Scotland Deanery
Quality Management Visit Report

Date of visit	26th March 2024	Level(s)	FY, CT, GPST & ST
Type of visit	Triggered	Hospital	Royal Alexandra Hospital
Specialty(s)	Emergency Medicine	Board	Greater Glasgow & Clyde

Visit panel	
Dr Holly Metcalfe	Visit Chair - Associate Postgraduate Dean – Quality
Dr Ken Lee	Associate Postgraduate Dean – Quality
Dr Lisa Black	Foundation Programme Director
Dr Brian Stewart	Associate Postgraduate Dean – Quality *(shadowing)*
Mrs Natalie Bain	Quality Improvement Manager
Mr Bill Rogerson	Lay Representative
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)	Dr Holly Metcalfe	
Quality Improvement Manager(s)	Mrs Natalie Bain	
Unit/Site Information		
Non-medical staff in attendance		
Trainers in attendance	22	
Trainees in attendance	3 FY, 2 GPST, 2 CT, 6 ST	

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

Date report approved by Lead Visitor	18th April 2024

1. Principal issues arising from pre-visit review:

The Anaesthetics, ACCS, ICM & EM team at Scotland Deanery triggered a visit in view of survey data relating to Emergency Medicine at Royal Alexandra Hospital, NHS Greater Glasgow & Clyde. The visit team plan to investigate the red flags at all trainee level in the 2023 National Training Survey for overall satisfaction. There were also red flags at GPST and FY level for workload, study leave (GP only) and supportive environment with a further pink flag for facilities. The Scottish Training Survey did not highlight any specific areas for concerns at ST level, however the all-trainee data had several red flags for educational environment & teaching, equality & inclusivity, handover, induction, team culture, wellbeing support, workload, catering facilities and rest facilities. There were two patient safety comments from the NTS 2023 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.

Department Presentation:
The visit commenced with a presentation delivered by Dr Raghavendra Nayak, Clinical Director. The presentation provided a useful overview of Emergency Medicine department and focused on areas for improvement highlighted within last year's survey data, as well as areas of good practice.

2.1 Induction (R1.13):

Trainers: Trainers reported that there are planned changes to induction that will be implemented from August 2024 and will follow the same format at each standard changeover. The induction covers both Royal Alexandra Hospital (RAH) and Inverclyde Royal Hospital (IRH), but induction is held at the Royal Alexandra site. When trainees miss induction, they are identified and trainers will individually follow up with them, although it will be a brief overview, rather than a bespoke induction. The trainers note that when the latest changes are implemented, they will seek feedback. The trainers highlight

that they are currently seeking feedback on the most recent induction, to ensure the parts of induction that were useful are kept.

FY/GPST & CT Trainees: Some trainees reported that they were unable to attend the site induction but did attend a brief overview induction from a consultant. Those that were able to attend the full induction in person noted that it was comprehensive and prepared those for beginning in post at RAH. However, the trainees reported that the induction did not prepare them appropriately for beginning in post to work at the IRH site, due to not being aware of that sites processes. The trainees noted that induction could be improved if it were perhaps recorded or a more comprehensive induction could be provided for those that missed the in-person induction.

ST Trainees: The trainees report that they received an online site induction, as some trainees had worked there previously there was no requirement for a further induction. The trainees state that the site induction is fit for purpose, but not always relevant to the emergency medicine department. All trainees report receiving an induction to the department, which consisted of going through the various processes for the hospital. The trainees state that the induction prepared the trainees for beginning in post. Some trainees suggested that induction could be improved by having a more in-depth induction, for example covering aspects such as where emergency equipment in resus is stored. The trainees felt it was more a general overview of the department. There were a few trainees who could not attend the formal induction and felt their induction was brief and had no structure to it.

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

Trainers: The trainers report that the junior doctors have weekly protected teaching held on Thursday. Trainees attend teaching away from the ward and do not hold a bleep, therefore they are not interrupted during it. The trainers highlight that the rota co-ordinator ensures that trainees are allocated to attend teaching and would only not attend teaching if they are on nightshift. There is a wide range of topics timetabled, including providing opportunities to obtain case-based discussions. The trainers note that they receive excellent feedback on their teaching provided. The trainers did state that GPST trainees were not always able to attend their regional teaching due to the lack of advance notice of the teaching days.

