Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	11th December 2019	**Level(s)**	FY/Core/IST/CDF/ST
Type of visit	Re-visit	**Hospital**	Royal Hospital for Children Glasgow
Specialty(s)	Paediatric Surgery	**Board**	NHS Greater Glasgow and Clyde

Visit panel	
Prof Adam Hill	Visit Chair - Postgraduate Dean
Mr Satheesh Yalamarthi	Training Programme Director Representative
Karen Conville Walker	Lay Representative
Mr Melvin Carew	Foundation Programme Director
Dr Alice Rutter	Trainee Associate
Alex McCulloch	Quality Improvement Manager

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Prof Adam Hill
Quality Lead(s)	Ms Kerry Haddow Mr Philip Walmsley Dr Reem-Al-Soufi
Quality Improvement Manager(s)	Vicky Hayter

Unit/Site Information				
Non-medical staff in attendance	0 – no staff attended scheduled session.			
Trainers in attendance	9 - including Director and Assistant Director of Medical Education			
Trainees in attendance	FY1 x 5	Core x 1	CDF x 3	ST x 8

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

Date report approved by Lead Visitor	15/01/2020  Prof Adam Hill

1. Principal issues arising from pre-visit review:

A programme visit to Paediatric Surgery at the Royal Hospital for Children in Glasgow, was triggered by the Surgery Quality Review Panel in September 2018. The panels main concerns at that time, were in relation to the decline in the specialty trainee data in both the GMC National Training Survey (NTS) and the Scottish Training Survey (STS) from 2017 – 2018. The last visit to the site took place in May 2018 and the visit panel found a positive training experience was being provided for Specialty Trainees. There were 5 requirements identified by the visit panel and these were drafted into an action plan for the programme and were as follows:

- Surgical exposure must be monitored to ensure trainees have the ability to attend 3 theatre lists and 2 clinics every week.
- Although regional teaching has improved this should be expanded to include the planned simulation sessions and mock exams.
- The doubling up of new Consultants in Glasgow must be monitored to ensure they doesn't impact on training opportunities.
- The scheduling of future planning of rotation locations must be improved to enable trainees to forward plan.
- Provide a written/electronic programme induction encapsulating ST information.

Following the May 2018 visit, the panel deemed that a re-visit was not required (provided the requirements above were resolved), however following the release of the 2019 NTS & STS, a further deterioration of the survey data took place and a re-visit to the site was organised:

NTS Data 2019 for Specialty Trainees:

9 red flags being recorded for Handover, Overall Satisfaction, Regional Teaching, Supportive Environment, Workload, Teamwork, Curriculum Coverage, Educational Governance and Rota Design.

NTS Data 2019 for FY1 Trainees:

4 red flags recorded for Induction, Supportive Environment, Reporting Systems and Teamwork.

STS Data 2019 for Specialty Trainees:

3 red flags recorded for Handover, Teaching and Team Culture.

STS Data 2019 for FY1 Trainees:

1 red flag for Induction and 2 pink flags for Clinical Supervision and Handover.

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

The panel met with the following groups:
Foundation Trainees
Core Trainees (CT)
Improving Surgical Training Trainees (IST)
Clinical Development Fellows (CDFs)
Specialty Trainees

2.1 Induction (R1.13):

Trainers: Trainers advised induction provided for trainees was inclusive of a formal site/hospital induction, and departmental inductions within the surgical specialties, delivered through a mixture of online modules, handbooks and interactive sessions. For trainees that arrived out of sync with the August induction, more informalised inductions were provided and a departmental induction checklist was now used to ensure departments were aware of what should be included.

Foundation/CT/IST/CDF Trainees: Trainees reported a variable experience of both site and departmental Induction. The August site induction was described as good but the Foundation Trainees that started their posts in December hadn't received site/hospital induction. Trainees also had difficulties obtaining access to IT systems such as Trakcare and NHS net, (which took up to 4 weeks to resolve in some cases).

Specialty Trainees: Trainees reported a variable experience of induction if they started their post after the main August induction. Trainees who came into their posts through Inter-Deanery Transfers (IDTs) hadn't received site/hospital or departmental inductions. Those present that had started their posts in August described induction as good.

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

Trainers: Trainers confirmed that regional teaching was split across the Royal Hospital for Children in Glasgow and in the Royal Hospital for Children in Edinburgh. Trainee attendance had been poor in the past, but work done to improve teaching, including the use of Google classroom which had been implemented and this had increased trainee attendance at teaching this year. Other local teaching provided included FY1 teaching (weekly on a Tuesday), mock exam sessions ran twice per year and trainees could also attend x ray meetings (weekly on a Friday morning) and Royal College of Surgeons meetings. In addition to the above, trainees could also attend departmental multi-disciplinary (MDT) meetings, which were also educational.

