Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	2nd July 2024	**Level(s)**	Foundation, Core, GP Specialty
Type of visit	Triggered (Virtual)	**Hospital**	Belford Hospital
Specialty(s)	General Internal Medicine, General Surgery	**Board**	NHS Highland

Visit Panel	
Dr Fiona Drimmie	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Kerri Baker	Training Programme Director
Dr Eric Livingston	Foundation Programme Director
Dr Sarah Jarvis	Trainee Associate
Ms Ceri Boyd	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In Attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Fiona Drimmie & Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	7
Trainees in attendance	4 (2-F1, 1-F2, CT-1, 0-GPST)

Feedback session: Managers in attendance	Chief Executive	0	DME	0	ADME	0	Medical Director	1	Other	10

Date report approved by Lead Visitor	Dr Fiona Drimmie Professor Alan Denison

1. Principal issues arising from pre-visit review:

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.

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey a Deanery visit is being arranged to General Internal Medicine and General Surgery at Belford Hospital. This visit was requested by the Foundation Quality Review Panel held in September 2023.

NTS Data 2023

Triage List: Medicine F2 – Red Flags, Changes in Score, Low Scores.
F1 Medicine – All Yellow Flags.
F2 Medicine – Red Flags – Adequate Experience, Clinical Supervision, Clinical Supervision Out of Hours, Educational Governance, Overall Satisfaction, Reporting Systems, Rota Design, Supportive Environment, Workload. Pink Flags – Educational Supervision, Feedback, Handover, Induction.
F1 Surgery, CT – All Yellow Flags.
ST, General Surgery – All Grey Flags.

STS Data 2023

Triage List: General Internal Medicine, Foundation – Significant change in score.
Foundation, General Internal Medicine – Red Flag – Equality and Inclusivity. Pink Flags – Clinical Supervision, Educational Environment.
Foundation, CT, ST General Surgery – All Grey Flags.

At the pre-visit teleconference the visit panel agreed that the focus of the visit should be around the areas highlighted in the survey data, the previous visits requirements and pre-visit questionnaire. Due to the number of trainees in attendance at the Core/Specialty trainee session comments from the visit and pre-visit questionnaire responses have been combined for the purposes of this report.

Department Presentation:

The visit commenced with Dr Stephen Gilbert delivering an informative presentation to the panel. This provided a detailed overview of the hospital along with a comprehensive review of the survey data from 2023. We then went onto look areas that are going well, areas for improvement and planned changes for the future.

2.1 Induction (R1.13):

Trainers: Trainers described a comprehensive induction which they believe equips trainees well for working in the hospital. Induction includes a hospital tour and trauma/cardiac simulation sessions. There is an induction handbook provided which is provided to all and is also available on the Microsoft Teams channel. They commented that catch-up induction sessions are not something they have to arrange regularly and that due to some of the induction being provided by IT, it is not possible to replicate the whole session. However, trainees who do miss induction are provided with a tour of the hospital and are taken through how each department in the hospital works.

Foundation and Core Trainees: Trainees reported receiving good quality induction to the hospital and department. They found it equipped them well to do the job. They would find it useful to have an IT session for those new to hospital.

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

Trainers: Trainers reported that core teaching for F1 trainees takes place on a Thursday with cover provided by colleagues. F2 trainees core teaching is held monthly off-site. Some difficulties had been identified regarding curriculum coverage and a plan is now in place to join Raigmore to ensure all areas are covered. Core trainees have a virtual teaching programme and GPST trainees have 10 off-site away days they can attend. The site aims to facilitate 75% of sessions offered to CT and ST trainees. They also reported that departmental teaching takes place every morning after the handover meeting which all trainees attend unless there is a clinical emergency. This has been a well-received.

Foundation and Core Trainees: Trainees reported attending daily half hour departmental teaching sessions. They also noted being able to attend 80% of locally delivered teaching. Being on back shift and clashes with pre-theatre work can prevent attendance.

2.3 Study Leave (R3.12)

Trainers: Trainers reported that it can be challenging to support study leave however they use locums to help facilitate requests. They are not aware of any requests being declined.

Foundation and Core Trainees: Trainees reported no concerns in requesting or taking 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 they are very well supported in their supervisory roles and have a good network for providing peer support to each other. They commented that it can be difficult to stay on top of curriculum requirements for each training group and they find it easier to allocate the same group of trainees to the same supervisors to allow them to build knowledge of specific training needs.

Foundation and Core Trainees: Trainees confirmed having designated educational supervisors, who they have met twice in post.

