

Scotland Deanery  
Quality Management Visit Report



<b>Date of visit</b>	20.02.20	<b>Level(s)</b>	Specialty
<b>Type of visit</b>	Scheduled Programme	<b>Hospital</b>	Western General Hospital
<b>Specialty(s)</b>	Diagnostic Neuropathology	<b>Board</b>	NHS Lothian

<b>Visit panel</b>	
Alan Denison	Visit Chair –Lead Dean Director for Diagnostics
Fiona Ewing	Associate Post Graduate Dean for Quality
Jane Paxton	Training Programme Director
Gillian Scott	Trainee Associate
Tom Drake	Lay Representative
Dawn Mann	Quality Improvement Manager
<b>In attendance</b>	
Patriche McGuire	Quality Improvement Administrator
Gary Keatings	Shadowing Lay Representative

<b>Specialty Group Information</b>	
Specialty Group	Diagnostics
Lead Dean/Director	Alan Denison
Quality Lead(s)	Fiona Ewing
Quality Improvement Manager(s)	Kelly More
<b>Unit/Site Information</b>	
Non-medical staff in attendance	N/A
Trainers in attendance	2 including the TPD
Trainees in attendance	2

Feedback session: Managers in attendance	Chief Executive		DME		ADME		Medical Director		None	X
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Date report approved by Lead Visitor	19 <sup>th</sup> March 2020
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## 1. Principal issues arising from pre-visit review:

The Scottish national training programme received GMC approval in 2016. The training programme covers all aspects of Diagnostic Neuropathology including: surgical neuropathology, both adult and paediatric; molecular neuropathology, particularly molecular neuro-oncology; post mortem neuropathology, both adult and paediatric; forensic neuropathology, both adult and paediatric; neuromuscular pathology, both adult and paediatric; cytology; ophthalmic pathology. Entry in to the programme is at ST3 level (Stage C) following successful attainment of the FRCPath Histopathology part 1 examination.

Due to small trainee numbers there is very little NTS and STS data and it was recommended by the Quality Review Panel that a scheduled programme visit should take place. The purpose of the programme visit is to meet with all trainees and trainers to review training, education and experience within the programme against the requirements of the General Medical Council's Standards for Medical Education and Training.

There are currently 3 trainees in the programme based in Western General Hospital Edinburgh.

### 2.1 Induction (R1.13):

**Trainers:** The panel were advised that trainees enter the Diagnostic Neuropathology programme at ST3 from Histopathology and are integrated with Histopathology trainees for the board level induction. Induction to the programme is undertaken by the Training Programme Director (TPD) and consultant who will talk trainees through programme specific information, provide a lab orientation and introduce them to laboratory staff. There is no written trainee handbook including formal pathways to raise concerns etc, but trainees are given written documentation regarding ARCP guidance and the curriculum. If trainees are unable to attend the induction session a catch-up session is arranged with the TPD and consultant. It was highlighted that split sites can prove more challenging due to different process, but trainees are introduced to both and the hope is to move to one site in the future.

**Trainees:** We were given examples of trainees who started out of sync and received an induction session with their supervisor including information of what was expected from them, introduction to

staff and the inner workings of the programme. Trainees advised there is no handbook, but they received some practical printed information which they found helpful. Trainees felt induction prepared them for their role. One trainee did advise they had delays getting IT access and it was several weeks before they had access to all relevant systems.

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

**Trainers:** The panel were advised trainees can attend Histopathology teaching sessions and a weekly clinical Neurosciences teaching afternoon. Trainees can attend biannual National Neuropathology programme teaching in London and regular local MDT meetings where they are also encouraged to present. We were told there is European programme teaching with world class teachers that trainees have access to: this year the British Neuropathological Society (BNS) have sourced fees funding for 4 UK trainees. Due to the size of the programme it was felt trainees have good access to daily informal teaching including sessions at the multi-headed microscopes.

