Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	18th February 2020	**Level(s)**	Foundation and Specialty
Type of visit	Revisit	**Hospital**	Aberdeen Royal Infirmary
Specialty(s)	Ophthalmology	**Board**	NHS Grampian

Visit panel	
Dr Kerry Haddow	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Pankaj Agarwal	Training Programme Director
Dr Melvin Carew	Foundation Programme Director
Mr Manoj Parulekar	College Representative
Laura Gates	Undergraduate Representative
Mr Albert Donald	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Gayle Hunter	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley and Dr Reem AlSoufi
Quality Improvement Manager(s)	Ms Vicky Hayter & Mrs Jennifer Duncan
Unit/Site Information	
Non-medical staff in attendance	12
Trainers in attendance	10
Trainees in attendance	8
Medical Students	2
Feedback session: Managers in attendance	20

Date report approved by Lead Visitor	10th March 2020

1. Principal issues arising from pre-visit review

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

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS).

NTS Data

FY – No Data

ST – Red Flags – Supportive Environment, Workload and Curriculum Coverage

Pink Flags – Educational Governance and Rota

STS Data

FY – All White Data

ST – Red Flags – Clinical Supervision, Handover and Team Culture

Pink Flag – Workload

Previous Visit

There was a visit to this unit in January 2017 and the visit panel. These requirements are listed below:

- Team culture: Consider ways to decrease the impact on trainees, and the department morale, of consultant personality differences.
- Referral process: Ensure meeting with A&E happens and steps are put in place to improve communication between the departments e.g. A&E referral process is in ophthalmology trainee's induction and A&E medics are aware of off-site on-call.
- Formal teaching: Review formal teaching, consider trainee lead, structured programme of topics mapped to curriculum, external speakers (where possible) etc.
- Theatre list cancellations: Review impact on learning opportunities and escalate as appropriate.
- Resource: Continue to seek funding for a simulator in the department.

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

Specialty Trainees

Medical Students

Non-Medical Staff

Before the visit commenced the College Tutor gave a presentation highlighting that there had been significant rota gaps which had impacted across the department. The department have addressed majority key areas, such as teaching, induction and the introduction of the trainee forum. It was clear the department have been working hard to make improvements, but it had been challenging due to rota gaps and a large number of junior trainees and a number of trainees that needed extra support in the last 2 years.

2.1 Induction (R1.13)

Trainers: Trainers reported that trainees receive both site and departmental induction. Departmental induction is run by the College Tutor and a senior trainee. Trainers reported a robust induction which is well received by the trainees and consists of introductory material, which is sent by e-mail before start of the rotation; a presentation on arrival and a tour of the department. Very rarely does a trainee miss induction but if they do a 1:1 is arranged.

Trainees: Trainees confirmed they received both hospital and departmental induction. Hospital induction was reported as disorganised this year as no log ins or badges were ready. Other trainees advised it had been better in previous years. Departmental induction worked well and covered most areas. Trainees would have benefited from a subsequent induction a couple of weeks later and information on eportfolio.

Medical Students: Students confirmed they received passwords in third year and completed the IT online governance module. Students were given an introductory induction session in the morning with sign in sheets and shown examination techniques and the dark room.

Non-Medical Staff: The team advised although they are not part of the induction programme, they meet the trainees and confirm that they know who to contact both in and out of hours and ensure they have the required log ins. Staff advised that it was important to make the trainees feel part of the team from day one.

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

Trainers: Trainers advised there is teaching every Thursday afternoon which is open to all grades of trainees. The trainees arrange the topics and timetable with supervision and sessions can include guest speakers. There is wet lab teaching in Dundee and a Clinical / Communication skills course in Inverness which trainees can access via video conference. The majority of Ophthalmology sites around Scotland have teaching on a Friday therefore this is not something trainees can feed into.

Trainees: Trainees advised there is Thursday afternoon teaching however there is sometimes an Urgent Referral clinic (ocular emergencies) running at the same time which trainees may have to cover. This frequency is 1:14 weeks. Foundation trainees are invited and encouraged to attend teaching but due to ward commitments it can be challenging. Deanery teaching for Foundation trainees takes place on a Friday afternoon but again as there are only a small number of Foundation trainees and there is no bleep cover arranged it can be difficult to attend. Specialty trainees suggested they would benefit from in house mock exam training.

