Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	24th May 2023	**Level(s)**	FY/GP/ST
Type of visit	Revisit	**Hospital**	Royal Infirmary of Edinburgh
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Lothian

Visit panel	
Dr Peter MacDonald	Visit Chair – Associate Postgraduate Dean - Quality
Dr Peter Armstrong	Foundation Programme Director
Dr Kirstyn Brogan	Training Programme Director
Dr Hannah Jolly	Trainee Associate
Ms Fiona Paterson	Quality Improvement Manager
Mr Michael Hutcheson	Quality Improvement Manager (shadowing)
Mr Ian McDonough	Lay Representative
In attendance	
Mrs Susan Muir	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Obstetrics, Gynaecology and Paediatrics	
Lead Dean/Director	Prof. Alan Denison	
Quality Lead(s)	Dr Peter MacDonald and Dr Alastair Campbell	
Quality Improvement Manager(s)	Fiona Paterson	
Unit/Site Information		
Non-medical staff in attendance	n/a	
Trainers in attendance	7	
Trainees in attendance	FY x 2, GP x 3, ST x 11	

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

Date report approved by Lead Visitor	

1. Principal issues arising from pre-visit review:

The deanery last visited Obstetrics & Gynaecology at Royal Infirmary of Edinburgh in April 2022. The requirements that were set following that visit were:

- Ensure that service needs do not prevent trainees from attending clinics and other scheduled learning opportunities.
- Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care.
- Alternatives to doctors in training must be explored and implemented to address the gaps in the rota and clinical demands that are impacting on training.
- There must be a protected formal local teaching programme for doctors in training.
- All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific examples of undermining behaviour noted during the visit will be shared out with this report.
- The training opportunities provided to GPSTs must be tailored to their learning needs including feedback on their clinical decision making and relevant gynaecology and obstetrics clinic experience.

The Deanery would like to thank Dr Stuart Jack (Clinical Director for – Gynaecology) and Dr Alex Rice (College Tutor) for the informative presentation which gave a detailed overview on what changes and improvements had been made since the 2022 visit and areas where work was still in progress. Information from the presentation has been incorporated below.

2.1 Induction (R1.13):

Trainers: All trainees receive a consultant led induction to site. Those unable to attend the main induction were met separately and provided with a bespoke induction. A handbook is sent to trainees prior to starting in role which details their roles and responsibilities. Administration support challenges over the past 6 months impacted on the induction process and access to IT systems and training was delayed. This has now been rectified with the appointment of an administrator role.

FY & GP: Trainees told us they had an adequate induction. It would be beneficial to include sessions on common obstetrics and gynaecology presentations and local protocol/guidelines. TrakCare training was delivered on their 2nd day. GP trainees did not receive the induction book a few weeks into their post.

ST: Specialty trainees received a targeted induction which focused on their specific roles and requirements. Some trainees experienced delays in IT access.

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

Trainers: Since the previous visit the department have implemented a new teaching programme for tier 1 doctors. Lunchtime sessions have been mapped to the GP super condensed curriculum which also cross covers FY and ST1 requirements. There is also ST1 targeted teaching which is delivered at breakfast time. Attendance at teaching is logged via QR code which tracks attendance and can be uploaded to trainees portfolios. Trainers acknowledged the challenges in providing interruption free teaching, the associate postgraduate dean (APGD) has contacted the DME to seek any areas of good practice in this area within the hospital.
Regional teaching is scheduled into trainees rotas, for trainees who are scheduled to work on call shifts on these days are given time in lieu to review the sessions. The specialty senior training programme has some challenging requirements which are mapped out on a 2 yearly rolling programme.

Recognition of trainer sessions were delivered from the APGD to ensure trainers are up to date with training.

FY: Those who had managed to attend the local teaching session told us they had been unable to stay as they had been called back to clinical service. They described workload and service pressures as the main barrier to attendance. Core FY teaching is scheduled into their rota and is easy for them to attend.

