective of the experience in Emergency Medicine.

NTS Data

Foundation (F2) – Red Flags – supportive environment, workload, study leave, educational governance and rota design.
Foundation (F2) – Pink Flags – teamwork.

CT (Anaesthetics) – Red Flags – regional teaching.
CT (Anaesthetics) – Pink Flags – induction and educational governance.

ST – Red Flags – teamwork.
ST – Pink Flags – supportive environment, educational supervisor and educational governance.

GP – Green Flags - clinical supervision, clinical supervision out of hours and induction.
GP – Light Green Flags – reporting systems, study leave and educational governance.
GP – Red Flags – regional teaching.

STS Data

Foundation (F2) – Red Flags – educational environment, teaching and workload.
Foundation (F2) – Pink Flags – team culture.

CT (Intensive Care Medicine - Anaesthetics) – All indicators grey.
CT (Anaesthetics) – All indicators white.

ST (Higher Anaesthetics/Aggregate data 2017-19) – Red Flags – educational environment, teaching, team culture, workload.
ST (Higher Anaesthetics/Aggregate data 2017-19) – Pink Flags – clinical supervision.

STS Comments

Foundation (F2) – extremely demanding rota with little consideration given to wellbeing of junior doctors especially when considering significant life events.

Specialty – 12-hour nightshift unsustainable for safety in the department due to workload and volume of patients.

Dean's Report Items

There are no items on the Dean's Report.

Previous Visit

There was a visit to this unit in November 2015 and the visit panel will investigate the progress of the requirements made following that visit. These requirements are listed below:

Areas for Improvement:

- The Departmental Educational Faculty should ensure that output and decisions made are fed back to the relevant Educational Supervisor and into the trainee's e-portfolio
- Clarity should be provided to trainees around the application process for study leave particularly around any swaps being facilitated and approved by the rota master rather than the trainees.
- Clarity should be provided to trainees around available time in the rota for audit.
- There is a great deal of educational potential in the nursing team which can be utilised in departmental inductions and teaching sessions
- Opportunities to develop management skills should be made available to senior trainees.
- There is an opportunity to develop a more formal or standard approach to the debrief after adverse incidents or challenging situations that involve trainees

Requirements:

- In order to avoid any governance issues the criteria around who can be the most senior trainee overnight needs to be outlined by the Educational Faculty.

A summary of the discussions has been compiled under the headings in section 3 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:

Trainers
Foundation Trainees (F2)
GP Trainees (ST)
Specialty Trainees (ST)
Non-Medical Staff

Departmental Presentation: The department provided a very useful and detailed presentation highlighting the issues and explaining what the department had been doing to implement change, areas where they are trying to do better and further improvements for the future.

2.1 Induction (R1.13)

Trainers: Trainers reported trainees receive both site and departmental induction which were felt to prepare trainees for working in the department. Hospital induction is available on-line and departmental induction takes place for approximately 10 hours over 3 days. This involves a walk-around the department, review of processes and practice procedures. Rotas and a departmental handbook are disseminated to trainees prior to commencing in post.
Trainees are encouraged to select a rota “slot” which best suits their individual training needs and annual leave requests. Requests are then reviewed by the consultant in charge of the rota and confirmed with trainees. The department continually review the trainee handbook and induction and have recently introduced locum cover for day shifts to allow better trainee attendance at the departmental induction. Departmental induction is led by the consultant team.
Trainers made reference to trainee induction and consultant delivered teaching being enforced supporting professional activity (SPA) time within job plans which is incorporated into the consultant rota. Educational and clinical supervisors reported that, with a couple of exceptions, they do not have specific time within their job plans for the educational role with most on 9:1 contract.

Foundation and General Practice Trainees: All trainees confirmed receiving both hospital and departmental induction. Trainees commented that departmental induction was good and took place over 3 days and equipped them for working in the department. F2 trainees commented on difficulties surrounding shift patterns and the expectation that they attend induction even after a night shift.

Specialty Trainees: Trainees confirmed that hospital induction is available on-line and fulfils the statutory requirements. Departmental induction takes place over one day and provides highlights to the department.

Trainees advised that this session was brief and could be improved and should cover greater detail about the 3 main areas of the department.

Non-Medical Staff: The team advised of no concerns with regards to site or departmental induction and confirmed trainees are well prepared for work within the department.