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 described clear escalation pathways with trainees always aware of who to contact for support during the day and out of hours (OOH). They are informed of the consultant team each day which consists of a consultant physician, surgeon and anaesthetist. They described morning handover as taking place at 8am where all clinical matters are discussed with the overnight team, junior doctors, nursing staff, consultants and the oncoming junior doctors and consultant team. The Rural Emergency Practitioners (REPs) are available in the Emergency department for support during the day. They are aware of issues where trainees may have felt uncomfortable in asking for support which has been addressed by a standard operating procedure detailing what they need to do to request support. There are also posters displayed throughout the hospital encouraging trainees to ask for help when needed. They also have a very experienced senior nursing team who are hugely supportive and will call for help should they think a trainee is not getting the support needed or is not asking for support.

Foundation and Core Trainees: Trainees confirmed always being aware of who to contact for clinical supervision during the day and OOH. They believe that they have had to cope with problems out with their level of competence in the emergency department particularly overnight if they are the only person in the department which can be daunting. This reflects the nature of the hospital where it maybe a baby/child or obstetric problem that presents. They have no concerns in contacting seniors or the on-call team for support when required.

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

Trainers: Trainers reported keeping up to date with changes to the different curricula can be challenging. There have been changes to the Foundation curriculum recently with no training provided. Trainees are helpful and provide guidance. Most trainees are proactive in asking for assessments and consultants also suggest cases that can used. As described previously supervisors tend to be allocated the same group of trainees to allow them to build knowledge of training needs. Trainees are provided with robust review with a personal development plan set and early discussions regarding any area of interest.

Foundation and Core Trainees: Foundation trainees reported having no difficulties in achieving learning outcomes when in post. The core trainee reported difficulties in two areas; experience in out-patient clinics and leading the ward round with supervision which was highlighted to their educational supervisor. Foundation trainees commented on rarely being able to attend outpatient clinics or theatre due to workload however noted that there are opportunities to attend. They are confident the post allows development in skills in managing the acutely unwell patient. They felt very involved in decision making.

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

Trainers: Trainers reported sufficient opportunities to allow assessment requirements to be met.

Foundation and Core Trainees: Trainees reported sufficient opportunities to allow them to meet the assessment requirements for the post.

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

Trainers: Trainers reported that morning teaching and simulation sessions are open to all. Teaching sessions are delivered by variety of people such as members of the mental health team and pharmacists.

Foundation and Core Trainees: Trainees stated that there is little opportunity to learn with other health professionals and commented on occasional ad hoc teaching from pharmacists.

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

Trainers: not asked.

Foundation Trainees: Foundation trainees confirmed that there are opportunities to undertake a quality improvement project however none had been involved in one in this post. The core trainee has been involved in audit and has presented findings.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that trainees receive real time informal feedback. Foundation trainees are encouraged to discuss all management plans before discharge from the emergency department. There is also opportunity for workplace-based assessments.

Foundation and Core Trainees: Trainees stated that they rarely receive feedback on their clinical decisions. They stated that formal feedback would be useful as they often see patients independently with no review. This is predominantly in the emergency department. There is reasonable feedback when discussing the discharge of a patient.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported conducting regular meetings with trainees to allow them the opportunity to raise any concerns. Formal feedback is also requested at teaching sessions. There is however no trainee forum.

Foundation and Core Trainees: Trainees reported no official route to providing feedback to trainers and the management team on the quality of training they have received. They confirmed being asked within a supervisors meeting if they would like to raise anything.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that ensuring a training environment free from bullying and undermining is and has been a struggle. There has been a lot of time and effort put into improving the team culture across the hospital for example there has been a 2-day human factors training along with civility saves lives training. Despite efforts not all who should attend these sessions did and there continues to be concern in this area. Those who are engaged with the process spread the message of civility saves lives. There are regular trainee's sessions held where they are free to raise any concerns they may have. The pathway for reporting issues is also well advertised. It was suggested that active bystander training would be useful to be offered to all.

Foundation and Core Trainees: Trainees reported on a supportive clinical team and seniors. They stated that they have on occasion experienced or witnessed behaviours of undermining. These are generally communication issues between juniors and senior members of staff. They are comfortable in raising any concerns with their supervisor or the clinical director who is keen to hear of such instances.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported difficulties in filling the rota due to unfilled posts from recruitment and accommodating requests for adjustments to training. Currently only 8 out of 13 can take part in the night rota. Unfortunately, there is also only authorisation for shifts in the emergency medicine department to be offered out to bank and locum staff. They are aware of rota gaps coming in the August changeover. They are not aware of any aspects of the rota affecting trainee's wellbeing and make a consecutive effort to facilitate breaks and finishing on time. They also acknowledged the difficulties faced by those on shift in the emergency department overnight which can be stressful for trainees in comparison to a larger emergency department.

Foundation and Core Trainees: Trainees reported being aware of a gap in the rota which are either filled by locums or covered by trainees which can make the day more challenging. Foundation trainees confirmed that they do not often get to clinics or theatre however opportunities are there, and they are confident the curriculum is covered within the post. They stated that it can be demoralising on days where there are staffing issues.

