Date of visit	19th May 2023 & 8th June 2023	**Level(s)**	FY, CT, GPST & ST
Type of visit	Triggered	**Hospital**	Raigmore Hospital
Specialty(s)	Emergency Medicine	**Board**	NHS Highland

Visit panel	
Mr Yazan Masannat	Visit Chair - Associate Postgraduate Dean – Quality
Dr Russell Duncan	Associate Postgraduate Dean
Dr Grace Murphy	Foundation Programme Director
Ms Nasreen Anderson	Lay Representative *(panel member on 19th May only)*
Mrs Natalie Bain	Quality Improvement Manager
In attendance	
Mrs Gayle Hunter	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Anaesthetics, ACCS, ICM & EM	
Lead Dean/Director	Professor Adam Hill	
Quality Lead(s)	Mr Yazan Masannat & Dr Holly Metcalfe	
Quality Improvement Manager(s)	Mrs Natalie Bain	
Unit/Site Information		
Non-medical staff in attendance		
Trainers in attendance	8	
Trainees in attendance	2 x GPST, 1 x FY2	

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

Date report approved by Lead Visitor	16th June 2023

1. Principal issues arising from pre-visit review:

The General Practice Quality team at Scotland Deanery triggered a visit in view of survey data relating to Emergency Medicine at Raigmore Hospital, NHS Highland. The visit team plan to investigate the red flags at all trainee level in the 2022 National Training Survey for handover, regional teaching and study leave, as well as pick flags in relation to induction. There were also red flags at GPST level for handover, regional teaching and workload with a further pink flag for study leave. The Scottish Training Survey also highlighted red flags in all trainee data and GPST level for handover. There were two negative freetext comments at GPST level submitted in the STS survey. The visit team will also use the opportunity to gain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

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.

2.1 Induction (R1.13):

Trainers: The trainers reported that although the hospital induction is brief and does not really prepare the trainees for starting work in the emergency medicine department it is a corporate necessity. The trainers state that this is why the department induction is more robust to give the trainees a better overview of the department. The trainers report that trainees are sent induction material via email prior to begging in post, this would also include the name of their allocated supervisor and the rota. Induction is held over a three-day period with time allocated to go through the corporate induction. Induction is face to face with plenty of opportunity for questions. The trainers seek feedback on the induction and look to make improvements from the suggestions. It was noted that the department will be receiving a higher specialty trainee at the standard change over times in August 2023. This trainee would receive a bespoke tailored induction, but they would be directed to the recorded induction material and have a one-to-one induction with their supervisor.

All Trainees: The trainees report that they were not required to attend the general hospital induction, as they had all previously been in post in Raigmore Hospital. All trainees reported that they received

a department induction, and this prepared them for working in the emergency medicine department. The trainees commented that a detailed handout was sent via email to the trainees prior to beginning in post. Trainees that began in post out of sync were given a smaller more gradual induction to post but noted that it was informative, and all staff were helpful during that induction period. The trainees emphasised that the online material was useful to refer back to after induction, especially in relation to the hospital policies and guidelines. The trainees were informed of their supervisors at induction and met with them initially, and they all received their rota prior to beginning in post.

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

Trainers: The trainers report that protected teaching time has been introduced in the last few years. The departmental teaching is held on a Thursday afternoon and all trainees who are working in the department are released to attend. Trainees will not be interrupted during this time unless there is a major incident that requires support. The trainers state that the teaching is recorded, and trainees can watch when they prefer. It was noted that although trainees are not expected to attend teaching on their days off, they are welcome to attend should they wish to do so. The trainers note that trainees can attend upwards of 60% of their dedicated teaching. The trainers emphasise that there is curriculum mapping done for each cohort of trainee to ensure that curriculum requirements are met. The local teaching that is delivered in house is by the emergency medicine team, but there are sessions held with other specialties, for example, mental health and ophthalmology.

All Trainees: The trainees reported that they attend a weekly departmental teaching on a Thursday for two hours, and the trainers ensure that the trainees are facilitated to attend this. The trainees comment that it is rare to not be able to attend the departmental teaching due to service pressure. The trainees state they do not carry bleeps; therefore, they are not interrupted during the teaching sessions. Both GPST and FY trainees are able to attend their deanery delivered teaching. The GPST attend their day release sessions that are held once a month.

