Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	4th June 2021	**Level(s)**	Foundation/Specialty
Type of visit	Revisit Visit	**Hospital**	Royal Infirmary Edinburgh
Specialty(s)	Neurosurgery	**Board**	NHS Lothian

Visit panel	
Mr Phil Walmsley	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Kerry Haddow	Associate Postgraduate Dean (Quality)
Dr Peter Armstrong	Foundation Programme Director
Mr Colin Watts	Royal College Representative
Ms Vicky Hayter	Quality Improvement Manager
Mrs Annette Lumsden	Lay Representative
In attendance	
Mrs Gayle Hunter	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Soufi
Quality Improvement Manager(s)	Ms Vicky Hayter
Unit/Site Information	
Trainers in attendance	5
Trainees in attendance	FY2, ST - 6
Feedback session: Managers in attendance	6
Date report approved by Lead Visitor	7th July 2021

1. Principal issues arising from pre-visit review:

A previous visit was held on 24th January 2020. The visit panel highlighted a number of key areas of concern which relate to the rota, teaching, supervision, induction and feedback.

Positive point that were highlighted:

- Supportive and proactive Foundation Educational Supervisor engaged in education and training
- Trainees have a strong professional culture and work ethic
- Cake based discussions are well received however trainees would benefit from support from Consultants

The panel also found a number of areas where improvements could be made:

- Detrimental rota which affects training and trainees well being
- Foundation trainees on GP placement provide on-call out of hours with no Neurosurgery experience & not formally attached to department.
- Apparent lack of co-ordination between specialty trainees and Consultant ward rounds
- Access to and frequency of formal departmental teaching
- Lack of trainee attendance at outpatient clinics due to no available space & rota constraints
- No formal allocation of educational supervisors to specialty trainees
- Lack of tailored induction for specialty trainees
- Specialty trainees have difficulty attending regional teaching due to workload
- No formal mechanism to provide trainee feedback

NTS data is from 2019.

The NTS Foundation data is for Surgery not specifically Neurosurgery.

FY2 – All White Flag

ST – Red Flags – Clinical Supervision, Reporting systems, Workload and Rota design

Pink Flags – Overall Satisfaction, Clinical Supervision OOH, Induction, Adequate Experience Supportive Environment and Curriculum Coverage and Educational Governance

STS Data

FY – Red Flag for Handover

FY – Aggregated Data – Red Teaching, Pink for Educational Environment and Green for Clinical Supervision

ST – Red Flag for Teaching

ST – Aggregated Data Red Flags – Workload, Teaching and Handover

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 Mr Imran Liaquat, Consultant Neurosurgeon delivering an informative presentation to the panel which provided an update on progress against the previous visit requirements and the current structure and working arrangements within the unit.

2.1 Induction (R1.13):

Trainers: Trainers advised trainees receive a mandatory NHS Lothian induction and a DCN induction on their first day. During departmental induction trainees are introduced to a wide range of staff including advanced nurse practitioners, Consultants, management, and the rota-coordinator. Trainers have introduced a Neurosurgery induction for Foundation GPs who cover out of hours (OOH).

Foundation trainees: Trainees advised they all received hospital and departmental induction which was useful. Trainees were introduced to all the different teams and told who to contact during the day and out of hours.

Specialty trainees: All trainees advised they had received induction, felt it worked well and equipped them to work in the department. A suggested improvement made was to stagger induction times so not everyone is away at once.

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

Trainers: Trainers advised that Foundation trainees' hand over their bleeps to the advanced nurse practitioners to enable them to attend teaching. Specialty trainees have informal teaching every day during clinics and theatre in addition to timetabled monthly regional teaching. Teaching is currently held via Microsoft Teams and although attendance can be variable it has improved. Trainees attend a national group for simulation which holds an annual event. Trainees have close links with the anatomy school and pre covid trainees had regular access to teaching.

Foundation trainees: Trainees reported good teaching with one to two hours per week out with the scheduled foundation teaching programme. Teaching is varied and ad-hoc, consisting of clinical cases and discussions, Neuro/Radiology teaching and different topics delivered by junior trainees supervised by specialty trainees. Foundation teaching is bleep free.

