Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	23rd February 2023	**Level(s)**	ST
Type of visit	Triggered	**Hospital**	The Beatson West of Scotland Cancer Centre
Specialty(s)	Haematology	**Board**	NHS Greater Glasgow and Clyde

Visit panel	
Dr Reem Al Soufi	Visit Chair – Associate Postgraduate Dean for Quality
Dr Katie Smith	College Representative
Mr Edward Kelly	Lay Representative
Dr Marie Mathers	Associate Postgraduate Dean – Quality
Dr Aonghus McGivney	Trainee Associate
Ms Gillian Carter	Quality Improvement Manager
In attendance	
Mrs Lauren Hart	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Medicine
Lead Dean/Director	Professor Alastair McLellan
Quality Lead(s)	Dr Greg Jones, Dr Alan McKenzie, Dr Reem Al Soufi
Quality Improvement Manager(s)	Ms Gillian Carter
Unit/Site Information	
Non-medical staff in attendance	7
Trainers in attendance	5
Trainees in attendance	6

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

Date report approved by Lead Visitor	30th March 2023

1. Principal issues arising from pre-visit review:

Following review and triangulation of available data at the 2022 Deanery Quality Review Panel (QRP), a visit to Haematology at The Beatson West of Scotland Cancer Centre, Glasgow, was requested around the following concerns; red flags for educational governance, handover, local teaching, rota design and workload on ST National Trainee Survey (NTS) data; red flags for educational environment and handover on ST Scottish Training Survey (STS) data. Accordingly, a triggered visit was arranged to Haematology at The Beatson West of Scotland Cancer Centre including all trainees in Haematology at the site.

During the visit it transpired that cross-cover in the department was provided by IMT trainees based in Oncology so a short supplementary questionnaire was sent to these trainees following the visit. This focused only upon the areas where IMT cross-cover was mentioned during the visit.

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 would like to thank Dr Mike Leach for the informative presentation given at the start of the visit which described the current strengths and challenges in the department and outlined some proposals for improvement.

2.1 Induction (R1.13):

Trainers: Trainers reported that new ST3s receive a 5-day induction covering all the sites within the on-call rota. The expectation is that all trainees will attend and leave is not granted during this period. Site induction to the Beatson is organised by Dr Rafferty. If a trainee missed the planned induction they would be offered a bespoke induction to ensure they were familiar with locations of work and received their ID badges.

Trainees: Trainees felt the induction at the Beatson was generally good. Most trainees had worked at the site previously and so did not receive an induction when they returned, however 1 who was new

to the site was given a 3-day induction covering the Beatson, Glasgow Royal Infirmary and the Queen Elizabeth University Hospital. They were also given a pharmacy induction. Trainees felt induction could be improved by including a site-wide induction covering areas such as requesting x-rays overnight, a tour of the labs and a bespoke pharmacy induction for all trainees including those returning. Trainees highlighted that chemotherapy prescribing was different in the Beatson compared to other sites and this should be covered with all new and returning trainees.

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

Trainers: Trainers described regional teaching as being a rolling programme across the west of Scotland which takes place every second or third week for an afternoon. Sessions have been on Teams but are moving to a hybrid approach this month where they will be delivered face-to-face but also recorded. Trainers felt face-to-face teaching would reduce distractions and improve engagement, however it would require travel so trainees would be away from the wards for longer. Attendance was currently prioritised depending upon teaching topics, for example teaching on more basic skills would be prioritised for more junior trainees. Trainers recognised that improvements could be made in facilitating trainee attendance at regional teaching by ensuring either the IMT trainee (who provides cross-cover from Oncology), the Clinical Fellow or an Advanced Nurse Practitioner (ANP) took bleeps to allow trainees to leave the wards.

Trainees: Trainees reported they could attend the rolling programme of regional teaching on Teams, but would usually be completing other ward duties at the same time. When ward B7 was busy, they felt they had to choose between leaving on time or attending teaching which disincentivised attending. Trainees described local teaching as including Friday afternoon morphology sessions for around 1 hour and registrar-led teaching on a Tuesday. Trainees reported that teaching was generally quite ad hoc as sometimes cancelled due to workload.