2.3 Study Leave (R3.12)

Trainers: The trainers note that they are not aware of any issues with study leave as the applications they receive are usually approved. The trainers did report that the GP training days were moved to a

full day at short notice, although it was not accommodated on the rota immediately, within a short space of time it was rectified to ensure the trainees could attend.

All Trainees: The trainees report that there are no issues with study leave being approved, but the trainees feel that they have been less proactive in requesting their allocated amount of study leave.

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

Trainers: The trainers report that the departmental secretary would allocate the trainees with a trainer prior to beginning in post. In relation to GPST's, they would retain their educational supervisor (ES) from the GP practice, but they would be allocated with a clinical supervisor (CS). The trainees would be allocated to trainers who would have knowledge about the curriculum and outcomes expected to achieve. The trainers would meet regularly with their trainees to discuss their progression and the post. The trainers agree that they are supported within their educational roles and have appropriate time allocated in their job plan. The trainers also note that their roles are always considered during their appraisal. The trainers explain that as there is close supervision of the trainees, any concerns would present themselves quickly, however the trainers would have to seek out any information if there is a trainee in difficulty. There is not a robust formal channel for information to be passed between posts. However, the trainers would use the induction meetings to prompt trainees to highlight any concerns or issues they may be having. The trainers highlighted that the department have a good working relationship with the GP and FY teams, and they would be open to discussing any concerns about a trainee.

All Trainees: The trainees reported that they were all allocated their supervisors at induction and met with them at the appropriate times throughout the post. The trainees stated that the first meeting with their clinical supervisor is used to set educational objectives. The trainees also noted that at induction they are given a handout to highlight any areas of progression that they hope to achieve in the post, which are then reviewed at the end of the block. All trainees felt that the meetings with their supervisors were useful and constructive.

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: The trainers report that there is no use of the term SHO in the department. The trainers state that trainees are clearly given explanation of escalation policies and would know to contact both in hours and out of hours (OOH). Trainees are always supported by a senior member of staff and would not be expected to work beyond their competence.

All Trainees: The trainees report that they are all aware of who is providing clinical supervision both during the day and OOH. The trainees note that they usually work alongside the clinical supervisor, and they are available to provide support when requested. It was stated that there is always a consultant, senior emergency practitioner (EP's) or registrars to provide supervision. The trainees emphasise that that consultant supervision and support in the post has been excellent. The trainees have not had to cope with problems beyond their competence. They do note that although they encounter cases that are above their knowledge, they can approach anyone for support. The trainees highlight that all trainers are approachable and accessible, and the environment is safe for patients.

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

Trainers: The trainers report that trainees are given adequate exposure to both minor and resus, as well as any other area of interest. Trainees would be given support in resus if they are managing an acutely unwell patient. The trainers emphasise that there is a co-located minor's stream and no separate rota for other areas (minors, resus and majors), therefore junior staff are getting plenty of exposure and an all-round experience of the emergency medicine department, but not being overwhelmed by it. The trainers believe they are making the trainees time a bespoke experience based on their training needs. The trainers state there is an average amount of tasks of little educational benefit, but the trainees spend the majority of the time with their patients but will always be guided through everything with senior support.

All Trainees: The trainees note that although there are some areas of the GP curriculum that can be difficult to achieve, it is about thinking of different approaches to demonstrate the competence required. The trainees report that they are given adequate exposure to each area of the department, each cohort of trainees are attending resus and are managing acutely unwell patients. The trainees emphasis that the department have extremely experienced nurses and emergency department

assistants (EDA's), as well as working alongside occupational health colleagues and advanced nurse practitioners (ANP). The trainees feel that their post is long enough for trainees to build good working relationships. The trainees report that they complete a small number of tasks that are non-educational, however, they feel that all the work they do is beneficial to their learning.

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

Trainers: The trainers report that trainees are able to achieve their portfolio assessments and requirements during their post. Trainers have allocated time to complete assessments with trainees.