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

Trainers: Trainers reported no concerns about trainee's ability to attend teaching. Trainers stated that all consultants are involved in teaching which forms part of their rota. Various formal and informal teaching sessions are arranged by the department for example: junior teaching takes place on a Tuesday, undergraduate teaching takes place on a Wednesday, departmental teaching takes place on a Thursday and Friday morning the ward consultant delivers weekly skills and drills sessions. All weekly rota of teaching sessions is sent to all staff plus a junior quiz is sent to the junior doctors.

Foundation and General Practice Trainees: F2 trainees stated attending teaching was extremely difficult mainly due to shift patterns. F2 trainees advised they were only authorised to attend formal foundation teaching if on 8.30am – 4.30pm day shift of which there are very few in the rota. F2 trainees stated that they are required to swap shifts, attend on days off or attend prior to starting a shift. There is concern about being able to attend the required 30 hrs mandatory teaching. F2 trainees also advised they can only attend departmental teaching on a Tuesday afternoon should there shift start time be 8.30am or 12 noon.

GP trainees felt unable to comment as they have only been in post for 2-weeks at the time of the visit.

Specialty Trainees: Trainees confirmed no concerns in attending regional teaching, dates are arranged in advance and included in the rota. Departmental teaching takes place on a Thursday afternoon which can be difficult to attend due to shift patterns.

Non-Medical Staff: The team advised that teaching is rostered and generally most trainees can attend. Locum cover is also provided to allow attendance at some but not all teaching sessions. The team commented on various teaching opportunities with junior doctors and emergency nurse practitioners which is nurse led and has been well received. The department, where possible, try to incorporate teaching sessions for nursing staff, trainees and consultants. Nursing staff are also invited to attend weekly Thursday teaching should the topic be of interest to them.

2.3 Study Leave (R3.12)

Trainers: Trainers reported junior trainees are approved study leave when on day shift only. Should junior trainees wish to take study leave out with day shift then they must arrange a suitable swap prior to the study leave request being approved. Trainers recognise this can be challenging for junior trainees as there are few day shifts on the rota. Trainers also confirmed that compulsory training days such as advanced life support are pre-allocated in the rota although junior trainees must inform the rota master as early as possible if these are to be accommodated in the rota. Trainers reported that study leave for middle grade trainees is less challenging and only unsupported if the trainee is due to be on night shift.

Foundation and General Practice Trainees: F2 trainees stated it was extremely difficult to take study leave. They have experienced some difficulties in contacting the rota lead. F2 trainees stated that swaps can be difficult to arrange and can result in a trainee having to undertaken additional hours to accommodate the study leave request of their colleague. While the number of swaps were unlimited, they were not easy to facilitate. Trainees recognised that the rota was tight because of changes to reduce number of hours in a shift and requirement for a maximum of 7-day consecutive shifts.
GP trainees were unable to comment.

Specialty Trainees: Trainees confirmed no concerns in requesting study leave if done with sufficient advance notice.

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

Trainers: Trainers advised that educational and clinical supervisors for all trainee grades are allocated prior to commencing in post. Trainers supervise the same cohort of trainees. Trainers stated that they are provided with no information with regards to the arrival of a trainee with difficulties. This can cause issues for both the department and trainee. Trainers gave examples where they had successfully aided with remediation of trainees.
Trainers confirmed they are all recognised supervisors via the formal recognition of trainers and revalidation processes. Not all trainers have enough time in their job plans for the role of clinical or educational supervisor with most on 9:1 contract. They reported it was extremely challenging to obtain additional SPA time. The rota master has been given additional time in their job plan

Foundation and General Practice Trainees: Trainees confirmed having an allocated educational and clinical supervisor whom they work with regularly. F2 trainees advised they had all had initial meetings with educational supervisors.

Specialty Trainees: Trainees confirmed having allocated educational and clinical supervisors who they meet with regularly and find the meetings good.

Non-Medical Staff: The team stated trainees are very well supported and always have access to senior staff especially on day shift when there is dedicated consultant presence. The team advised that Monday to Thursday night shifts also have consultant presence and weekend senior support is available from the senior registrar, senior nurse and on-call consultant who is always available by phone if required.

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 referred to colour coded scrubs and name badges issued within the department to differentiate between the various grades of doctors in training. Trainers commented on a photo board within the department providing details such as name, grade and supervisor. Trainers also stated that trainees are provided with information at induction on contact details for daytime and out of hours support which is reinforced on a day to day basis. Trainers reported no concerns with trainees working out with their competence.