FY/GPST & CT Trainees: The trainees reported that they are always able to attend local teaching and it is incorporated into their rota. Trainees can attend in-person, but they can also attend virtually from home, should they wish to. The trainees emphasised that the trainers encourage trainees to always attend teaching. The trainees did state that the rota can be a barrier to attending teaching as they are not always rota'd to be working the day teaching is timetabled. The trainees highlighted that the teaching provided is relevant and reasonable to their post. GPST and CT trainees state they are able to attend their regional teaching when it is on.

ST Trainees: The trainees answer that there is regular local teaching and trainees who are on shift can attend easily. The teaching that is delivered is relevant to their curriculum needs, however some x-ray teaching can be repetitive and would benefit from being developed further. The trainees report that they are also able to attend their regional teaching that happens every 4 weeks and the rota accommodates trainees attending this. The rota can affect the trainees ability to attend local teaching, with some trainees only attending about 50%. Trainees can attend via Teams, but the links are not always sent in suitable time to be able to attend.

2.3 Study Leave (R3.12)

Trainers: The trainers reported during the presentation that there was a new robust process for approving study leave and it is working well.

All Trainees: All trainees reported having no issues with 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 reported during the presentation and at the session that trainers are allocated to specific cohorts of trainees at each changeover. This allows trainers to build up knowledge on the respective curricula and ePortfolio requirements for each trainee cohort. The trainers are supported in their education roles and have allocated time in their job plans and attend a yearly appraisal. The trainers highlight that it varies if they are told in advance of a trainee that may require support, there have been times when they were notified and the department were able to support the trainee well throughout the block.

All Trainees: All trainees reported having an allocated ES and met with them aside from the GPST, however they noted that the site would be accommodating for them to meet with their GP ES.

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 they have a photo board detailing roles of each individual in the department and coloured lanyards to ensure that differential grades are identifiable. The trainers note that registrars also have a different coloured set of scrubs that can also identify their grade. The trainers highlight that during the day there is always a consultant present and trainees are encouraged to seek support when required either with a consultant or a higher specialty trainee. Although it is likely the higher specialty trainees have had to experience challenging situations, and some at times may feel out of their comfort zones, this can be the nature of emergency medicine and trainees are always told to seek support when required. The trainers note that there are clear escalation policies for during the day and out of hours (OOH).

All Trainees: All trainees reported being aware of who to contact both during the day and OOH. A small number of trainees note that they have felt that they have had to deal with issues beyond their competence but emphasise that there are supervisors who are able to provide support. The trainees state that the consultants are supportive and approachable at all times.

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

Trainers: The trainers report that over the years the trainers have be able to familiarise themselves with the changes in the curriculums and portfolio's. The trainers feel that this is bolstered by having the same trainers allocated to the same cohorts to be able to build on their knowledge. The trainers report that the trainees are not allocated to a specific area of the department on the rota, however they don't feel there is a lack of clinical exposure overall. The trainers did note that trainees do not get a lot of training in paediatric resus, however there is an adequate number of walk-ins to allow for enough exposure.

FY/GPST & CT Trainees: Some trainees report some issues with gaining adequate experience with QI and research work, due to the intensity of work within the emergency department and not having any dedicated time to complete the work. The trainees find it beneficial that they are supported to

take time in resus and they get exposure to a lot of minors in IRH, that they find useful. The trainees note that this post allows trainees to develop their skills in managing an acutely unwell patient, and they are also supported in doing this. Some trainees answer that although every patient is a learning opportunity, a lot of time is spent trying to manage the volume of patients that present to the department as well as ensuring appropriate care is given to those already waiting for a bed.

ST Trainees: The trainees report that they can find it difficult to achieve their ultrasound competences, due to machinery malfunction and the overall busy nature of the department. The trainees also note it is variable among the consultants who will teach ultrasound, however it is part of the curriculum, therefore they have mandatory competencies to achieve. Some trainees note that shopfloor teaching feels like a low priority. The trainees highlight that there is limited exposure to minors in RAH but there is adequate exposure to minors when at IRH. Trainees mention that they have exposure in resus but there are times when the intensive unit team are called to do procedures and this can limit trainees gaining experience in these areas. The trainees notes that the post allows to develop their skills managing acutely unwell patients, but again there is limited exposure to paediatric patients via ambulance. All paediatric patients are redirected to the children's hospital. but there are paediatric walk-ins to gain experience with these patients. The trainees state that the percentage of times spent doing task of little education benefit is small and most take learning from each interaction.