Specialty Trainees: Trainees advised there is teaching on a Friday afternoon for two hours which consists of a business meeting and presentation. If a trainee is on call, pre or post on call or operating on CPOD it can be difficult to attend. National teaching is Consultant led and happens once a month with all trainees across Scotland.

2.3 Study Leave (R3.12)

Trainers: Trainers advised there are no issues with funding for study leave as the department has access to a generous endowment fund in addition to the deanery budget.

Foundation trainees: Trainees advised study leave is variable and it can be difficult for the rota co-ordinator to organise.

Specialty Trainees: Trainees advised there is difficulty accessing funding for compulsory courses required by all trainees for completion of CCT.

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

Trainers: Trainers advised there is one Educational Supervisor for five Foundation trainees and one Educational Supervisor for six Specialty trainees. Three Consultants act as Clinical Supervisor each responsible for two trainees. Supervisors are assigned based on a trainee's interest and stage of training; however, trainees can change supervisor if they wish to do so. Trainers were unsure whether they have enough time in their job plans to accommodate the number of trainees allocated to them individually and will monitor this over the coming year. Trainers would receive information from the national training director if there were any concerns regarding a trainee placed in the unit. This has happened previously resulting in the trainee changing placement and was given targeted training with a structured plan. Trainers reported the Pan Scotland system works well as trainees can rotate around Scotland.

All Trainees: Trainees advised they have all met their Educational and Clinical Supervisors who are all approachable and accessible and have no issues.

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 there is no formal mechanism for staff to differentiate between grades of staff but there is an open culture and all staff introduce themselves. Consultants consent patients and make them aware if they will be operated on by a specialty trainee.

Foundation trainees: Trainees advised they do not work beyond their competence as there is always someone available to contact.

All trainees: Trainees all know who to contact during the day and out of hours and advised they have support available 24/7 from approachable Consultants.

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

Trainers: Trainers advised they are aware of trainee requirements as objectives are set at the beginning of the year. Logbook numbers are reviewed by trainers who map out what is required and encourage trainees to attend particular lists. The department is currently top heavy with senior trainees and it can be difficult if trainees need the same cases. Trainees allocate cases and are flexible when particular competencies are required trainees can swap.

Foundation trainees: Trainees advised they gain lots of experience of unwell patients and are encouraged to see interesting cases and are always welcome in theatre.

Specialty Trainees: Trainees reported a huge improvement in service delivery for emergency cases since moving to the Royal Infirmary. Trainees organise theatre lists amongst themselves however this can cause friction as they are not always distributed fairly. Trainees are team based and try to stick to their teams as much as possible but on occasion conflict can arise. Trainees advised there is a high level of service provision, but the increase of middle grade staff has helped as it has diluted some of the on-call work.

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

Trainers: Trainers reported they are not aware of any issues with trainees achieving assessments and prompt learning opportunities. Logbook numbers are higher in spine.

All trainees: Trainees advised consultants complete workplace-based assessments which are fair and consistent.

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

Foundation trainees: Trainees reported lots of varied teams working together such as the trauma brain team, nursing staff and pharmacists.

Specialty Trainees: Trainees advised they had good opportunities for multi-profession learning and had good relationships with nursing staff and therapists.

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

Foundation trainees: Trainees advised there had been opportunities for an audit project, but none had completed one in this four-month block. Although the block is only four months in length, trainees reported getting to know both trainers and higher trainees and were satisfied with their post.

Specialty Trainees: Trainees reported a strong supportive academic department with endless opportunities to complete an audit or quality improvement project.

2.10 Feedback to trainees (R1.15, 3.13)

Foundation trainees: Trainers advised they didn't receive much feedback as clinical decisions are made at a higher level due to highly specialised nature of Neurosurgery

Specialty Trainees: Trainees advised they receive informal and formal feedback. Informal feedback occurs day to day, which isn't structured and is Consultant dependent. Formal feedback is done through ISCP and is very useful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers advised trainees can feedback to trainers via monthly departmental meetings, educational supervisor meetings, national training survey, Scottish training survey, and the specialty trainee committee.

Foundation trainees: Trainees advised they had recently received feedback forms to complete regarding ward rounds. Trainees were unaware whether there was a chief resident.