Foundation and General Practice and Specialty Trainees: All trainee grades advised they were well informed of who to contact during the day and out of hours. They described a very supportive department with extremely helpful and approachable consultants. Consultants carry mobile phones and are easily contactable and accessible. All trainee grades reported that they are not expected to work out-with their competence.

Non-Medical Staff: The team advised that all staff grades are identifiable by colour coded uniforms which also display names and designations. Colour coded name badges are also in use and the department have a photo board.

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

Trainers: Trainers stated that they are aware of the various curriculum needs. Trainers commented that trainees desire increased time in resuscitation. The department aims to ensure equitable time in all areas as well as providing a good balance of experience for trainees. Care is taken in devising the rota to ensure equity of access to the key clinical areas. Foundation, GP and ACCS trainees are placed on the junior rota as per RCEM guidance.

Foundation and General Practice Trainees: Trainees reported no concerns in achieving their required curriculum competencies. Trainees reported no concerns in carrying out duties which have little benefit to education, training and personal development.

Specialty Trainees: Trainees stated they had no concerns in achieving competencies. The department provide a lot of learning opportunities and are proactive in undertaking procedures e.g. chest drains. Trainees stated that the resuscitation and major areas provide the best opportunities to gain curriculum competences. The rota system is fair and transparent. All trainees agreed that they receive a good balance between service and training.

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

Trainers: Trainers advised assessment requirements are available within the college portfolio which all trainees and supervisors have relevant access to. Trainers described meeting with GP and foundation trainees to set personal development plans and have no concerns in trainees achieving minimum assessment requirements if they have a proactive attitude and inform trainers of their needs. Trainers stated that at pre-allocated teaching sessions trainees are encouraged to undertake presentations with the aim of trainers signing off case-based discussion (CBD) assessment. Trainers confirmed that they have undergone training in workplace-based assessments (WPBAs) and described courses run by NHS Greater Glasgow and Clyde. Trainers recognise the difficulties trainees have in obtaining assessments out of hours due to working in such a busy department and also acknowledge they may need some prompting to sign off trainee assessments. Though there is a great passion in the department for training and education, time within job plans is limited.

Foundation and General Practice and Specialty Trainees: All trainee grades advised of no concerns with regards to opportunities to obtain workplace-based assessments. Trainees reported consultants are very approachable although very busy and may take some prompting to complete assessments.

Non-Medical Staff: The team advised that they are often asked to complete assessments for trainees which they are more than happy to accommodate. Although they have had no formal training, they all felt that completion of assessments is self-explanatory.

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

Trainers: Trainers stated that sessions take place on a Thursday and Friday to which anyone in the department are welcome to attend. These sessions are also often opened out to other departments which is

well received. Short skills and drills sessions are another example of multi-professional learning in the department.

Foundation and General Practice Trainees: Trainees stated that the nursing team are invited to attend junior teaching and that all staff can attend skills and drills sessions. They reported that skills and drills are good but difficult to attend due to timing.

Specialty Trainees: Trainees stated they were unaware of any multi-professional learning opportunities in the department.

Non-Medical Staff: The team commented on weekly teaching sessions to which all staff are invited to attend although it is difficult when the department is busy. The team also advised of attending ad hoc sessions run by consultants which are well received.

2.9 Adequate Experience (other) (R1.22)

Trainers: Trainers stated that the department are highly supportive and provide many opportunities for trainees to undertake quality improvement and audit projects with consultants happy to support when requested.

Foundation and General Practice and Specialty Trainees: Trainees advised that there are many opportunities to undertake quality improvement projects or audits. The department have a designated consultant who takes on the role of quality improvement lead. Clinical development fellows (CDFs) are also heavily involved in projects and are happy to assist trainees.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that all trainee grades receive regular on the job feedback during the day and out of hours. CDFs have taken ownership of a morning debrief which allows issues from junior trainees to be brought forward to the consultant group. Middle grade trainees conduct similar debrief sessions.

Foundation and General Practice Trainees: Trainees reported that feedback is provided regularly on a formal and informal basis which is useful and constructive.