Medical Students: Trainees advised they were given an individual timetable and offered to attend teaching sessions in clinics and theatre. If clinics were cancelled trainees were offered alternate learning opportunities and advised the department were keen to teach.

Non-Medical Staff: The team advised that they are aware when teaching is taking place and they try not to contact the trainees unless it is urgent.

2.3 Study Leave (R3.12)

Trainers: Trainers reported no challenges in supporting study leave.

Trainees: Trainees confirmed they have no issues taking study leave.

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

Trainers: Trainers advised that not all Consultants are Educational Supervisors, but all are Clinical Supervisors. Trainees choose their own Clinical Supervisors. Trainers are revalidated via recognition of trainers which shows evidence of courses attended. There is a new allocation system in place in relation to the amount of sessions in each trainer's job plan, but this system has not embedded in as yet.

Trainees: Trainees confirmed they all had an allocated Educational Supervisor and had agreed a personal learning plan. There is no formal allocation of Clinical Supervisors and trainees advised it was not always easy to find someone.

Non-Medical Staff: The team stated that trainees can access senior support as and when they need it.

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 advised that trainees know who to contact both during the day and out of hours. Specialty trainees can run clinics but there is always a dedicated contactable Consultant. It may be slightly challenging for trainees at holiday time if there are less Consultants available, however there is always someone on-call.

Trainees: Trainees advised they know who to contact both during the day and out of hours.

Medical Students: Students advised they knew who to contact and did not have to undertake anything they weren't comfortable with. Staff were supportive and approachable.

Non-Medical Staff: The team advised there is no formal way to differentiate between the different grades and levels of trainees but as it is a very small department and staff all know each other.

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

Trainers: Trainers advised that all Educational Supervisors meet their allocated trainees at the start of the 6-month rotation and discuss the curriculum requirements and agree a personal learning plan. The Training Programme Director shares the college requirements with the Educational Supervisors and the trainees have a traffic light system within eportfolio which clearly highlights the requirements for CCT. Trainers reported a lot of surgical opportunities and wet labs can be used to capture difficult competencies. Squints are difficult for trainees to achieve but this is a universal problem across Scotland.

Specialty Trainees: Specialty trainees reported achieving the required curriculum competencies with the exception of squints which is a universal issue across Scotland. Specialty trainees can attend clinics unless there are gaps on the rota or are required to cover the casualty clinic.

Foundation Trainees: Trainees are timetabled to attend clinics and theatre however due to ward duties it is not possible and advised this post is more suited to a Foundation year 1 level. Trainees reported around 80% of time is spent undertaking tasks of little benefit to training and education including phlebotomy and carrying out ECGs. Trainees enjoy being on-call as this is full of learning opportunities.

Medical Students: Students reported a broad selection of clinics and theatre sessions which were very interesting.

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

Trainees: Trainees advised of no concerns with regards to opportunities to obtain mandatory workplace-based assessments. However, once these are completed and sent to a Consultant it can take up to two months for these to be signed off, this is variable depending on Consultant.

Medical Students: Students completed the assessment which was a quiz style and very useful.

Non-Medical Staff: The team are involved in completing multi-source feedback forms for the trainees.

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

Trainers: Trainers advised that all staff are invited to teaching. Trainees have sessions with Optometrists who are recognised assessors and can sign off eportfolio.

Trainees: Trainees advised there are very good joint learning sessions held with the Optometrists.

Medical Students: Student advised there are multi-professional learning sessions with the nurse specialists and Optometrists.

Non-Medical Staff: The team advised that they are invited to the Thursday teaching, but it can be difficult to attend due to workload. There is external training held 2 to 3 times a year and clinical governance meetings which staff can attend.

2.9 Adequate Experience (other) (R1.22)

Trainers: Trainers advised there are opportunities to undertake quality improvement or audit projects. One project is compulsory for specialty trainees who can present their findings at the Clinical Governance meetings.

Trainees: Trainees advised that they are many opportunities to undertake quality improvement project or audits.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that junior trainees present patients and discuss the plan with immediate feedback given. All patients are reviewed and discussed, and trainees are encouraged to follow up patients both in and out of hours. All Datix's are reviewed and an action plan agreed. Learning events are discussed at M&M meetings and used in work placed based assessments. Immediate feedback for Cataract surgery via OSCAR scoring system works very well.