Specialty Trainees: Trainees reported they have regular meeting with management and a senior trainee attends Consultant meeting.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised that there are formal mechanisms in place to report any bullying or undermining which have been used in the past and worked. There are concerns a previous complaint may arise again in the future. Trainers have worked hard to foster an environment for trainees to be open and honest and raise any concerns, however there is fear that trainees may not report concerns in the future if there has been no feedback and resolution from previous complaints.

Foundation trainees: Trainees advised they felt very well supported and if they had any concerns in relation to bullying and undermining, they would speak to their Clinical Supervisor which was made clear at induction.

Specialty Trainees: Trainees advised they feel supported by the department and feel listened to. Trainees advised there could be a potential problem in the future owing to the layout of the new building which may make it difficult to raise concerns in an open plan office.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised a stable rota is in place from August. The site is becoming a major trauma centre from August and it is expected the number of head injuries will increase by two to three patients a week.

Foundation trainees: Trainees advised that the rota is tight, and someone is absent, it can be difficult to get cover. There is a large amount of service provision and although trainees are encouraged to go to theatre, it is very rare they can attend. The rota does not compromise wellbeing and has been the best post in the Foundation block with most shifts lasting between eight and nine hours.

Specialty Trainees: Trainees advised that the additional middle grades appointed have improved the rota by covering Monday and Tuesday daytime on-call and helping with ward rounds and clinical reviews. Trainees can attend clinics and theatre. There is currently no electronic referral system in place, the consequence of which is there is no ability to triage referrals making it difficult for trainees to manage the volume of calls received during the day. There is no way to contact trainees in an emergency as no triage system in place.

2.14 Handover (R1.14)

Trainers: Trainers advised an electronic system would improve handover. There is a strategy morning meeting which helps the ward round, but it is possible not all admissions are discussed.

Foundation trainees: Trainers advised a morning handover from hospital at night, an evening handover junior to junior and a handover to hospital at night at nine pm. Trainees are involved in the morning handover. Trainees reported no formal time for ward rounds, and several happen at the same time, but currently the department is trying to improve this.

Specialty Trainees: Trainees reported handover as more of a formal meeting with Radiologists and is no longer specialty trainee led which is felt to be not as safe as previously as there are less discussions. It is no longer a handover meeting and trainees preferred when they led the meeting as it was more focussed.

2.15 Educational Resources (R1.19)

Trainers: Trainers commented the lack of the e-referral system is scandalous and adopting this would significantly reduce the workload for specialty trainees.

All trainees: Trainees reported poor access to video conferencing meetings, poor computer availability to undertake non-clinical work, Microsoft teams does not work and none of the computers have cameras.

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

All trainees: Trainees reported there is good support available from Consultants.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Foundation trainees: If trainees had any concerns with the quality of their training they would speak to their Clinical Supervisor or Medical Registrar who are easily accessible.

Specialty Trainees: Trainees advised if they had any concerns with the quality of trainees they would speak to the senior registrar or Consultant. Trainees also complete a confidential assessment at the end of each year. Trainees have access to a What's App group and a there is a trainee representative on the Specialty Training Committee.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised trainees are encouraged to raise concerns regarding patient safety and any challenging cases are discussed at the monthly morbidity and mortality meetings (M&M meetings). Trainers reported that all trainees are encouraged to use the Datix system to report any concerns and discuss with their educational supervisor. Trainees are encouraged to raise good and bad comments in relation to their education and training and have several options to talk to different people who can make changes if they wish.

Foundation trainees: Trainees would raise any patient safety issues with the charge nurse, medical registrar or Educational or Clinical Supervisor.

Specialty Trainees: Trainees would raise concerns with a Consultant of through the Datix system.

2.19 Patient safety (R1.2)

Trainers: Trainers reported Foundation GPs are still providing out of hours cover to the department despite meetings to try and rectify this. The trainees work in a GP practice during the day and do not know the Neurosurgery staff or department nor do they work there except on the out of hours rota.

This presents a potential risk to patients and is both uncomfortable for the trainees involved and not acceptable.