**Trainees:** Trainees advised they attend weekly Clinical Neurology teaching alongside Neurology trainees and they also have the opportunity to present at teaching. Trainees advised they have no barriers to attending teaching and reported receiving regular informal teaching from consultants.

## **2.3 Study Leave (R3.12)**

**Trainers:** Trainers were not aware of any trainee being unable to access study leave. However it was felt the budget can be restrictive for a National Programme due to travel costs. We were told trainees have access to additional funding through the BNS.

**Trainees:** Trainees advised it is straightforward for them to get study leave and felt the department were supportive of time away. It was raised that as a National programme the study leave budget can be quickly used travelling to national events in London for example, the annual Neuropathology 2-day teaching course followed by the 3-day BNS conference uses more than the annual budget. The panel were told there are additional grants that they can apply for. However, some have stipulations and some only cover the course fees. It was felt the standard of the courses and conferences was high, but the cost of attending can be prohibitive.

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

**Trainers:** Trainees advised that due to small numbers of trainees and trainers, both the Lothian consultants are trained clinical and educational supervisors. These roles would be covered at their appraisal and ES have allocated time within their job plan. Due to the small size supervisors will meet with trainees almost daily and have regular opportunities to discuss their training.

**Trainees:** The panel were told that due to the small size of the programme most trainees meet their supervisor on a daily basis informally but confirmed they have had formal meetings and that learning plans are in place.

## **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 advised they have discussions with trainees, so they are always clear of their expectations and know who to contact for support. Trainees do not undertake out of hours work. Trainers were unaware of trainees who had to deal with problems beyond their level of competence and felt there was always support available and that trainees would feel comfortable asking for it.

**Trainees:** Trainees confirmed they do not undertake out of hours work and are always aware of who to contact for support during the day. Trainees confirmed they had not had to deal with problems beyond their level of experience and felt senior colleagues were approachable and easy to contact.

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

**Trainers:** Trainers advised trainees are given detailed curriculum information for the programme which includes ARCP guidelines. We were told supervisors have regular dialogue with trainees to ensure they are on track and that if trainees felt they needed access to a certain area or had a special interest, this would be addressed. For example, trainees have the opportunity to spend a week at Great Ormond Street to gain experience of Paediatric Neuropathology. It was felt the programme provides trainees with a good balance between education and tasks of little educational benefit. We were told trainees are encouraged to take on management tasks for experience.

**Trainees:** Trainees felt the spread of work in the department allowed them to easily achieve their competencies. We were told that trainees had been given opportunities to spend time with teams in other UK sites if they felt they required additional exposure or had a special interest. Trainees advised they attend regular MDT meetings as part of the Clinical Neurology component of the programme and advised they could attend muscle clinics if they wished but this is not formalised. Trainees advised they spend little time on tasks with little or no educational value.

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

**Trainers:** We were advised Lothian is the second biggest Neuropathology department in the UK, allowing trainees to get good exposure and that they have no difficulty achieving competencies. Trainers had not had formal training in workplace-based assessments and had not carried out benchmarking but did not feel they had trouble carrying them out.

**Trainees:** Trainees advised they had no problems completing work placed based assessments that are fair and consistent. It was felt these can be repetitive as trainees have already completed 3 years pathology training with similar assessments.

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

**Trainers:** Trainees attend the Neuroscience Clinical afternoons on a Thursday afternoon alongside Neurologists and Neurosurgeons. We were told trainees are invited to attend biannual Scottish Muscle Network meetings which are attended by a range of different specialists.

**Trainees:** Trainees advised they attend regular multi professional meetings and have exposure to clinical scientists and laboratory staff.

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

**Trainers:** Trainers advised trainees take part in annual audits.

**Trainees:** Trainees advised they have ample time to carry out audits and quality projects and senior staff are supportive of their ideas and suggestions.