All Trainees: The trainees note that at times it can be tricky to get WPBA's completed due to trainees feeling that they are adding pressure to consultants who are under pressure within the service. The trainees did note that they did not feel they were as pro-active in this post, as they had completed most of their assessments required for curriculum progression. The trainees highlights that it is not an issue that the trainers are unwilling to complete assessments, but the service pressures can impact the ability to complete them.

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

Trainers: The trainers note that there is multi-disciplinary teaching in the department, with a session on skills and drills. It was notes that all members of the team are invited to attend this. The department also host paediatric specific scenario teaching.

All Trainees: The trainees report that there is paediatric specific learning that the wider MDT attend, although not all trainees were aware the department were holding these sessions and anything other multi-professional learning was held on an adhoc basis.

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

Trainers: The trainers reports that trainees are given the opportunity to complete a quality improvement project. The trainees would be supported by the team in their roles and any project they undertake.

All Trainees: The trainees report that they have not looked for the opportunity in this post, but they feel the department would be supportive of trainees being involved in quality improvement projects.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers reports that feedback is routinely given throughout a 24-hour period. The trainees would be given feedback on the shopfloor as well as during any review clinics. The trainers also note that they would feedback to the trainees during any educational meetings. The trainers emphasise that the nursing staff are a stable force in the department and the trainers would seek their feedback if there were any issues with trainees. This enables the trainers to feedback to the trainees in an appropriate manner. If there are any immediate issues, trainees would be given feedback.

All Trainees: The trainees reported receiving regular constructive and meaningful feedback. The trainees would receive both formal and informal feedback whilst working with their seniors and also when completing assessments for their portfolio. The trainees also note that during the afternoon handover, there is an opportunity to receive feedback at the patient's presentation and review.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers report that they ask trainees to complete a multi-source feedback form (MSF) within the local department, however it is felt that there is MSF fatigue. Therefore, the department have sought out other ways to gain feedback from the trainees, for example a round of questionnaires. The trainers also note that trainees would use their supervisor meetings to feedback and trainers would regularly check-in with the trainees, about how they are coping in the department. The trainers state there are both formal and informal routes for the trainees to raise concerns. Any concerns raised would be escalated to management when required and the department would ask for support to ensure change happens.

All Trainees: The trainees report that there are no formal avenues to feedback to the trainers, however they believe that they would be able to approach supervisors to raise any concerns they may have.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report there is a flat hierarchy in the department and all trainers are approachable. The trainers state that the team working culture that is fostered here is often positively commented on. There is a good working relationship among the whole team. The trainers comment that there is a big concern about losing staff morale, therefore steps are taken to ensure that if there are any issues, they are addressed and change is notable. There is always an opportunity to show that every person is needed in the department environment. There are close working relationship with the nursing colleagues and any concerns raised around nursing colleagues; this will also be fed back to the teams. The trainers highlight that there are no known concerns about bullying or undermining behaviours. There are policies highlighted to trainees to highlight the paths of escalation should they encounter any of these behaviours. The trainers also noted that the department have recently implemented the use of the greatix system and there are plenty of good responses around teamwork and patient advocacy.

All Trainees: The trainees report that the teams are supportive and there are no issues with bullying or undermining behaviours. The trainees note that they would feel comfortable raising any issues with their supervisors. It was also noted that there is eLearning and active bystander training given specific relating to culture and raising concerns. The trainees also highlight that they were informed of the policies at guidelines at induction and would be able to access this information again if required.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers report that there is plenty of opportunity on the rota to accommodate specific learning requirements. The department are supportive of trainees gaining experience in other areas to meet their curriculum requirements. The trainers do note that the department does rely on locums managing the gaps in the rota, however the departmental secretary does an excellent job to ensure the gaps are managed proactively. Although the workload is the emergency medicine department is challenging, as expected, the direct long-term feedback is positive. From the department presentation it was highlighted that since the feedback was given in the training survey, the rota has gone from an 8-person rota to a 11-person rota. This is reported as a positive step and helped managing the challenging rota in place prior.