Foundation/CT/IST/CDF Trainees: Trainees confirmed that teaching was available to them weekly on a Tuesday and a Friday. The Tuesday morning sessions were surgery teaching for FY1 trainees and were generally delivered by a Specialty Trainee. They could also attend the Queen Elizabeth University Hospital FY1 campus wide teaching sessions on a Wednesday. Trainees at FY1 level could attend teaching and advised it was mostly interruption free. No Core level teaching based on Surgery appeared to be available for the Core and CDF trainees and most of the learning they received was on the job, by observing higher specialty trainees and consultants. The Core and CDF

trainees found it difficult to get to teaching due to workload and particularly when they were working on call.

Specialty Trainees: Trainees felt teaching had improved since the start of the new training year in August. They could attend weekly Friday regional teaching sessions, which were around 90 minutes long and were now more formalised using Google Classroom and Google Drive. Trainees were also able to attend Friday morning x-ray meetings, which took place before the regional teaching.

2.3 Study Leave (R3.12)

Trainers: No concerns were raised in the Pre-visit Questionnaire (PVQ) and as such these questions were not asked on the visit day.

All Trainee Cohorts: No concerns were raised in the Pre-visit Questionnaire (PVQ) and as such these questions were not asked on the visit day.

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

Trainers: No concerns were raised in the Pre-visit Questionnaire (PVQ) and as such these questions were not asked on the visit day.

All Trainee Cohorts: No concerns were raised in the Pre-visit Questionnaire (PVQ) and as such these questions were not asked on the visit day.

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: No concerns were raised in the Pre-visit Questionnaire (PVQ) and as such these questions were not asked on the visit day.

All Trainee Cohorts: No concerns were raised in the Pre-visit Questionnaire (PVQ) and as such these questions were not asked on the visit day.

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

Trainers: Trainers advised that trainees received exposure to a good case mix. There were difficulties in providing trainees with the required operating theatre experience and clinic experience, this was due to cancellations of operating lists because of a lack of operating sessions for consultants.

Foundation CT/IST/CDF Trainees: Clinic experience was variable for trainees, and it could be dependent on which team you worked in. This made it difficult for trainees to meet their ARCP requirements for clinics. Trainees advised that in clinics they would observe consultants as opposed to running the clinic themselves. Trainees also felt there was a lack of clinic space in their department.

Specialty Trainees: Trainees advised they were not operating enough, and their logbook numbers could be described as lean. They felt that the lack of operating experience was a real issue for them. When they got theatre experience, they felt it was good learning. Trainees described a lack of clinic experience and when they did get to clinics, they were often observing as opposed to running the clinic themselves.

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

Trainers: Trainers advised that trainees should be able achieve the required number of Workplace Based Assessments for a successful ARCP outcome.

Foundation/CT/IST/CDF Trainees: Trainees felt access to Workplace Based Assessments could be variable and it could difficult to complete the required numbers for a successful ARCP.

Specialty Trainees: Not covered.

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

Trainers: Trainers confirmed multi-disciplinary learning took place through departmental MDT meetings and through ward working with Nursing and Non-Medical staff.

Foundation/CT/IST/CDF Trainees: Not covered.

Specialty Trainees: Not covered.

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

Trainers: Trainers felt that trainees were offered opportunities to participate in audit and quality improvement and were offered possible topics. Some had presented the results of their projects at national meetings.

Foundation/CT/IST/CDF: Trainees felt it could be difficult to complete an audit or quality improvement project at Foundation or Core level, due to the short nature of their posts (4 months long) but they confirmed there were opportunities provided for them to become involved in projects.

Specialty Trainees: Trainees advised there were opportunities available to them to become involved in audit or quality improvement projects but due to the heavy workload and a lack of facilities such as computers and rooms, it could be difficult to get the protected learning time to complete them.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers felt that feedback was provided to trainees on a regular basis both formally and informally. As Paediatric Surgery was a small specialty this could often be on a 1-2-1 basis, trainees were closely supervised to ensure they were able to operate competently.

Foundation/CT/IST/CDF Trainees: Trainees felt they did receive feedback from their consultant colleagues which was informal and usually verbal. As the department was so busy it could often be very difficult to get enough time for them to have feedback discussions.

Specialty Trainees: Trainees felt that feedback was sparse, could be negative and around things they had done wrong as opposed to positive feedback when they had done something well.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainees would be able to feedback any concerns they had around their training through unit governance meetings, these were currently in the early stages of implementation. Due to being a small department, trainers felt they knew the trainees well and they could approach any of them directly with feedback.
All Trainee Cohorts: Trainees could feedback any concerns they had around the quality of training they were receiving to their consultant colleagues.