## **2.10 Feedback to trainees (R1.15, 3.13)**

**Trainers:** The panel were told trainees receive regular feedback which will vary depending on their level of competence. For example, ST3 trainees will receive immediate feedback on all their cases working with a consultant at the microscope. It was explained that as trainees progress to a higher level they will be encouraged to take on more responsibility to prepare them for being a consultant whilst still receiving appropriate feedback.

**Trainees:** The panel were told that all cases are discussed with consultants and feedback received.

## **2.11. Feedback from trainees (R1.5, 2.3)**

**Trainers:** The panel were advised that due to the small size of the programme they encourage open communication and receive informal trainee feedback on a day to day basis. Trainers advised they have 6 monthly formal meetings with trainees which are documented, and trainees have an opportunity to meet as a group of national programme trainees.

**Trainees:** Trainees advised they would feel comfortable providing feedback to trainers. We were told there is a national Diagnostic Neuropathology trainee forum to discuss topics relating to the programme. Trainees were aware who the Lothian Histopathology trainee representative was who they could feedback to.

## **2.12 Culture & undermining (R3.3)**

**Trainers:** Trainers advised there are health board processes in place for reporting undermining and bullying and they themselves have an open-door policy. We were advised there had been a trainee with concerns who was provided with an additional contact for support outwith their department. After an independent assessment of the situation the trainee was moved department to Lothian.

**Trainees:** Trainees felt the clinical team in Edinburgh were very supportive and they had not experienced behaviour that has undermined their confidence whilst there. They would feel comfortable raising concerns to their supervisor or TPD.

### **2.13. Workload/ Rota (1.7, 1.12, 2.19)**

**Trainers:** Trainers advised there is an informal rota in place in the department to share the workload however this must be flexible due to problems with space. Due to an ongoing lack of space trainees need to work across sites and share offices depending on availability. This can change depending who is on annual leave etc which makes it hard to put in place a formal rota. This rota is currently produced by consultants but were advised once it is formalised this will be emailed to trainees who will be given an opportunity to discuss.

**Trainees:** Trainees advised there is an internal rota, but it has not formally been put into action due to inadequate physical working space for trainees. Trainees are not involved in the creation of the rota but felt they could raise any issues with the consultants.

### **2.14. Handover (R1.14)**

**Trainers:** The panel was informed trainees will informally handover open cases to consultants and trainees providing cover if they are going on annual leave.

**Trainees:** Due to the nature of the work trainees felt there is not a need for a formal written handover and advised they would handover anything relevant to trainees and consultants. It was felt that consultants are aware of what cases are in progress.

### **2.15. Educational Resources (R1.19)**

**Trainers:** Trainers advised trainees have access to a microscope and share computers but there are aware of ongoing concerns regarding access to enough workspace, which has been discussed with management. We were told trainees have access to a library and can make requests for additional books. Trainees also have access to journals through Edinburgh University.

**Trainees:** Trainees advised there are ongoing concerns regarding a lack of workspace meaning that trainees are having to move around between offices and available space. We were told an additional space was found to accommodate trainees however it is not fully equipped with computers, is a thoroughfare and so is not an optimal working environment. Trainees raised concerns that it can be



difficult to easily keep track of their work as they have to move workstations regularly and therefore don't always have notes and slides to hand which could pose a risk. It was also felt hot desking is not ideal due to access to microscopes and the different standards and set ups.

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

**Trainers:** It was felt concerns regarding a struggling trainee would be raised with the TPD in the first instance. We were told there has not been reasons to liaise with the Performance Support unit as yet but the TPD was aware of the process if required. Trainers advised they provide career support to trainees and help their progression in to the service. It was felt the department are supportive of less than fulltime working (LTFT) and Out of Programme opportunities and examples were given of how each have been facilitated successfully in the past.

**Trainees:** Trainees felt there was support available for trainees who were struggling in any way and felt the department were supportive of LTFT working.

## **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 TPD advised they complete an annual report for NES regarding the training programme and trainees are encouraged to complete the GMC National Training Survey (NTS). We were told that any concerns regarding the quality of education would be raised with Hannah Monaghan at the DME office and there is an annual Specialty Training Committee (STC) meeting which trainees are invited to attend.