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

Trainers: The trainers report that there is a consultant who works on a Thursday to specifically support learning outcomes, including completion of appropriate work placed based assessments (WPBAs), however other consultants can also be approached to complete these too. The trainers have no opportunity to benchmark against other trainers.

FY/GPST & CT Trainees: The majority of trainees answer that they have no issues with completing WPBAs as the consultants are all happy to support trainees completing them. However, some trainees note that there is limited time available to input these into their portfolios.

ST Trainees: The trainees report that they can struggle to get WPBAs, but this is due to the workload in the department that hinders the ability of completing the assessments. The trainees emphasise that

they are allocated a high percentage of nightshifts, and this coupled with their shifts at IRH, there is not always a consultant present to be able to support completing a WPBA. The trainees are aware of the consultant who is available for WPBAs on a Thursday, but trainees are not always working this day on a day shift. The trainees state that they have to actively plan to get WPBAs completed. The trainees feel that there are trainers who are educationally minded, but it is not always a priority due to service pressures.

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

Trainers: The trainers state that there are departmental skills sessions that are held on a weekly basis and all staff are able to attend should they wish to. It is also highlighted that there are several dedicated educational days every quarter, which is multi-professional and been running successfully for a number of years.

All Trainees: The trainees answer that there is not a lot of cross working learning within the department. Some trainees note that there is a Friday morning sim training session that nurses can attend, however these sessions are not always scheduled to take place, with a limited number being held to date.

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

Trainers: The trainers report that the department have a dedicated consultant who oversees the quality improvement (QI) work and meet every 6 weeks to discuss progress and potential new projects. The trainers highlight that there are also several clinical fellows who support the QI work. It’s noted that the team also use medical students to help with the data collection and administration of QI projects. The trainers note that engagement is variable amongst the trainees but there is ample opportunity to undertake a project with plenty of support available.

FY/GPST & CT Trainees: The trainees report that they are aware of the many opportunities to engage in QI projects. However, some trainees note that there is such a heavy workload in the department that they feel they would not have the time to complete a project. Some trainees report having development time and would use this time to complete QI projects.

ST Trainees: The trainees report that there are many opportunities to be involved in a QI project, but there is inadequate time to participate. The trainees emphasise that they do not always get their allocated educational development time (EDT). The trainees state that they get one day a month, which is less that what is required.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers report that feedback was raised as an issue in the survey a few years ago and the trainers looked at ways of improving this. The trainers give both formal and informal feedback on the shopfloor and if feedback comes back via another specialty, this is always feedback to the trainees. The trainers would also utilise the ES meetings to provide feedback to the trainees. During the presentation, the trainers highlighted the Pride of Clyde system of feeding back positively and the trainers also emphasise that case review discussions for the higher trainees are an excellent oppportunity for trainees to receive feedback and increase their learning.

All Trainees: The trainees answer that they receive feedback both during the day and OOH and it is given rapidly. The trainees also meet with the trainers to go through anything relevant to their portfolio and feedback can be discussed then. All trainees note that the feedback given is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers reported that the department has a chief registrar who seeks out concerns from the trainees, which is anonymised, and will report them to the management to be investigated and acted upon, particularly if there are any significant concerns. Trainees are also able to raise any concerns with their supervisor at their mid-point meeting. The trainers also highlight that after each training session, trainees are given a formal feedback questionnaire.

FY/GPST & CT Trainees: The trainees state that they are able to provide feedback on their training directly to the ES and they can discuss their workload with them too. The trainees also highlight that there is a chief registrar that seeks out feedback anonymously to the feedback to management. Although most trainees were aware of the chief registrar role, not all were contacted for their feedback. Those that were contacted felt that they chief registrar was approachable.

ST Trainees: The trainees reports that they are not always asked for feedback, but there is a chief registrar who seeks feedback proactively to give to the consultant team.

2.12 Culture & undermining (R3.3)

Trainers: The trainers reported that there is a good induction with the nursing staff also included to create a good culture. The trainers don't feel that there is a negative culture in the unit, however, with trainees changing every three to four months it can be difficult to create long standing working relationships. The trainers recognise that there are pressures on the department and staff, therefore some interactions can be perceived to be negative. Notwithstanding this, the department have recognised that concerns have been raised and there are plans in place to alleviate some concerns. The team feel that they would not tolerate and call out any bullying or undermining issues, and they feel no specific team member is going out of their way to belittle staff members. The trainers highlight that trainees can raise concerns with their ES in the first instance, however any consultant can be approached to report anything they deem inappropriate. The trainees are informed during induction that they should always report any concerns and they will be acted upon. The trainers highlight that handover can feel intimidating, but there are no criticisms given in relation to management plans for patients. The trainers feel that they are a protective team, therefore they were disappointed to be given negative culture feedback. The trainers mention that there are active peer supporters in Clyde for pastoral support for trainees.