Foundation trainees: Trainees reported unsafe nightshifts due to a Foundation GP trainee covering on-call out of hours and weekends with no Neurosurgery experience and who are not formally attached to the department. Trainees also reported a new bleep system which is not functional for use as there are black out spots where bleeps do not go off and different numbers for bleeping if in DCN and not RIE. These issues may delay getting hold of a clinician in an emergency as is a potential patient safety concern.

Specialty Trainees: Trainees would have no concerns if a friend or relative had been admitted to Neurosurgery however they might if they were in ITU as there is no specialist Neurosurgery ITU and staff have limited knowledge of cases.

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

Foundation trainees: Trainees reported a supportive team and any incidents would be dealt with by a Specialty trainee or consultants.

Specialty Trainees: Trainees advised any adverse incidents are discussed at the monthly morbidity and mortality meeting (M&M meeting) which is presented by the lead Consultant. Datix is also used to report adverse events and trainees receive useful feedback.

2.21 Other

Overall satisfaction score:
Foundation Trainees: 8
ST Trainees: 5,7,10

3. Summary

Is a revisit required?	Yes	**No**	Highly Likely	Highly unlikely

Overall the visit was very positive, and the panel found an approachable, engaged and supportive team who are keen to improve the training environment. The visit panel are extremely grateful for the work put into progressing previous visit report requirements and recognise the current challenges within the current working environment. The majority of requirements have been met however there are still some concerns in relation to Foundation GP trainees covering out of hours and weekends, feedback and specialty trainees attending teaching. The panel also highlighted some other concerns in relation to significant IT issues and the shift from dedicated Neurosurgery ITU to the main critical care in RIE. The panel were particularly impressed with the significant effort to create an open learning culture in the department and the recent appointment of additional middle grade staff ensuring a compliant rota.

Positive aspects of the visit:

- Significant effort to create an open learning culture
- Engaged trainers
- Additional middle grade staff appointed
- Robust induction
- Compliant rota
- Good escalation process
- Re-structured teaching

Less positive aspects of the visit:

- Foundation GP trainees provide on-call out of hours with no Neurosurgery experience & are not formally attached to department.
- Significant IT issues including lack of e-referral system which causes a significant administration burden for trainees, no WIFI signal within new hospital causing bleeps not to work potentially impacting patient safety

- Shift from dedicated Neurosurgery ICU/HDU to merge with main critical care area in RIE providing challenge with skill mix in managing neurosurgery patients
- Specialty trainees continue to experience difficulty attending formal teaching
- No formal mechanism to provide trainee feedback
- Educational Supervisors have several trainees allocated to them with insufficient time allocated in job plans to undertake these educational roles

Requirements from previous visit (24/01/2020)

Progress against previous requirements recorded as 'addressed', 'significant', 'some progress', 'little or no progress'.

Ref	Issue	Progress noted 4th June 2021
7.1	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	Addressed
7.2	There must be timely allocation of Educational Supervisors so that trainees know who is providing their educational supervision at commencement of their post	Addressed
7.3	Establish departmental teaching for all grades of trainee.	Addressed
7.4	Barriers preventing trainees attending their dedicated teaching days must be addressed.	Some progress made, Specialty trainees reported they can struggle to attend Friday afternoon teaching
7.5	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities.	Addressed
7.6	All trainees must have timely access to IT passwords and system training through their induction programme.	Addressed

7.7	A formal mechanism for all trainees to be able to feedback to the department must be established.	Some progress made, trainees reported no formal mechanism and can be Consultant dependent
7.8	Lack of access to clinics must be addressed to improve the training opportunities.	Addressed

4. Areas of Good Practice

Ref	Item	Action
4.1	Robust induction	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	2.19	Lack of dedicated ITU area for Neurosurgery
5.2	2.14	No formal time set for ward rounds

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Measures must be implemented to address the patient safety concerns described in this report.	October 2021	All
6.2	The Board must provide sufficient IT resources, especially the implementation of an e-referral system, to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	February 2022	All
6.3	A formal mechanism for all trainees to receive feedback should be established.	February 2022	All
6.4	Barriers preventing specialty trainees attending their local teaching must be addressed.	February 2022	ST
6.5	The level of competence of trainees must be evident to those that they come in contact with.	February 2022	All
6.6	All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	February 2022	Trainers

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate website.