GP: Trainees can attend bi-weekly lunchtime teaching sessions which are relevant to their curriculum. Attendance can be limited due to shift pattern. Trainees suggested if these sessions were recorded, they would be able to access later.

ST: Attendance at weekly Friday afternoon teaching is scheduled into available trainee rotas. Due to rota gaps and service pressures this can sometimes be as little as 2 trainees in attendance. Trainees told us there has been a clear concertive effort to increase training opportunities but the continued rota pressures limit accessibility. When able to attend teaching is relevant. Access to laparoscopic simulation kits could be improved with more up to date equipment.

2.3 Study Leave (R3.12) Not covered, no concerns raised in pre-visit information.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6) Not covered, no concerns raised in pre-visit information.

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: Escalation pathways are detailed at induction and daily handovers provide the opportunity to clarify who to contact for support. There is a consultant on call for both obstetrics & gynaecology 24hrs per day who can be contacted if trainees can't access support.

Consultants confirmed trainees would not be asked to consent a patient unless competent to do so.

All trainees: Trainees said they knew who to contact for support both during the day and out of hours and told us they had not had to cope with situations beyond their competence. Overall, the majority of consultants are approachable and supportive.

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

Trainers: Following SMART objective meetings with the deanery, the department proactively allocate trainees to clinic and theatre opportunities, tracking attendance to ensure equity. All junior trainees except for ST1 trainees attended adequate clinic numbers, ST1's were given additional theatre sessions to compensate. Where possible learning opportunities are scheduled into rotas but access can be limited due to staffing shortages. Trainers felt the department offered an excellent varied training experience but highlighted challenges in providing adequate elective gynaecology operating exposure. The newly implemented HEPMA prescribing system has caused some challenges and

trainers acknowledges that tier 1 doctors can spend a significant amount of time completing these. Work is ongoing to improve the process and trainers told us they display positive behaviours by completing immediate discharge letters (IDL's). Midwifery and nursing staff contribute to non-educational tasks such as taking bloods, inserting cannulas and discharge letters but staff shortages impact on their ability to do so.

FY: Trainees reported they had no issues obtaining their curriculum competencies. They told us they have lots of opportunity to attend theatre and noted at the beginning of their post, they were able to attend clinics but staffing issues had reduced their ability to attend. They reported good exposure to acutely unwell obstetric patients and said they always felt supported and involved in patient care. They described the burden of IDL completion as unmanageable and told us they can complete 20+ letters per day with the expectation to complete other tasks.

GP: Clinics are scheduled into their rota, trainees estimated they can attend 90% of the listed opportunities. They have autonomy to decide which clinics they wish to attend. Most of their work is relevant to their training but similar to their FY colleagues they can spend a large portion of their day completing IDL's whilst carrying the emergency bleep which can be challenging.

ST: Trainees described challenges in completing some curricular competencies such as abdominal hysterectomy and gynaecology operating. To help address the gaps on the rota trainees have worked between both rotas which has dramatically reduced their educational opportunities. Consultants are proactive in highlighting available opportunities.

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

Trainers: Trainers reported that there are no problems for trainees completing their assessments.

All trainees: Trainees stated they were able to complete Workplace Based Assessments (WPBAs) and have them signed off easily.

2.8 Adequate Experience (multi-professional learning) (R1.17) Not covered, no concerns raised in pre-visit information.

2.9 Adequate Experience (quality improvement) (R1.22) Not covered, no concerns raised in pre-visit information.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers felt informal feedback was regularly provided to trainees during ward rounds and handover. When this cannot happen, they request time to discuss with the trainee or provide via email. They promote an open culture and encourage WPBA's at clinic or on the ward. Feedback is constructive and conducive to trainees learning. The department utilises the 'Greatix' model to help promote a positive working environment.

GP trainees are sent a copy of their curriculum prior to starting and asked to identify learning needs. Trainers highlight that not all objectives can be met within the tertiary centre but if requested attachments to community midwifes or sexual health centre sessions can be arranged.