FY/GPST & CT Trainees: The trainees report that the team are supportive and the department is busy, but they are always able to approach any senior for support. Some trainees answer that they have witnessed behaviour that has undermined confidence or performance. The trainees believe that overall, it is not a toxic environment in the department. However, there are times when the department is particularly pressured when people become stressed and that can cause people to behave in a rude manner. The trainees reported various times when they felt undermined by the nursing staff, particularly when they were new to the department. The trainees also noted that they have witnessed the nursing staff being rude to other staff who attend from out with the emergency department. The trainees highlight that relationships with specialties out with the emergency department can be very strained and challenging. The trainees state that referral pathways can be confusing and specialty colleagues are not always receptive to referrals, but the consultants will step

in to support the trainees when they are facing a challenging referral. The trainees also answer they speak with their ES if they are required to raise a formal complaint as well as being able to speak with the chief registrar.

ST Trainees: The trainees report that they have a valuable experience with the consultant staff in the unit, however they have witnessed the nursing staff undermining the junior team and other medical staff but added that they have not directly been involved in any of the experiences. The trainees would highlight any concerns they have to the consultant staff in the unit. The trainees also acknowledge that some of these behaviours that have been described are recognised to be a stress reaction to the overwhelming demands on the department.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers report the rota does allow for achieving curriculum outcomes as the Royal College of Emergency Medicine (RCEM) defines, however there is still a degree of service to provide and the site are not always allocated their full complement of trainees. As stated above in assessments they have a dedicated consultant who provides time with trainees to complete WPBAs. The trainers detail that there are around 60-70 shifts per month that are considered as gaps, and they have excellent secretarial staff who will find locum staff to fill these gaps. The trainers highlight that they are allocated three GPST trainees currently, which is five trainees short of full complement.

FY/GPST & CT Trainees: The trainers reported that they have many gaps on the rota, which are covered by locums. The rota can be very demanding and negatively impacts the trainees' well-being. The FY trainees highlight that they are unable to take tasters weeks in this post. The trainees note that the rota does allow for meeting curriculum requirements in terms of clinical experience.

ST Trainees: The trainees answer that there is a high volume of gaps on the rota, with most occurring on nightshift. These gaps will be mainly filled by locums and clinical fellows as well as consultants. The rota is not transparent in accommodating specific learning opportunities, it is mostly adhoc when they arise. The trainees state that they don't have the opportunity to engage with the rota organisers, as they have not had any changes implemented despite emailing them. The frequency of nightshift in the post does affect the trainees' well-being.

2.14 Handover (R1.14)

Trainers: The trainers reported that there are two handovers held each day, one in the AM and one in the PM. The morning handover is held at the main staff base with those handing over from nightshift to the dayshift attending, as well as consultants. The handover in the morning will discuss patients, outstanding issues, deaths, child protection and any other concerns from the overnight team. The afternoon handover is held in the seminar room to discuss the patients currently being reviewed, with learning points highlighted. Handover is also used as an opportunity to reinforce break taking, seeking support and updating management plans.

All Trainees: The trainees report that there are two handovers each day with the formal handover occurring at 4.30pm, with some structure. There is no nightshift handover due to the timing of shift changes and there are no formal handover arrangements at the weekend. There is a morning handover on the shopfloor, but this can be interrupted. The afternoon handover is the most useful and has opportunity for learning, although it's not always the case.

2.15 Educational Resources (R1.19)

Trainers: The trainers report that there is an office with shared computers available. There is also and seminar room with a large screen that is useful for online learning. The trainees also are able to utilise the learning space at Inverclyde that is excellent, although this is not as popular. The trainers also note that the site has a good library for trainees.

FY/GPST & CT Trainees: Trainees reported that the educational resources on site are acceptable, but they don't have much time to utilise them.

ST Trainees: The trainees report that they do not have a dedicated doctor's office and the space they are allocated is shared with nurses. This has an impact as there are a limited number of computers and they are always being utilised by someone.