2.12 Culture & undermining (R3.3)

Trainers: Trainers felt they tried to create a team environment by being approachable to trainees and to support them with and to try and address concerns that were brought to them. They were disappointed to receive a red flag for supportive environment in the NTS this year and felt several factors had contributed to the trainees less positive feedback in the survey. A heavy workload, lack of facilities and the extra support they are required to provide for the Accident and Emergency Department were all thought to be contributing factors. Trainers advised they were implementing a morning departmental meeting to bring together the team.

Foundation/CT/IST/CDF: Trainees had not experienced undermining or bullying behaviours and felt their senior colleagues were supportive and approachable.

Specialty Trainees: Trainees had not experienced any behaviours they considered to be undermining or bullying behaviours. Some interactions with senior staff could be difficult to have, this was thought to be due to the running of the department as they could often go for long periods of time without seeing some of their team members. They felt the implementation of a departmental morning meeting could help resolve this.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised the surgical rota had been non-compliant for a long time and it had taken time to address the issues. A core level tier (which was comprised of Core Surgery Trainees, Clinical Development Fellows and Advanced Nurse Practitioners), had been added to the rota in August 2019. This team covered the Emergency Department, Neonatal unit and surgical wards for acute surgical issues over 24hrs. This had helped reduce the burden of workload for the other cohorts of trainee. Trainers advised that the rota was currently 1.4 trainees short due to a vacancy and Less than Full Time arrangements. Issues related to the backfill arrangements for the vacancy in their programme was raised and trainers were concerned as they had asked the deanery to arrange for the vacant post to be filled before August. Due to what was considered to be an administrative error, the request hadn't been actioned and the trainee did not start their post in August. The error had since been addressed and the trainee would now start their post in February 2020. Trainers also voiced concern about Scottish representation on recruitment panels and of how the national selection process was conducted. Despite 2 volunteers to join recruitment panels, they received no response and as a result there was no Scottish representation on the recruitment panels this year.

Foundation/CT/IST/CDF Trainees: Trainees advised there were separate Foundation and Core tiers to their rotas and there were 1.4 vacancies currently on the specialty trainee rota due to a vacancy and less than full time arrangements. The Clinical Development Fellows advised they were providing cover for the vacancies by dividing up the long shifts and night shifts amongst them. Although these planned for in advance vacancies, they were unsure of what the reimbursement arrangements

were being made for these shifts. The Foundation trainees confirmed they were on a 9-week rolling rota which they felt worked well. Trainees felt their Rota Co-ordinator was flexible and most annual leave requests they submitted would be approved.

Specialty Trainees: Trainees confirmed there was currently 1.4 vacancies on their rota due to a vacancy and less than full time arrangements. Trainees felt the rota worked well and the current vacancy was due to be filled in February 2020. Trainees appreciated the implementation of the core tier of the rota which distributed the workload across the trainee cohorts more efficiently.

2.14 Handover (R1.14)

Trainers: Trainers advised the unit maintains an electronic handover of all patients under surgical care which can be accessed from any PC by personal login. This was supplemented by printed versions. The handover was maintained by all staff with summary and plans included to ensure continuity and safe management in and out of hours. The Handovers were automatically archived each day so there is a historical record for reference.

Trainers explained the handover of acute patients took place every morning at 8.00am which was consultant led and consisted of an initial standardised meeting followed by the ward round visiting all acute patients and surgical referrals. This involved both the FY, Core, STs and Consultants coming on call and post call to ensure clear handover of this more complex group. Followings the ward round there would again be a structured de-brief to ensure correct information is recorded and acted upon.
In the evening there would be a further round led by the consultant on for the night staff including the on-call ST, the night Core and FY doctors where new admissions are assessed, and the team is updated on surgical patients. The Core and FY will then attend the Hospital at night meeting to update the coordinators of any surgical issues.

Foundation/CT/IST/CDF Trainees: Trainees confirmed that Handover took place daily in the morning at around 8.00 am and in the evening at 8.30/9.00 pm, with a more informalised handover taking place at 5.00 pm. Trainees felt that morning

handover was very efficient, with the appropriate representation at it but the evening handover at 8.30/9.00 pm was thought to be less efficient. Trainees felt the evening handover had less input from some of the surgical specialties who also had their own separate handovers.

Specialty Trainees: Trainees advised handover took place daily in the morning at 8.00 am and in the evening at 8.30/9.00 pm, with a less formalised handover taking place at 5.00 pm. Trainees felt a more formalised 5.00 pm and evening handover would be beneficial.

2.15 Educational Resources (R1.19)

Trainers: Trainers advised that facilities, including a lack of appropriate space such as sleeping accommodation, junior doctors mess and very few computers were a significant issue in their department. Trainees who worked 24 hour on-call shifts, had no rest facilities and described a room with a mattress and no en-suite facilities as being the only place available to them. There was also no junior doctors mess. Consultants tried to support the trainees by sharing their rooms with them but because the patient's room was next to the consultant's room this raised concerns around privacy and confidentiality.