Trainees: Trainees advised feedback is given but generally when things go wrong which is mainly constructive.

Medical Students: Students received verbal feedback on the assessment quiz.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers stated that discussions are held with the trainees regarding their clinic and theatre experiences. Any concerns are discussed at the M&M meetings and learning points are circulated to the wider team.

Trainees: Trainees advised there are opportunities to provide feedback via the trainee forum which includes the College Tutor and via the trainee rep who attends the Consultant meetings. Trainees can also arrange a meeting with their Clinical Supervisor, but this is variable depending on the individual Consultant.

Medical Students: Students advised that feedback is given on every sign in sheet and on SKEF forms at the end of the block.

2.12 Culture & undermining (R3.3)

Trainers: Trainers described a challenging time over the last year due to rota gaps and an unsustainable on-call rota. Trainers hope that trainees have recognised that trainers are trying to address issues and source locums where possible. Trainers try to create a team culture and try to arrange meals out with work.

Trainees: Trainees commented that mistakes can be exaggerated and Datix's are raised when a conversation could have taken place. Trainers are not receptive to change and reactions to certain events can knock a trainee's confidence. Trainees hesitate to interrupt consultants to ask for help both in the Clinical Decision Unit and Urgent Referral Clinic as the response isn't always positive and during holiday time there are few people to supervise.
Foundation trainees reported being called regularly by nursing staff for prescribing or other tasks that could perhaps be batched together to reduce the number of calls and improve clinic and theatre experience.

Medical Students: Students described a supportive environment and are not aware of any bullying or undermining issues. Students would contact the year 5 team if they had any concerns.

Non-Medical Staff: The team advised that due to the number of new trainees who started in post there was an extended orientation period. Trainees are given realistic expectations and protocols which guide them. Staff are not aware of bullying or undermining. The Clinical Decision Unit can sometimes cause issues when patients have to be booked but staff follow protocols and have not received any negative comments.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers confirmed the rota has recently been redesigned. The long-term plan is not having overnight on-call, but this will bring additional challenges but banding and training would not be affected. Trainers advised they hope to obtain additional MTI posts. Trainers reported trainees requiring additional support and asked for help and support from the Deanery. The Training Programme Management structure has recently changed and there is no longer local administration support which is causing significant issues in relation to ARCPs etc.

Trainees: Trainees advised that there will be a new rota from March 2020 which trainees have been involving in redesigning. There have been previous issues when trainees were straddling 1st and 2nd on-call rota in relation to pay.

Non-Medical Staff: The team are not aware of any concerns in relation to the rota. The Clinical Decision Unit contact the consultant on-call if they have any concerns.

2.14 Handover (R1.14)

Trainers: Trainers advised that handover is carried out by the ward Registrar who prioritises patients. End of day handover is carried out by the lead Registrar and team Registrars check tasks during the day. Handover sheets are available online. Consultants attend ward rounds only.

Trainees: Trainees advised that trainee to trainee handover is done over the phone and works well. The Clinical Decision Unit handover to the ward and the trainee pick up the notes after clinic. All

handover information is online. Foundation trainees have no consistent handover but attend the huddle with nursing staff. Boarding handover is adequate and reviewed by base team.

Non-Medical Staff: The team advised that there is an effective handover which is used as a learning opportunity. The Clinical Decision Unit phones the ward at 5pm to give a verbal handover. Someone from the ward can collect the paperwork but all the information is available online. Consultant handover happens on the ward which includes boarders. Junior trainees are responsible for boarders and feedback to the responsible team.

2.15 Educational Resources (R1.19)

Trainees: Trainees advised that facilities and resources are adequate to support learning but would benefit from more resources for laser training.

Medical Students: Students advised they used their own IT equipment but had the opportunity to use the departments if they wanted to.

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 advised they would contact the Educational/Clinical Supervisor or College tutor if they had any concerns in relation to a struggling trainee.

Trainees: The majority of trainees advised relevant support is available for anyone having difficulties in work, training or health. Consultants are trying to accommodate specific requests, but this is variable and Consultant dependent.

Medical Students: Students advised that support would be available if required.

Non-Medical Staff: The team advised that any concerns in relation to the performance of a trainee would be highlighted with the Senior Ophthalmologist or Consultant.