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 there is plenty of peer support for trainees, but the trainers highlight that if a trainee is seeking support, then the educational supervisor would be their first avenue for guided support. However, the trainers do note that all trainers are available to talk to, should trainees require them. The trainers also note that there is a dedicated consultant for performance support who would be able to provide further areas that could provide more support.

All Trainees: The trainees report that the department are supportive of those requiring support. The team help support with occupational health and will implement any adjustments as required.

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 there is good clinical governance within the department, as the Associate Medical Director oversees the department and trainees are aware of who he is and what role he has. The department have a sub-Dean and Professor, that feed into the appropriate management channels. The trainers are involved in the governance processes and would attend teaching and training sessions. The department also has a dedicated consultant who reviews and respond to individual datix's from both RAH and IRH, will all reported datix's discussed every 6 weeks. The trainers highlight that learning points from serious adverse events (SEAR's) are highlighted to ensure that lessons are learned and not repeated. It is also stated that any learning would also be included in the weekly briefing note, which is also shared widely across the health board.

FY/GPST & CT Trainees: The trainees answer that they would be able to raise any concerns with their ES in relation to their training and they feel that any concerns will be acted upon. ACCS and GPST trainees are not aware of any trainee forums to raise concerns. FY trainees are aware of a trainee forum but are unaware of how to contact them.

ST Trainees: The trainees answer that they would be able to raise any concerns with their ES in relation to their training and they feel that any concerns will be acted upon. The trainees can also raise any concerns via the chief registrar. The trainees are perhaps aware of an EMTA trainee forum; however, they are not aware of the representative for this or when they meet.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Not formally asked, however the trainers emphasised previously that trainees can speak with their ES and have clear guidance of who to approach to raise concerns.

FY/GPST & CT Trainees: The trainees report they would report any concerns via datix and these are reviewed regularly.

ST Trainees: The trainees report that they do have concerns about patient safety due to the long bed waits and overcrowding. The trainees feel that the management and medical staff acknowledge that this is a concern but there is not a viable solution to date. The trainees note the number of patients in the corridors is large and time the patients waiting for a beds space can be significant.

2.19 Patient safety (R1.2)

Trainers: The trainers highlighted during the presentation that the security of the site does raise some concerns among the staff and their safety. It was noted that there are times when the site feels unsafe due to the volume of patients present in the department, coupled with long waits and patients being left in corridors until there is bed space. The trainers emphasise that there are concerns with the volume of patients and their inability to be able to manage patients in a safe and effective way. The trainers note that there are safety huddles on a regular basis with attendance from a good variety of staff, however the patient safety is all influenced by the exit block and the wider site being at capacity the majority of the time. The team note they are seeing deterioration of patients in corridors on a regular basis. Although everyone is working hard to manage the situation, there is a limited number of solutions to the problem.

FY/GPST & CT Trainees: The trainees report that they have patient safety concerns in relation to the amount of time patients have to wait to be seen. However, they state they would not be concerned about the care given to the patient when they are assessed. The trainees note that they are not involved in safety huddles, but various other members of staff attend these on a daily basis.

ST Trainees: The trainees reports that they would have concerns about the structural care in the hospital, but the individual care given by staff members is excellent. The trainees state that they see patients deteriorating in corridors on a regular basis. The trainees emphasise that patients can wait up to 18-24 hours for a bed space in the hospital, with patients remaining under the care of the EM team for excessive amounts of time.

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

Trainers: The trainers report that the team would submit any incidents through DATIX and there is a consultant with time in their job plan to review and escalate incidents where required. The trainers state that a briefing note would be produced and distributed, with all submitted datix's being discussed every six weeks. The trainers note that should a trainee be involved in an incident, they would be given feedback face to face and this would be given in a supportive and sensitive way, usually by the trainee's ES. The trainers also note if there is a serious adverse incident, then a de-brief would be given straight away, with a cold de-brief given a few weeks afterwards. The trainers state that there is an SOP for this process that trainees can read.

FY/GPST & CT Trainees: The trainees report that when involved in an adverse event they feel supported and are managed with care and compassion. The trainees highlight that they are aware of the consultant who reviews the datix submission regularly and they feel that this consultant is supportive and ensures that trainees learn from any adverse event. The trainees state that there is a monthly M&M meeting that trainees are invited to attend, which is also recorded. There is also a weekly brief that is distributed detailing information that trainees should be aware of. Most trainees feel that they would be able to communicate something going wrong with a patient's care, however they also feel that consultants would also support them through any related process.