All Trainees Cohorts: Trainees advised there was a lack of suitable office space, computers and on-call accommodation within their department. This made it difficult to have feedback discussions and to complete assessments. They felt their consultant colleagues were very supportive and would respond to e-mails or Whats App messages but having sit-down conversations could be difficult due to a lack of appropriate space.

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 felt they provided a supportive environment for trainees and had accommodated trainee requests for less than full-time working.

All Trainee Cohorts: Trainees felt their consultant colleagues were supportive and approachable and described their department as small and friendly.

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

All Trainee Cohorts: Not asked.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that, trainees were encouraged and supported to raise any concerns about patient safety with the consultants in the department. Although trainees were encouraged to raise concerns both about patient safety and any concerns about the quality of the training they were receiving, it could often be difficult to find the appropriate office space/rooms to have discussions.

All Trainee Cohorts: Trainees had no concerns around patient safety and would raise any concerns with consultants. They advised that patients were operated on by consultants and this made the environment safe for them. Trainees would appreciate being given more responsibility when in the operating theatre.

2.19 Patient safety (R1.2)

Trainers: Trainers were unaware of any concerns in relation to patient safety in their department.

All Trainee Cohorts: No patient safety concerns were raised by trainees.

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

Trainers: Trainers advised that any adverse incidents were discussed at morbidity and mortality meetings. Trainees were closely supervised to ensure they were supported, and feedback given so they could learn from any incidents.

Foundation/CT/IST/CDF Trainees: Trainees present had not received what they considered to be feedback when adverse incidents occurred, they felt they received comments about what they had done wrong as opposed to structured feedback. Learning from adverse incidents was discussed in teaching sessions and at Morbidity and Mortality (M&M) meetings. Those who had attended M&M meetings had found them to be educational.

Specialty Trainees: Trainees felt that feedback in relation to adverse incidents was variable. They felt that M&M meetings now happened infrequently and those present advised they hadn't been to an M&M meeting in 6/8 months.

3. Summary

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

The visit panel found a mostly positive training experience was being provided for the trainees within Paediatric Surgery and this was evidenced by the high overall satisfaction scores given by trainees:

Foundation/Core/IST/CDF Trainees: scored between 6 – 8 out of 10 with an average score of 7.

Specialty Trainees: scored between 4 – 7 out of 10, with an average score of 6.5 out of 10.

The positive aspects of the visit, along with areas for improvement (some of which are drafted into requirements) have been captured below.

Positive aspects of the visit:

- Supportive, friendly Consultants that are receptive to feedback.
- Feedback from trainees that this is a safe environment for patients.
- Creation of a Middle tier ROTA– well received by the trainees since implementation.
- Overall Satisfaction – good average score of around 7 out of 10 given by all trainee cohorts.

Less positive aspects of the visit:

- Induction site & departmental should happen for all trainees – some out of synch trainees, trainees who arrived on Inter Deanery Transfers and FY1 December starts did not appear to get it.
- Departmental Induction and Handover is lacking in input from other surgical specialties.
- Trainees felt they would benefit from more bespoke training opportunities and increased capacity of clinics & theatre experience to meet curriculum requirements.
- Trainees wanted improvement to their regional teaching and Core/IST trainees wanted teaching based on their level of experience.
- Trainees wanted an increased frequency of attendance at morbidity and mortality meetings.
- Trainees wanted more feedback and to include positive feedback as well as negative.
- Facilities – lack of rooms for privacy when giving feedback, reflective practice, audits and assessments and a lack of rest facilities for on-call trainees.
- Lack of a trainee mess/junior doctor’s room.

4. Areas of Good Practice

Ref	Item	Action
4.1		

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1	Trainees would benefit from access to a junior doctor's room or mess.	
5.2	Appropriate rest facilities should be provided for trainees use, whilst working on-call shifts.	
5.3	Core/IST training to be based on their level of experience.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	12th August 2020.	FY/CT/IST/ST
6.2	Departmental induction and handover would benefit from input from other surgical specialties.	12th August 2020.	FY/CT/IST/ST
6.3	To provide clinics & theatre experience to meet curriculum requirements.	12th August 2020.	FY/CT/IST/ST
6.4	To increase feedback to doctors in training (positive as well as well as negative).	12th August 2020.	FY/CT/IST/ST
6.5	All trainee cohorts should attend and contribute to the M&M meetings.	12th August 2020.	FY/CT/IST/ST
6.6	To provide rooms with privacy to allow feedback, reflective practice, audits and assessments.	12th August 2020.	FY/CT/IST/ST