All Trainees: The trainees report that there are a few gaps on the rota, but they are usually filled with locums. The locums that do provide cover appear to be long term locums and know the department well. The trainees report that there have no patient safety concerns in relation to the staffing of the department. Trainees are not aware of what the exact number of personnel that should be on shift, but they do not feel this compromises patient safety in any way. It was highlighted that there are teaching fellows that do one day a week and these are extra to the rota. The rota is structured to allow for annual leave and study leave. The critical gaps are always filled with locums (nightshift or weekends) and the gaps are proactively filled by the department. It was noted that the rota and the number of nightshifts can impact on the ability to attend teaching, but trainees feel that they are still managing to attend a sufficient amount of teaching. The trainees note that the although the rota does not compromise their well-being, there are periods of long stretches of 7-day shifts that can lead to the trainees feeling worn down. The trainees expressed that there has been great consideration given to the rota, with the recent introduction of 9-hour shifts, and this alleviates the risk of burnout, in comparison to the 12-hour shifts. The trainees stated they have been asked for feedback on the new rota structure and has been recently monitored.

2.14 Handover (R1.14)

Trainers: The trainers report that there is a necessity for handover at specific points in the day and they comment that they are safe for all involved, but there is always scope for improvement. The department are looking a building time into the rota to ensure there is a designated time for handover. Although the department have implemented catch-up mechanisms. The department detailed in their presentation, a form that is used to ensure a safe handover and continuity of care for the patients. The trainers report that a consultant or senior decision maker is present at handover. There is use of a digital handover log that is commonly used to maintain care and create an audit trail. Though there is no formal digital handover software, the clinicians use EDIS software to capture who is looking after a patient, which is commonly used to maintain care and create an audit trail.

All Trainees: The trainees report that there are morning and afternoon handovers, which are safe and have senior or consultant leadership at all times. The afternoon handover is a verbal handover over and will be delivered from an educational viewpoint as well as service provision. The consultants will discuss and review the patients whilst picking out the valuable learning points from the cases. It was noted that there is no digital record of handover, but the trainees are aware of assigned cases

via the electronic screens. It was noted that there is no formal digital handover software, but the trainees are aware of assigned cases via the electronic screens. It was highlighted that the pink forms are not routinely used within the department by the doctors.

2.15 Educational Resources (R1.19)

Trainers: The trainers reports that there are several aspects of supporting learning for trainees. The trainers note there is the induction programme with multiple face to face session. There are pre-recorded presentations, written booklets as well as the MDT teaching. The trainers also note that there is a seminar room that is specific for emergency medicine teaching, the centre for health sciences and a doctor's room equipped with computers.

All Trainees: The trainees report that there are facilities to use on site and they are adequate for purpose, however most trainees reported that they would complete their portfolio at home instead of during their working hours.

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

Trainers: The trainers report that the site offers occupational health and they also use the deanery structure to support trainees that are in difficulty. The department also has a whistle-blowing champion.

All Trainees: The trainees report that the trainers are the department are very supportive of trainees who are struggling with the job or in any other way.

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: The trainers report that the medical education team have an active role in the team and department, to ensure training in delivered to a good standard. The training surveys have highlighted certain issues and this led to the handover form being developed, as well as providing more support for the expansion of the staff numbers.

All Trainees: The trainees report that they would be able to raise concerns about the quality of their training to their training programme director (TPD) or foundation programme director (FPD) and they would be receptive to hearing and escalating concerns when appropriate. The trainees also noted that there are trainee forums available to raise concerns, as well as a hospital trainee forum, however trainees have never accessed this service.

2.18 Raising concerns (R1.1, 2.7)

Trainers: The trainers report that trainees are educated as part of induction about the relevant policies in relation to raising concerns. Trainees are encouraged to submit datix's. The trainers actively seek out the trainees' opinions on their education and training within the department. The trainers also encourage the trainees to complete that formal training surveys.

All Trainees: The trainees note that they would submit a datix to raise concerns, but they would also feel comfortable raising them locally with a consultant or EP that is available. The trainees state that datix are actively discussed at the 5pm huddle, and emails will be distributed if there are significant events. The emails would contain information of what happened and what should have happened. The trainees also state that there are weekly roundup of events and are kept up to date of anything that has happened in the department. The consultant would ensure that any learning points are highlighted.