ST Trainees: Not formally asked.

2.21 Other

FY/GPST & CT Trainees: Overall satisfaction score 7.5/10 (range 7-9)

ST Trainees: Overall satisfaction score 4.8/10 (range 3-6)

3. Summary

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

Positive aspects of the visit:

The panel were pleased to see a high degree of engagement from management, trainers and trainees at the visit and it is clear to the panel that there is a dedicated and engaged group of consultants who have a huge desire to teach and train.

- Clinical supervision arrangements were robust and trainees always felt supported and knew who to go to.
- The Educational Supervision arrangements are strong and trainees all had an awareness of who their supervisors were and had had appropriate educational meetings. The panel thought it helpful that consultants are allocated to a specific cohort of trainees in order to be able to build expertise in relevant curricula.
- The panel heard that the presence of a chief registrar within the department was a very positive addition, particularly in relation to improving feedback mechanisms from the trainees to the department.
- The study leave process is robust and all trainees cohorts reported that they have no issues with the study leave process.
- The panel noted that the provision of local teaching was largely seen as positive with appropriate teaching being provided for all groups of trainees, with most trainees attending when they are on shift in the department.
- The panel heard that generally speaking, the clinical experience provided from working in the department is very good across the board allowing trainees to meet curriculum competencies for all trainee groups.

Less positive aspects of the visit:

The panel recognised that the majority of these aspects have been identified by the department, with work already underway to address them and improve the training environment.

- The panel acknowledged that there are planned changes to induction from August 2024. However, induction was highlighted consistently by all trainee groups as an area where improvements could be made. Specifically, it was felt that it is important to address the processes for providing induction to those who have missed the initial induction due to night shifts and so on. Additionally, the process for induction to cross site working to Inverclyde was variable across trainee groups, and this should be addressed in order to adequately prepare trainees for shifts there.
- It was noted by the panel that the rota in its current format can limit educational opportunities, with a sense of service provision being prioritised over training. This was specifically highlighted by the HST group but is applicable to all trainee groups. The panel feel that it would be beneficial to review the current rota in order to optimise the educational experience – specifically considering; facilitating adequate attendance at teaching, adequate EDT for all trainee groups, allowing time for appropriate feedback to be received on management of clinical cases, including the completion of WPBAs, and involvement in QIP and research activity where appropriate. The rota review should include trainee input.
- The panel heard that although there are currently two daily handovers at 8am and 4-4.30pm, the handover process is as times unstructured and informal, with no handover to the night team currently taking place. Handover processes should be reviewed, specifically considering the need for handover to the night shift team, and handovers at weekends.
- Undermining concerns have been raised by the trainees and the panel are aware that the team have acknowledged these previously. The trainees reiterated that overall, their seniors are supportive, however there remain some concerns, in particular in relation to undermining comments from nursing colleagues directed towards more junior grades of doctors in training.
- The panel heard of patients safety concerns which are largely related to the current service pressures, departmental overcrowding, and long bed waits. It is recognised that this is largely out with the department's control, however this was highlighted by both the trainer group, and all trainee groups, and as well as being a significant patient safety issue, undoubtedly impacts upon the training environment.

4. Areas of Good Practice

Ref	Item	Action
4.1	The clinical supervision arrangements are excellent and trainees feel supported by the consultant in the department.	n/a
4.2	There is a very robust study leave process in place and the trainees are happy with it.	n/a
4.3	There is exceptional local teaching programme in place and trainees are highly encouraged to attend.	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	n/a	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Trainees must receive adequate induction to all sites they cover to allow them to begin working safely and confidently.	26th December 2024	All trainees
6.2	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	26th December 2024	All trainees

6.3	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	26th December 2024	All trainees
6.4	The rota pattern must be reviewed with the trainees who are on the rota to identify ways to address their concerns.	26th December 2024	All trainees
6.5	Handover arrangements must be reviewed, especially between nightshift and day teams, as well as weekends.	26th December 2024	All trainees
6.6	The department must have a zero-tolerance policy towards undermining behaviour.	26th December 2024	All trainees
6.7	Measures must be implemented to address the patient safety concerns described in this report, specifically around the overcrowding and long bed waits.	26th December 2024	All trainees