Specialty Trainees: Trainees reported that feedback is variable during the day due to the nature of their senior role and is generally not provided out of hours although they can ask if desired. Trainees described having the

opportunity to take on the role of consultant whilst being shadowed by the working consultant which is well received.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers stated that feedback is obtained through the Wellbeing team and in a bi-annual survey sent to all staff which is led by the clinical director. There is also a chief resident who is invited to attend consultant meetings to provide feedback from trainees. Trainers also commented on the debrief sessions undertaken by CDFs and junior trainees where CDFs feedback to consultants.

Foundation and General Practice Trainees: Trainees advised that the department encourage an open culture and the team have a good rapport which allows honestly.

Specialty Trainees: Trainees stated that they can provide feedback on the quality of training to either their educational supervisor or the clinical director. There was no awareness of chief resident role.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised that the department has made efforts to change the culture of the department and felt that the increased pool of CDFs has made a difference to team culture. The department aim to instil a level of transparency and have improved handover as this was a previously highlighted area of concern. Trainers described a much more supportive educational environment with positive staff who are focused on team building. Trainers encourage trainees to come forward early with any concerns and encourage them to discuss any concerns with their supervisor or another consultant who are all happy to be approached. Trainers commented that the department is a large open plan area and it is possible on occasion that someone may say something that could be construed in the wrong way, this is recognised as area for improvement and generally would only ever occur under extreme pressures. A trainer also advised of a situation where trainees raised concerns about a nurse. These concerns were escalated and dealt with through the formal process.

Foundation and General Practice Trainees: Trainees described a good open culture within the department and an extremely supportive clinical team. Trainees confirmed they had not experienced or witnessed undermining of bullying. Trainees are aware of escalation policies should they have any concerns and would in the first instance approach their educational supervisor.

Specialty Trainees: Trainees advised that the clinical team were very supportive, and consultants were a cohesive group. All trainees are fully aware of the process for escalating any concerns with regards to bullying or undermining.

Non-Medical Staff: The team reported that over the last 2 years the department have been working hard to establish the Wellbeing team who help integrate all staff. The team advised this is an excellent resource and described social events, a shared tearoom and themed lunches. Some CDFs have 30% of their time dedicated to contributing to the wellbeing team. The team referred to feedback received where concerns had been raised with regards to behaviours of nursing staff and their approachability which has brought about a change in attitude. The team confirmed they were aware of escalation policies should they have any concerns with a trainee. They stated that they had not witnessed any bullying or undermining.

2.13 Workload/Rota (1.7, 1.12, 2.19)

Trainers: Trainers confirmed gaps in all levels of the rota. The department have attempted to manage gaps as proactively as possible. In February there was a significant drop in the numbers of middle grade trainees at which point the rota was redesigned from a 12-person rota to an 8-person rota. Other changes to the rota include a move from 12-hour to 10-hour shifts and a maximum of 7 days shift stretch. However, the department still face rota challenges due to national failure to recruit to EM training posts. The department work week by week to ensure suitable cover is in place each day which is stressful and places pressure on the entire team. Rotas require 2 senior decision makers at ST3+ level and though additional CDFs have been appointed they are not sufficiently experienced to contribute to the senior rota. However, appointment of CDFs has been beneficial and contribute to the department workload. Weekend night shifts are extremely difficult for the entire team.

Foundation and General Practice Trainees: Trainees stated there were a lot of gaps in the rotas, the department are trying to manage these with locums and CDFs. Trainees commented that though rotas are tight and hectic they have no concerns with patient safety. Trainees commented on an intense workload that they do not feel is reflected in the allocated rota bandings which result in trainees feeling undervalued. Trainees reflected on some positive changes in the rota dropping 12-hour 10-hour shifts which is well received. Trainees suggested that further improvement could be made to include study leave for teaching in all rotas or alternatively have study leave for teaching covered by locums.

Specialty Trainees: Trainees advised of gaps within the rota which are currently filled with locum consultant shifts. Trainees were unable to suggest improvements to the rota. They are aware of who the rota organiser is.

Non-Medical Staff: The team stated that consultants work hard to implement changes in the rota, a recent notable change is the move from 12-hour shifts. Workload in the department is busy and variable which can add pressure to junior doctors. The department try to ensure trainees finish on time, with the consultant team taking over any unfinished tasks to help accommodate this. Gaps in the rota are difficult to manage and this is having a significant impact on the team. The increase in CDFs has helped alleviate some of the pressures and the department have tried to be proactive in increasing locum cover to help trainees attend inductions sessions and to also provide additional support on night shifts.