FY: When working within the triage units they received regular supportive feedback from their senior colleagues.

GP: They receive regular constructive feedback from their senior colleagues both verbally and written.

ST: The majority, of trainees receive regular feedback. Handover provides the opportunity for structured feedback however on occasions has been delivered in a non-constructive manner.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Following on from the previous deanery visit the department have worked hard to create a culture responsive to feedback. Trainees can raise concerns via their trainee representatives who escalate through the higher management structure. The department plan to develop the 'Snag Tool' QR code which will allow trainees to provide anonymous feedback.

FY: Trainees advised they could provide feedback at their educational supervisor (ES) meeting. They were aware of the trainee rep but told us that the issues they would raise could not be addressed due to staff shortages.

GP: They were unaware of a formal route to raise concerns, but all would feel comfortable discussing with their ES. Trainees had received an email seeking their feedback whilst in post.

ST: Trainees reported multiple effective routes for feedback to be shared including:

- Clinical directors,
- Educational Supervisors,
- 6 weekly catch-up meetings and,
- Training Programme Director.

2.12 Culture & undermining (R3.3)

Trainers: Trainers have continued to work to build a positive culture within the workplace. All staff have been encouraged to participate in Active by Stander and Civility Saves Lives initiatives. Some concerns were raised through the Equality, Diversion and Inclusion group regarding junior doctors and midwifery staff relationships. A new chief midwife has been appointed and is keen to engage and improve the interface with plans to run more positive culture workshops. We were told midwifery retention and staffing levels are low which may have impacted on trainees experiencing some negative behaviours due to service pressures.

FY: Trainees advised they felt well supported from their registrar colleagues but acknowledged a blame culture within departments. They described negative midwifery behaviours such as undermining and gender preference. Throughout their day they receive unfiltered excessive demands from the midwifery team which limits their ability to prioritise their workload.

GP: Trainees reported that they worked in a supportive team. Most of the trainees interviewed had not experienced any bullying or undermining behaviours but would raise this with their Clinical Supervisor if they did. 1 trainee had witnessed a senior registrar advocating for a junior doctor following negative behaviour and felt this was handled in a positive manner.

ST: Overall trainees work in a very supportive and friendly environment. There have been occasional incidents of poor behaviour when seeking support or receiving feedback. Trainees who had worked in the unit previously told us that the culture is improving but acknowledged that culture and habits take time to reverse. They commended the ongoing commitment of the Clinical Directors to improve the unit.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers – Staffing at all levels was noted to be a concern and the current clinical pressures compromising wellbeing.

A detailed cross department workforce review was carried out which highlighted an issue with the gynaecology on call workload. Despite the immense workload the data suggested good safe care was provided to patients. We were told of future plans to expand the multi-disciplinary workforce to ease service pressures and provide greater educational opportunities for trainees.

FY: During the FY session with the Deanery team a trainee was bleeped 4 times for non-essential tasks. They described a heavy workload that leaves them feeling exhausted after their shift and raised concerns that a near miss incident would occur.

GP: Trainees were aware of gaps in their rota, these had been put out to locums for cover but rarely taken up. At times they have felt pressured to cover gaps. Concerns were noted regarding weekend working when short staffed.

ST: Trainees once again highlighted the impact of not providing whole time equivalent staffing on their workload and learning. Staff shortages have seen senior registrars act down as the junior registrar resulting in educational losses. Trainees advised that consultants make the effort to accommodate their learning where possible. The rota is tight and inflexible and a pattern of back to back on call shifts can leave trainees exhausted.

2.14 Handover (R1.14)

Trainers: Those present confirmed they facilitate a 16:30 gynaecology ward handover but were unable to confirm if this is carried out universally by all consultants. They told us handover is safe and provides good continuity of care.

All trainees: A consultant lead handover was implemented for the gynaecology ward however this was not consistent. Gynaecology ward handover at 16:30 remains trainee to trainee. At times the junior trainees can't handover to their colleagues as they are held up in theatre. To ensure a safe handover they leave a written note alongside their contact number which results in them being contacted outside of their working hours.