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 advised every Clinical Supervisor has a summary of comments from training surveys. Trainers interact with the Director of Medical Education. The department have recently introduced a trainee forum.

Trainees: Trainees confirmed that if they are aware of the Director of Medical Education and would raise any issues or concerns with regards to training through the trainee forum.

Medical Students: Students advised that if they had any issues, they would contact the year 5-line manager or class rep to raise any concerns with their placement.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees are encouraged to raise concerns about patient safety day to day both formally and informally, via the GMC survey, Datix and the monthly Quality Improvement meetings. If trainees require more surgical exposure, they can contact the College Tutor who will tailor the rota accordingly.

Trainees: Trainees confirmed that if had any patient safety concerns, they would contact nursing staff or Consultants, and this would be effectively addressed.

Medical Students: Students reported if they had any patient safety concerns, they would raise these with the Specialty Trainees, Consultant or year 5 manager.

Non-Medical Staff: The team advised any patient safety concerns would be raised verbally, via Datix or through managers or by email.

2.19 Patient safety (R1.2)

Trainers: Trainers advised the department is very safe there has been one never event recently (investigated in December 2019), which was openly discussed, and mechanisms put in place to avoid

happening again. Trainers reported that waiting times can be quite high, but this is the same across the country. There are no boarding issues.

Trainees: Trainees advised they would have no concerns regarding the quality or safety of care if a friend or relative had been admitted. The Foundation doctors look after boarded patients and have no concerns.

Medical Students: Students stated that they would have no concerns if a friend or relative was admitted to the department.

Non-Medical Staff: The team reported a very safe environment for patients which has robust guidance and pathways should any patient safety concerns arise. Staff have regular safety huddles which include trainees.

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

Trainers: Trainers advised that the Datix system is used for reporting incidents and feedback is generated and discussed at the Clinical Governance and M&M meetings. If something goes wrong with a patient's care Consultants are directly involved and reflect with the trainee using a case-based discussion.

Trainees: Trainees advised that the majority of Consultants would be supportive if an adverse incident occurred. Incidents are reported through the Datix system and feedback via the Clinical Governance meeting or discussed with a Consultant. Trainees reflect and learn from any adverse incidents.

Medical Students: Students are aware that Datix is used to report any adverse incidents.

Non-Medical Staff: The team advised that Datix is encouraged if an adverse incident occurs and the outcome is discussed as a group.

2.22 Other

Overall satisfaction scores:

Trainees average score: 7.8/10.

3. Summary

The visit panel found the department had been taking appropriate steps to make improvements from the previous visit and were working hard to manage rota gaps. There are some areas of concerns are in relation to clinical supervision, lack of training for Foundation trainees, teaching, and culture.

What is working well:

- The panel acknowledge and commend the work done since the previous visit
- Dedicated group of Consultants who are working hard to manage difficult situations with rota gaps and junior trainees
- Very good teaching opportunities such as wet lab, simulation and Thursday afternoon teaching sessions
- Very good onsite facilities
- Unit induction and induction booklet was well organised and well received
- Trainee forum is a positive initiative
- Good support for audit and quality management projects
- Positive feedback from medical students
- Overall scoring 7.8/10

What is working less well:

- Work placed based assessments need to be consistent and completed in a timely manner
- No formal process to differentiate between grades of staff
- Although Foundation trainees' value this as an educational department 80% of time is spent on non-educational duties leading to lack of attendance at teaching and clinics
- Allocation of Clinical Supervisors needs to be clarified, both number of reports required and who the supervisors are particularly for junior STs

- Some reports of tension when trainees ask consultants for advice particularly in the urgent care clinic

Is a revisit required?	Yes	**No**	Highly Likely	Highly unlikely

4. Areas of Good Practice

Ref	Item
4.1	N/A

5. Areas for Improvement

Ref	Item	Action
5.1	Work placed based assessments should be consistent and completed in a timely manner	
5.2	The inclusion of nursing staff in the induction programme would be of added benefit	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The level of competence of trainees must be evident to those that they come in contact with.	November 2020	All
6.2	Barriers preventing trainees attending their dedicated teaching days must be addressed.	November 2020	All
6.3	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for foundation doctors should be reduced.	November 2020	Foundation
6.4	Review and clarify the Clinical Supervision arrangements to ensure a clear understanding of who is providing supervision and how many reports are required.	November 2020	All

6.5	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	November 2020	All