2.14 Handover (R1.14)

Trainers: Trainers described a robust handover system which is built into every shift. Handovers take place 8am and 4pm every day with handover sheets available, these also contain top tips. Handover is utilised as a learning opportunity.

Foundation and General Practice Trainees: Trainees described a robust handover system which is built into the rota. They advised of sessions taking place at 8am and 4pm which are consultant led. All staff are invited to attend, and a written handover record is kept. Handover sessions are structured, short, focused and can on occasion be used as a learning opportunity.

Specialty Trainees: Trainees described weekday and weekend handover as taking place at 8am and 4pm which is consultant led and includes all staff. Trainees also advised of informal handover at 10.30pm, between the night shift registrar and on-call consultant and a consultant handover to which only consultants attend. Written handover records are kept. Trainees did not feel handover was a good learning opportunity for them and suggested that they could be improved if they were allowed to lead them and receive feedback from the consultant.

Non-Medical Staff: The team stated that the department have made improvements to handovers which are well received and considered valuable learning opportunities. Formal handovers take place in the seminar room where consultants take over care for designated areas. Handovers are also themed, and handover sheets display top tips.

2.15 Educational Resources (R1.19)

Trainers: Trainers stated that the department have sufficient and adequate facilities and resources to support trainees learning needs.

Foundation and General Practice and Specialty Trainees: Trainees stated the department have one computer room, which with such a high cohort of CDFs, can be difficult to access. The room is often booked by others for training which means they cannot use it. The library and learning centre are good resources.

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 gave an example of measures put in place to support trainees with difficulties which resulted in good progress of the trainees. Practice included increased supervision, reduction in out of hours work and regular meetings with educational supervisors. They have supported LTFT trainees.

Foundation and General Practice Trainees: Trainees provided details of the Wellbeing team which was described as an excellent resource. The department adopts an open culture and often checks in on trainees to ensure all is well. The team also arrange social events and help create a friendly working environment.

Specialty Trainees: Trainees advised relevant support is available for anyone having difficulties. Less than full time training is also supported however there were concerns noted about the percentage of out of hours a trainee may have to undertake.

Non-Medical Staff: The team advised that concerns about a trainee would be highlighted with the most senior person on duty. If the team considered the situation to be of an immediate patient risk, they would request the doctor stop and would inform them of their concerns and seek advice from other members of the team.

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 are considering feedback systems and are aware of a department in the hospital using a QR code system available on mobile devices which provides feedback on a rolling basis. Trainers reported the assistant director of medical education ensures issues or concerns are dealt with appropriately and fed back to the deanery. They highlighted that middle grade trainees have dedicated educational time within their rota.

Foundation and General Practice and Specialty Trainees: No grade of trainee was clear about the responsibility for educational governance or training on site. If they had issues, they would raise them with consultants.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees are aware of who to contact should they have any concerns regarding patient safety. All trainers are aware of the chief resident role and responsibilities. Also, junior trainees build strong relationships with CDFs and escalate any concerns through them.

Foundation and General Practice Trainees: Trainees were confident of the escalation policy regarding concerns about patient safety. The panel asked if trainees were aware of the chief resident for emergency medicine. Trainees confirmed they were not aware and had only heard of a chief resident in medicine.

Specialty Trainees: Trainees confirmed that any concerns would be raised with either their educational supervisor or another consultant. Trainees are aware of the Datix reporting system however have concerns that no feedback is received. An example was provided of trainees raising a datix but they had received no response and were not confident of the feedback systems for issues raised. They noted that the consultant team are very approachable and willing to listen.

Non-Medical Staff: The team advised that concerns are escalated to consultants. The team are aware of escalation policies and described opportunities to highlight concerns and risks. These take the form of 3 huddles per day and the 2-hour pauses.

2.19 Patient safety (R1.2)

Trainers: Trainers commented on the standardised mortality rate and described morbidity and mortality meetings (M&M meetings) which take place 3-times per year along with the Datix system.

Foundation and General Practice: Trainees stated they would have no concerns if a family or friend was admitted to the department. Trainees comment that incidents are reported through the Datix system and feedback had been provided via e-mail.

Specialty Trainees: Trainees would have concerns if a friend of family member was within ambulance triage. Concerns were raised that a small area is used for triage and that regularly there can be up to 9 ambulance crews waiting with patients. It is felt that holding times and the queuing system are a risk to patient safety.