2.15 Educational Resources (R1.19) Not covered, no concerns raised in pre-visit information.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12) Not covered, no concerns raised in pre-visit information.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1) Not covered, no concerns raised in pre-visit information.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that they have an open-door policy for trainees to raise concerns. They stated trainees have easy access to senior support and concerns are escalated quickly through clear pathways.

FY: Any issues would be raised with a more senior trainee. Concerns regarding their education or training would be raised with their ES.

GP & ST: Trainees were aware of how to raise concerns and who to contact to do so.

2.19 Patient safety (R1.2)

Trainers: Trainers felt that the environment was safe for patients, but they highlighted potential concerns at the weekend due to staffing levels and service pressures.

All trainees: Despite the impact of low staffing levels and high workload, the team work very hard to ensure patients receive good care. At times this results in trainees missing their breaks or working late. Some junior trainees raised concerns over identifying end of life treatment within gynaecology oncology and this has been raised with the Associate Post Graduate Dean for Quality.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4) Not covered, no concerns raised in pre-visit information.

3. Summary

Is a revisit required?	**Yes**	**No**	**Dependent on outcome of action plan review**

The panel would like to acknowledge the amount of work that has gone into improving the training experience for trainees, despite staffing difficulties and service pressures. A SMART objectives meeting will be arranged 4-6 weeks after receipt of this report. A further action plan update meeting will be co-ordinated to take place in November 2023.

Progress had been made against some of the previous visit requirements, although more work is required to address others. The visit panel has categorised previous visit requirements into Addressed, Progress noted, or little progress noted.

Review of previous requirements from 2022:

Ref	Visit requirement from 2022	Progress in 2023 visit
7.1	Ensure that service needs do not prevent trainees from attending clinics and other scheduled learning opportunities	**Limited Progress Noted**: such progress as has been seen largely relates to the GP experience which is covered below under requirement 7.5. Unfortunately, workload pressures continue to have a significant impact on the training of all groups of trainees and this is unlikely to be adequately resolved until requirement 7.3 is fully addressed. The department provided evidence that all cohorts of trainees attended the NES recommended number of clinic sessions.
7.2	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care.	Little progress noted
7.3	Alternatives to doctors in training must be explored and implemented to address the gaps in the rota and clinical demands that are impacting on training.	Progress noted
7.4	There must be a protected formal local teaching programme for doctors in training.	Progress noted
7.5	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific examples of undermining behaviour	Progress noted

	noted during the visit will be shared out with this report.	
7.6	The training opportunities provided to GPSTs must be tailored to their learning needs including feedback on their clinical decision making and relevant gynaecology and obstetric clinic experience.	Largely addressed

4. Areas of Good Practice

Ref	Item	Action
4.1	The SHINE initiative for recognising excellence.	
4.2	The use of QR codes to track attendance at teaching	
4.3	The APGD has delivered refresher sessions on Recognition of Trainer to the trainer group	
4.4	Trainees are scheduled to attend clinics in their rota	
4.5	Clear pathways to escalate concerns and feedback	

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	Induction	IT access should be provided timeously

5.2	Induction	Consider including common presentations information to the junior tier induction sessions
5.3	Teaching	The recording of teaching sessions would allow trainees who can not attend to watch back at a more suitable time
5.4	Educational Resources	Trainees advised the laparoscopic sims kits are out of date

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Ensure that service needs do not prevent trainees from attending clinics and other scheduled learning opportunities	24th February 2024	All
6.2	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care.	24th February 2024	All
6.3	Alternatives to doctors in training must be explored and implemented to address the gaps in the rota and clinical demands that are impacting on training.	24th February 2024	All
6.4	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.	24th February 2024	All
6.5	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific examples of undermining behaviour noted during the visit will be shared out with this report.	24th February 2024	All
6.6	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	24th February 2024	All