2.3 Study Leave (R3.12)

Trainers and Trainees: No issues were identified with trainees accessing 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 Educational Supervisors would share relevant information amongst themselves to facilitate support of trainees.

Trainees: Trainees had regular meetings with their supervisors and felt these were easy to arrange as consultants were accessible.

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 were not aware of any situations where trainees had felt they had to cope with problems which were beyond their competence or experience. There is a consultant on-call for each site so support is always available across the city out-of-hours. Trainers reported that chemotherapy prescribing is covered during induction by the clinical director and a senior pharmacist.

Trainees: Trainees knew how to find and contact the on-call consultant for each site and felt if needed they could contact any Haematology consultant for advice. Trainees were confident that consultants would always come and review patients promptly if asked by their trainees. Treatment plans were described as made by consultants and recorded in patient notes and trainees felt these were always clear. Trainees noted that some of the chemotherapy pre-assessment was done by ANPs and it could be hard to assist with this if an ANP was unavailable and they didn't know the patient. The IMT trainees providing cross-cover from Oncology expressed some concerns regarding clinical supervision, stating that they were unsure of who was providing their clinical supervision in Haematology during out of hours (OOH).

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

Trainers: Trainers did not feel that trainees struggled to obtain any competencies at the Beatson. They felt the balance of opportunities across the different sites in the Haematology training programme was appropriate.

Trainees: Trainees felt this post offered more ward-based experience than other sites in the region. Their access to learning opportunities was mainly limited by the workload on the wards as they had

no junior tier to whom to delegate tasks. However, they reported it was reasonably easy to complete workplace-based assessments that are relevant to ward tasks.

Trainees reported that one of the trainees attends a myeloma clinic on a Thursday and another trainee may get an opportunity to attend a clinic as part of the lymphoid team but generally they did not attend many clinics. Considering the breadth of clinics available at the Beatson, trainees are keen to participate in more, particularly complex haemo-oncology clinics. Trainees felt they missed out on understanding the formulation of treatment plans as these were usually made at clinics so they did not always understand the rationale behind the treatment they were delivering. They felt they would also benefit from presenting at multi-disciplinary team meetings. Trainees had difficulties practicing bone marrow biopsies as they are done in ANP-led clinics and trainees are frequently held back by ward duties. Trainees felt they were responsible for covering for other staff members on the wards including the IMT who spends 1 day per week in clinic and the ANPs who finish at 4pm.

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

Trainers: Trainers felt it was very easy for trainees to complete their assessments as they were exposed to many unusual cases which they could discuss with consultants. The Training Programme Director confirmed that there were no issues identified at Annual Reviews of Competence Progression (ARCPs) regarding competencies including bone marrow biopsies. Trainers confirmed that if they had concerns about a trainee's progress they would raise this with them during the block. Educational Supervisors are only responsible for a single trainee each so are able to give a personalised mentorship.

Trainees: Trainees felt their only issues in terms of curriculum completion had been access to bone marrow biopsies and attending local teaching. They felt their assessments were fair and consistent.

2.8 Adequate Experience (multi-professional learning) (R1.17) – Not asked

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

Trainers: Not asked.

Trainees: Trainees reported that there were opportunities to become involved in quality improvement projects, but time was a barrier. Trainees completing lymphoma fellowships had adequate time to work on projects.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers felt they were accessible as they spoke with trainees typically 4-5 times per day and regularly discussed treatment plans with them. On-call consultants were always approachable and trainees did not appear to have any issues contacting them. Trainers advised that negative feedback would occasionally be given by a trainee's own supervisor rather than the on-call consultant if this was sensitive.

Trainees: Trainees reported that during the day they received feedback on their clinical decisions at the next ward round but did not feel they received feedback during the night unless a case was particularly complex. Trainees felt they did not make many decisions themselves except choice of antibiotics and blood product prescribing. IMT trainees providing cross-cover from Oncology stated that they never received feedback on decisions they made in Haematology wards.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that most feedback from trainees is informal, but they recognised that more formal methods of feedback would be beneficial. There is a trainee representative in the department who attends the regional training committee. A survey has recently been conducted about the rolling teaching programme.