2.19 Patient safety (R1.2)

Trainers: The trainers note that the department is as safe as the team can make it. The trainers endeavour to protect trainees as much as possible and not be left too exposed. There are guideline and proformas communicated to the trainees about high-risk patients, however the trainers will always have oversight of this. The trainers believe it is useful for trainees to have some exposure to high-risk situations to understand how hard it can be, however there should always feel supported by both senior and pastoral support available. It was stated by the trainers that although boarded patients are not within the remit of the emergency medicine department, more recently this has been happening. However, this issue has been raised via datix and the governance meetings to ensure there is a plan in place to tackle the concerns.

All Trainees: The trainees report that they would feel comfortable if a family member were admitted to the unit and have no concerns about the quality of care given to the patients. The trainees noted that there are boarders on the ward until the accepting specialty has bed space on the ward. During the time these patients are in the department, the emergency medicine trainee would provide the care to these patients. The trainees noted that at times, some specialties can be difficult to contact, but the consultants are available to support if required.

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

Trainers: The trainers report that trainees would use datix and patient journey forms to report any adverse incidents or concerns. The department encourage trainees to complete and submit these forms. The trainers note that they would endeavour to have face to face discussion with trainees and support them throughout the process if they were involved in any adverse incident. The trainers state that if anything went wrong during a patient's care, it is a departmental responsibility and it would be taken forward in that way. Following any incident steps would be taken to ensure the department is safe and that the trainees are protected.

All Trainees: The trainees reported that there has been some experience of being involved in an adverse event and they felt supported throughout the process, individual conversations were had and learning points were advised. The trainees note that the DATIX system is the formal reporting process, however on occasions adverse event and are sent around the department to highlight the educational learning points. The trainees note that they have no experiencing in communicating issues of patient care but feel that the consultant body would provide them with suitable support.

2.21 Other

3. Summary

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

Positive aspects of the visit:

- Induction was felt to be robust and prepared the trainees to begin working in the department. It was noted that the induction handbook was very useful and contained relevant and up to date information.
- The panel heard that the trainees have ample exposure to all areas of the emergency medicine department, for example majors, minor and resus.
- It was pleasing to hear that trainees have the ability to attend both departmental and formal teaching opportunities and there are no barriers to attending teaching.
- It was noted that the clinical and educational supervision is highly rated among the trainees both through shopfloor interaction and the formal meetings with their supervisors.
- The educational aspect of the afternoon handover is positive, and the trainees feel that they benefit from the learning that is given at these.
- Trainees feel extremely supported in the department and were complimentary of the support given by the consultant body and other members of the wider team.

Less positive aspects from the visit:

- As the trainees did not have a requirement to complete many WPBA's due to the timing of their ARCP's. It was noted that service pressure can impact their ability to seek these out, therefore it would be helpful if trainers were proactive to ensure trainees utilise the opportunities in the department for WPBA's.
- The panel heard that there is teaching with the wider MDT, but it was felt that it would be beneficial to have clearly defined and formalised MDT teaching.
- Although the rota has improved, it is noted that there is scope to improve the 7-day stetches of the rota to allow for a better work/life balance and to avoid trainee burnout.

4. Areas of Good Practice

Ref	Item	Action
4.1	There is excellent exposure to all areas of the emergency medicine department for all trainees.	n/a
4.2	Handover is highly rated among the trainees for being well structured and for providing ample educational opportunities.	n/a

4.3	The team are cohesive and give an abundance of supportive to all those who work in the department.	n/a
4.4	The standard of clinical and educational supervision is valued among the trainees.	n/a

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	It would be beneficial to have a clearly defined timetable for learning with the wider multidisciplinary team.	n/a
5.2	The rota would benefit from adjusting 7 day stretches of shifts to allow for a better work/life balance and to avoid trainee burnout.	n/a
5.3	It would be beneficial to the trainees if trainers give direction as to what cases can be used for assessments.	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
	n/a		