**Trainees:** Trainees advised there was a talk from a Director of Medical Education representative at induction. Due to the size of the programme there is not a local trainee forum for Diagnostic Neuropathology, but they have a contact of a trainee representative that can feed into the process for them.

## **2.18 Raising concerns (R1.1, 2.7)**

**Trainers:** It was felt trainees are aware how to raise concerns regarding patient safety or their training and they would raise these with consultants, supervisors or the TPD.

**Trainees:** Trainees advised they would raise any concerns with their educational supervisor and feel these would be addressed.

## **2.19 Patient safety (R1.2)**

**Trainers:** Trainers advised that health and safety is an important part of trainee's education and they receive health and safety teaching as part of induction as well as specialised post mortem teaching, it was felt it was a safe environment for trainees. We were advised that consultants review all cases although trainees are encouraged to take the lead.

**Trainees:** Trainees would have no concerns if a friend or relative were using the service.

## **2.20 Adverse incidents (R1.3)**

**Trainers:** The panel were advised that adverse incidents would be reported through Datix which would be reviewed, and feedback provided to the trainee. We were advised that there were escalation systems in place and the whole team would receive feedback to allow learning if appropriate.

**Trainees:** Trainees felt they would be fully supported if they were involved in an adverse incident. The panel were given an example of a Datix which had been raised and where feedback was provided to the trainee.

## **2.21 Other**

When trainees were asked to score their 'overall satisfaction' with their training in their current post, with '0' being 'lowest level possible for overall satisfaction' and 10 being the 'highest level of satisfaction possible', the following scores were recorded:

**Trainees:** Trainees scored between 7 and 9 with an average of 8.

### 3. Summary

- Put the table below at the start of the section and only highlight one option from yes, no, highly unlikely, highly likely.

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
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#### Positive aspects of the visit:

- Very supportive and approachable senior staff who encourage a team culture and have education as a core value.
- Trainees receive very regular, meaningful and high-quality feedback on clinical decisions, which is appropriate to their level of training.
- Excellent educational resources including the library and access to journals.
- Access to external funds to assist with costs of attending external courses.
- Training is flexible to allow a personalised training experience. For example, trainees can attend and are encouraged to attend other sites for additional experience across the UK.
- Cohesive and collaborative consultant team with high standards of role modelling.
- Excellent teaching and learning provision, with high quality of local/regional teaching.

#### Less positive aspects from the visit:

- There is a lack of workspace which results in hot desking and moving around which negatively impacts the training environment. Computer access is limited, with a lack of a robust system for safe storage and tracking of slides when trainees may need to work between multiple desks.
- It may be useful to have a more structured approach to induction for example signposting formal escalation processes for trainees with concerns.
- There can be delays in accessing IT passwords at the start of trainee placements.
- As a National programme it can be difficult for trainees to attend all the available teaching within the study budget as these are often in London or abroad.

The panel were left with an impression of a very supportive and approachable training programme with a focus on education and learning. A summary of requirements follows. The panel will suggest to

the Diagnostics sQMG that the programme remains on the scheduled quality management cycle with appropriate monitoring depending on the consistency of the training environment.

#### 4. Areas of Good Practice

Ref	Item	Action
4.1	Training is flexible to allow a personalised training experience. For example, trainees can attend and are encouraged to attend other sites for additional experience across the UK. Cohesive and collaborative consultant team with high standards of role modelling.	

#### 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 may be useful to have a more structured approach to induction for example signposting formal escalation processes for trainees with concerns.	
5.2	It would be useful for trainees to have immediate IT access at the start of their role.	

## 6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The Board must provide sufficient workspace and equipment (for example microscopes) to enable doctors in training to fulfil their duties at work safely and efficiently and to support their learning needs.	9 months	All

*Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate [website](#). See "Action Plan" - located at the bottom of the webpage.*