Trainees: Trainees felt comfortable speaking openly with their consultants to give feedback. They were aware of their trainee representative and knew they attended the regional training committee.

2.12 Culture & undermining (R3.3)

Trainers and Trainees: Neither trainers nor trainees had any concerns about culture or undermining. Trainees felt the culture was supportive and they would raise any concerns with their consultants.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers felt the job at the Beatson was largely ward-based however the Haematology training programme overall was well-balanced as trainees had more opportunities to attend clinics at other sites. There are capacity issues in terms of space for trainees to participate in clinics at the Beatson. Trainers recognised that a formal process for clinic attendance at the Beatson would be beneficial and, although there were no issues with clinic numbers at ARCPs, this may have been due to covid-19 derogations. Trainees completing the lymphoma fellowship have dedicated additional training and usually attend clinics. Trainers noted the workload was heavy at the Beatson and trainees worked a high percentage of weekends. The work could also be emotionally challenging, particularly in the teenage and young person's unit, however a psychologist was available to support trainees when needed. The department does not have a wellbeing champion, but trainers felt this would be a good idea.

Trainees: Trainees felt their rota was quite ad hoc and they cross-covered each other's duties. Trainees stated there was no rota during the day and the on-call rota was split into 10pm to 3am and 3am to 8am. Following an on-call shift both trainees who have been on-call are expected to work from 9am to 4pm. Trainees advised that their rota recently failed monitoring.

2.14 Handover (R1.14)

Trainers: Trainers were content that handover was robust. There is a digital handover document which can be accessed from any location. This is updated at 5pm every day and more frequently as needed. Verbal handovers would be given regarding patients who could potentially deteriorate. Trainers reported that the IMT trainee does not have access to the handover document, however typically the IMT would not be involved with a patient overnight in isolation as the ST on-call would be called by nurses for advice simultaneously.

Trainees: ST trainees confirmed there were written records kept regarding all patients and they would phone the person on-call for verbal updates as needed. Trainees felt handover was safe and had been improved by using Teams. Handover was not used as a learning opportunity as consultants were not present. IMT trainees providing cross-cover from oncology confirmed that there was no handover process in place for them and they did not have access to a written handover document.

2.15 Educational Resources (R1.19)

Trainers: Trainers reported there are rooms at the Beatson for teaching and these are used for the rolling programme although not all computers on the site have webcams. The site has a collection of catalogued slides covering every haematological disease and trainees can request access to these, for example when studying for exams. The department has close collaboration with the University of Glasgow and offers unique opportunities to be involved in clinical trials.

Trainees: Not asked.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: Trainers expected that educational supervisors would pick up any evolving issues with trainees and provide them with support. Support was also available from the Clinical Director.

Trainees: Trainees did not have experience of seeking additional support but were confident this would be available if needed.

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 felt there was good support from senior management at the Beatson. They reported that there is a west of Scotland training committee meeting 3 times per year which is attended by trainee representatives. Trainee discussions take place at all sites to feed into this meeting.

Trainees: Not asked. However, trainees were aware of the training committee and knew who their representative was. They felt they could approach their Training Programme Director (TPD) as well as other consultants if they had any training concerns.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that any concerns would be raised with the lead nurse and consultant and a discussion would take place involving consultants and other relevant staff. If appropriate a datix

would be submitted and subsequent meetings may take place. If a trainee submits a datix their supervisor will be automatically notified so they could provide support and feedback.

Trainees: Trainees reported that datix is used frequently. They felt that consultants and the charge nurse took concerns seriously and were helpful.

2.19 Patient safety (R1.2)

Trainers: Trainers have no concerns about patient safety. Trainers reported that boarders are selected in conversation with consultants unless there is a clear candidate, for example someone waiting to go home. Generally, boarders are located on B1 and nurses on this ward are now familiar with Haematology patients.