Non-Medical Staff: The team advised of a very safe environment although the volume of work in the department can be overwhelming. The team commented on a triage room to assist the ambulance list which provides front end treatment. When becoming unmanageable, the team escalate to demand and capacity

team. The team advised that flow is a major problem for the unit and stated that a minor's area has recently been opened and appears to be working well. Work is ongoing with plans to review patterns of patients coming into the department, whether referrals to the department are appropriate or to which area the patient should be referred to. The team also raised concerns with regards to ambulance queuing which can be a problem most days and is due to the demands on flow.

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

Trainers: Trainers advised that the Datix system is used for reporting incidents. All incidents are also discussed with educational supervisors and trainees are encouraged to present the case as a CBD. In the event of an adverse incident, support for trainees is provided by the consultant.

Foundation and General Practice Trainees: Trainees advised that should they be involved in an adverse incident support would be provided by seniors whom they work closely with and any incidents would be escalated quickly. Incidents are also discussed and used as learning opportunities.

Specialty Trainees: Trainees advised that appropriate support is in place for the reporting of incidents. Trainees stated that M&M meetings take place quarterly to which they are invited to attend depending on shift allocation.

Non-Medical Staff: The team stated that incidents are reported through the Datix system however there is no consistent approach due to the busyness of the department. Appropriate escalation does take place with measures put in place as needed and the team communicate regularly with regards to concerns. There is a complaints process which provides joint feedback, these are also discussed at M&M meetings.

2.22 Other

Overall satisfaction scores:
Foundation trainees average score: 7/10.
General Practice trainees average score: 7/10.
Specialty trainees: average score: 7.3/10.

3. Summary

This was a positive visit where the panel found an approachable, engaged and supportive team who have a passion for training and education and are focused on improving the training environment. The panel recognise the enormous pressures the department face and commend and encourage the team to continue with plans for improvements and the further development of recently implemented changes. Overall the trainee experience is good however there is an opportunity to extend some of the changes. For example, locum cover for shifts to allow all trainees to attend important induction sessions and facilitate an increase attendance at formal teaching sessions.

What is working well:

- Extremely supportive consultant body and approachable team members.
- Strong ethos within the department of educational support and continuity of educational supervision. Trainees are very positive about supervisors.
- Good examples of successful remediation highlighting the proactive educational attitude.
- Implementation of the wellbeing team recognised as an excellent resource by all members of the team with huge potential.
- Evident engagement of the department in making notable changes to the culture and teamwork which is reported as positive.
- Proactive approach to addressing rota issues with a desire to continue to build on improvements to the rota. Recognised the benefits of the reduction to a maximum of 7 days on and change from 12-hour to 10-hour shift pattern.
- Commitment to providing locums to support trainee attendance at induction. This initiative could be beneficial at other times.
- A transparent shift allocation process to facilitate training in specific areas within the department, for example - minor unit, major unit and resus to ensure individual training needs are taken in consideration.

What is working less well:

- Enthusiastic consultants are undertaking education with no dedicated time in job plans (some have a 9:1 contract). Serious concerns about sustainability of education roles.
- Review foundation rotas to include dedicated time for formal teaching (this is available for senior trainees and is viewed as positive).
- Lack of awareness of the role and responsibility of the chief resident.

- Consider a review in timing of departmental teaching to allow better attendance.
- Consider including, within the teaching programme, a forum for discussion of incidents as a learning opportunity for all team members.
- Some concerns were raised with the regards to patient flow including ambulance triage and waiting times, although awareness that there is active review by the management team.

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

4. Areas of Good Practice

Ref	Item
4.1	Implementation of the wellbeing team recognised as an excellent resource by all members of the team with huge potential.

5. Areas for Improvement

Ref	Item	Action
5.1	Lack of awareness of the role and responsibility of the chief resident.	
5.2	Consider a review in timing of departmental teaching to allow better attendance.	
5.3	Continue active review of patient flow including ambulance triage and waiting times by the management team.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	All consultants with formal educational roles must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	31st March 2021	N/A
6.2	There must be active planning to ensure attendance of doctors in training at formal teaching.	31st March 2021	FY
6.3	Trainees must receive feedback on all incidents (e.g. Datix) that they raise and there must be a forum for learning from these.	31st March 2021	ALL