2.14 Handover (R1.14)

Trainers: Trainers reported that a lot of work has been put into the handover process. They believe it is a good and robust process with learning opportunities provided. Handover is also a good opportunity to discuss cases and ask questions.

Foundation and Core Trainees: Trainees confirmed handover as taking place at 8am each morning where all on shift attend e.g. consultants, trainees, nursing staff, anaesthetist. There is a meeting on the ward at 3.30pm with the ward doctor, consultant and those on the evening rota. Finally, there is an informal handover from the long day person to the night person. They confirmed there is an agreed structure to how patient information is handed over which is safe. Handover is not used as a learning opportunity however daily teaching is held after handover and there are opportunities to present interesting cases.

2.15 Educational Resources (R1.19)

Trainers/Foundation Trainees/Core and ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

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 reported several avenues to support trainees who may encounter difficulties. Trainees are provided with occupational health information at induction.

Foundation and Core Trainees: Trainees reported that they are not aware of what support is available to them should they be struggling with the job or their health. They stated that they have not had to request any reasonable adjustments to training but are aware of some requests that have been accommodated.

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 reported they were not aware of a committee that oversees the management and quality of postgraduate medical education on site. They are aware of and contribute to the senior clinicians group.

Foundation Trainees/Core and ST Trainees: Not asked

2.18 Raising concerns (R1.1, 2.7)

Trainers: Not asked.

Foundation and Core Trainees: Trainees reported that they would raise any concerns relating to patient safety with the relevant consultant or clinical director. They have had no issues when calling a senior for support. They are also aware of the datix system for reporting adverse incidents.

2.19 Patient safety (R1.2)

Trainers: Trainers believe the training environment is safe for trainees and patients. When consultants are on site, they are always accessible to trainees for help and support. They acknowledge staffing issues, and that support may not be so readily available when they are off site and REPs have finished on shift.

Foundation and Core Trainees: Trainees stated that they would not be comfortable if a friend or family member was to be admitted to the ward. This is due to services and specialties that are not available within a rural hospital.

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

Trainers: Trainers reported that should a trainee be involved in an adverse incident feedback would be provided via the educational supervisor and clinical director where the focus of discussions is around learning. More formal feedback can also be provided by the training programme director. They noted that they try to provide positive feedback where possible. They have a well-established pathway for communicating when something has gone wrong with a patient's care and would not expect a trainee to deliver such information alone. Prior to communicating with a patient there would be a debrief and support readily available by a consultant or nurse in charge. A trainee would not be expected to do this without appropriate supervision.

Foundation and Core Trainees: Trainees commented on being aware of the datix system for reporting adverse incidents although most have not used the system. The core trainee is also invited to attend M&M meetings where patients cases are discussed. They stated that in general consultants will communicate anything that has gone wrong with a patients care directly. They commented that they had not been left to have difficult conversations with patients without relevant support.

2.21 Other

Overall Satisfaction Scores:

Foundation - 8/10.

CT/ST - 6/10

3. Summary

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

The panel commended the engagement of the site and medical education team in supporting the visit and note the work underway to improve training at the hospital. The panel noted some concerns relating to the rota, team culture and feedback. An action plan review meeting will be arranged 6 months post visit where the department will be given the opportunity to show progress against the requirements listed below.

Positive aspects of the visit:

- Engagement from the Medical Education team and site management teams in supporting the visit and recognition of their desire to make positive changes.
- Good and robust induction which equipped trainees well to work in the hospital.
- Trainers described a process for providing catch up induction for those unable to attend the planned induction.
- Good departmental teaching programme including monthly simulation sessions, which are well attended and landing well with trainees.
- Clear escalation pathways with approachable staff providing good levels of support.
- Foundation trainees commented on good support and feedback on a day-to-day basis in the Emergency Medicine department by Rural Emergency Practitioners (REPs).
- Recognised efforts and ongoing work on culture across the hospital.

Less positive aspects of the visit:

- Chronic ongoing problems with gaps in the rota are impacting on trainees' wellbeing and training experience.
- Locum cover only authorised in Emergency Medicine department and not in other areas of the hospital.
- No formal forum for trainees to feedback to trainers or the management team on the quality of the training they are experiencing.
- Continuous comments throughout the meeting relating to team culture and communication.

4. Areas of Good Practice

Ref	Item	Action
	Daily teaching incorporated into handover time.	

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	Locum cover only authorised in Emergency Medicine department and not in other areas of the hospital.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific example of undermining behaviour noted during the visit will be shared out with this report.	April 2025	ALL
6.2	Alternatives to doctors in training must be explored and employed to address the chronic gaps in the junior rota that are impacting on training.	April 2025	ALL
6.3	There must be a process that ensures trainers understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level.	April 2025	Trainers