Trainees: Trainees felt the department was safe and would want any unwell friends or relatives to be treated there. Trainees felt ward B1 prioritised Oncology patients over boarded Haematology patients and jobs would only be done if chased up by the Haematology trainees.

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

Trainers: Trainers reported that any adverse events would be discussed between trainees and their supervisors. Educational supervisors would be told if their trainee raised a datix. Trainees attend the departmental morbidity and mortality (M&M) meeting which takes place every 2 months over Teams.

Trainees: Trainees reported that they were encouraged to attend the M&M meeting although it could be difficult to find time to do this.

2.21 Other

In the pre-visit questionnaire trainees were asked to rate their overall satisfaction with the post out of 10. Amongst 5 respondents, the average score was 6 out of 10.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

Overall, the panel found a supportive department with ample training opportunities, however workload could prevent trainees from accessing them. The panel believes a different workforce model will be required to achieve a better balance between service and training. Trainers had good insight into the issues facing trainees and proposed solutions to these issues; in many cases proposals were formulated prior to the Deanery visit. The panel offered to support the department progressing the requirements of this visit through SMART objectives and Action Plan Review Meeting (APRM) with dates to be arranged with the Director of Medical Education.

Positives

- Engaged and approachable trainers who have an appetite for change and a cohesive team spirit.
- Rich and advanced learning opportunities.
- Clear lines of escalation including during the out of hours period when trainees are covering multiple sites.
- The introduction of lymphoma fellowship and more recently myeloma fellowship created protected time to access unique learning opportunities.
- Departmental induction to the Beatson and other sites covered during OOH was detailed and felt to meet majority of trainees' needs.
- Trainees praised the quality of care provided for patients at the Beatson, high standards were maintained despite challenges of staffing and complexity of presentations they encountered as a tertiary referral centre.

Negatives

- The workforce model is heavily dependent upon STs, particularly as an IMT trainee is only periodically available and ANPs finish work at 4pm. A workforce planning exercise would be beneficial to identify where other healthcare professionals could be utilised to relieve some of the STs' workload.

- Trainees struggle to access teaching as they cannot leave the ward. As suggested by both trainees and trainers, face-to-face teaching with consultants holding bleeps would improve this situation.
- Induction could be improved by offering all incoming trainees a site-wide induction, a tour of the labs and a pharmacy induction to ensure confidence with the Beatson's process for chemotherapy prescribing.
- Ward rounds were felt to be excessively long and could be re-structured to make them more efficient and allow trainees to attend more timetabled activities.
- Trainees would like to have the opportunity to attend the complex haemato-oncology clinics which are unique to the Beatson.

4. Areas of Good Practice

Ref	Item	Action
4.1	The lymphoma fellowship and myeloma fellowship create protected time for trainees to access the unique learning opportunities in this department.	
4.2	The selection of catalogued slides available to support trainees' education was commended by the panel. The panel noted that digitisation of these resources could improve their accessibility.	

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	Ward rounds were felt to be excessively long and could be re-structured to make them more efficient and allow trainees to attend more timetabled activities.	

5.2	Training opportunities would be enhanced by giving trainees an opportunity to attend the complex haemato-oncology clinics taking place at the Beatson.	
5.3	The department would benefit from the appointment of a wellbeing champion.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Medical staffing must be reviewed to ensure this is appropriate to safely manage the workload, with consideration of supplementing the rota with additional clinicians (Clinical Fellows or ANPs).	23rd November 2023	ST
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.	23rd November 2023	ST
6.3	Induction could be improved by offering all incoming trainees a site-wide induction, a tour of the labs and a pharmacy induction to ensure confidence with the Beatson's process for chemotherapy prescribing.	23rd November 2023	ST
6.4	All handovers for IMT trainees cross-covering Haematology out-of-hours must be more structured and more robust with written or electronic documentation.	23rd November 2023	IMT
6.5	IMT trainees cross-covering Haematology must be provided with clearly identified seniors who are providing them with support and feedback during out of hours cover for all clinical areas they cover.	23rd November 2023	IMT