Scotland Deanery
Quality Management Visit Report

Date of visit	17th November 2021	**Level(s)**	FY, Core, GPST & ST
Type of visit	Triggered	**Hospital**	University Hospital Monklands, Airdrie
Specialty(s)	Emergency Medicine	**Board**	NHS Lanarkshire

Visit panel	
Dr Fiona Ewing	Visit Chair - Postgraduate Dean
Dr Jennifer Craig	Training Programme Director – General Practice – North Region
Mr Les Scott	Lay Representative
Dr Russell Duncan	Associate Postgraduate Dean – East Region
Miss Kelly More	Quality Improvement Manager
Dr Sophie Johnston	Trainee Associate
In attendance	
Mrs Gaynor MacFarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Emergency Medicine, Anaesthetics & Intensive Care Medicine
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Fiona Ewing & Dr Mo Al-Haddad
Quality Improvement Manager(s)	Miss Kelly More

Unit/Site Information		
Non-medical staff in attendance	2 advanced clinical practitioners (at trainers' session)	
Trainers in attendance	9	
Trainees in attendance	2 FY2, 2 GPST, 1 ST1 ACCS, 1 ST3, 1 ST4 & 1 ST6	

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

Date report approved by Lead Visitor	19/11/21

1. Principal issues arising from pre-visit review:

The Deanery intend to visit the Emergency Medicine Department at the University Hospital Monklands in Airdrie. The visit team plan to investigate the red flags in the 2021 GMC National Training Survey for regional teaching, rota design and workload and pink flags for clinical supervision out of hours and study leave at specialty level. At all trainee level there were red flags in the 2021 national training survey for overall satisfaction regional teaching, workload & rota design. There were also pink flags for adequate experience, clinical supervision out of hours, curriculum coverage & educational supervision. The 2021 Scottish Training Survey results showed a red flag for workload.

The visit team will also use the opportunity to regain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were rotas, teaching, trainee wellbeing & study leave.

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 includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13):

Trainers: The format changed due to covid and is now delivered over a virtual platform which takes around 2 days. Presentations are recorded so can trainees who aren't able to attend can catch up. The feedback from trainees is that induction in this format is well received. It is based on the Royal College of Emergency Medicine induction programme which includes generic modules such as management of chest pain. A trainees' educational supervisor can track where trainee has got to with completing the modules. The induction takes place every 2-4 months.

The induction also covers where trainees can access out of hours cover & support, this is outlined in a standard operating procedure. There is also a department app which includes information about when and how to contact a consultant out of hours. All trainees have access to this app 2 weeks before they start in the department. It can be accessed on a phone or a computer. There is also a printed handbook. Who to contact both during the day and out of hours is highlighted at handover and the phone numbers of the relevant consultants are on a board in the department. Senior nursing staff will intervene if a trainee needs help particularly when dealing with paediatric patients. Consultants do not leave the department until it is safe.

FY/GP/Core Trainees: They all attended a hospital induction which was delivered over Microsoft teams. The departmental induction/tour was delivered in person. They had access to pre-recorded presentations for those who couldn't attend. There were no issues with IT logins and passwords, they received these before they started in the department. They all know who to contact if they needed support.

ST Trainees: They all received a hospital induction and some of them found it quite helpful. You could join the induction via teams or in person. The departmental induction takes place face to face and on your first day to get tour, meet people, get access to the app which you must sign off when you complete the modules. You were encouraged to ask questions. There are no improvements needed to the departmental induction.

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

Trainers: There is a regular teaching programme delivered on a Thursday afternoon to the junior tier of trainees. Consultants make sure that they attend and announce the start of teaching over the tannoy system. Trainees don't carry bleeps so won't be disturbed when they go to teaching. They haven't cancelled any local teaching in the last 12 months. Other grades of staff such as consultants, locums or advanced clinical practitioners (ACPs) cover the floor. Teaching is a priority.

Registrar teaching is delivered to a smaller group as there are only 4 of them. Previously they did attend at same time as the more junior trainees (Thursday afternoon), but attendance proved to be tricky with their rota structure. Consultants asked the trainees what they wanted to do and it was

decided to get them together whenever suits on the rota. This now happens over a 4-hour session which is consultant led and trainees get to pick topic. This has been introduced in the last 6 months.

The lead for regional teaching works in the department. It takes place on the last Wednesday of every month and is attended by trainees at ST4 and above. It is a full day and is protected time. It may be simulation training, in person or online. If trainees don't attend the lead or training programme director (TPD) will contact teams to ask why trainees were not there. There is also a WhatsApp group to raise any issues.

Trainees can also attend national events based around exam preparation or practical practice for the objective structured clinical exam (OSCE). Many team members from the department teach at these events.

FY/GP/Core Trainees: They attend local teaching which happens weekly on a Thursday afternoon, it depends on shift pattern on if they can attend or not. Consultants make sure that there is extra cover at teaching time so there are no issues if you are on shift you can go.

There has been 1 Acute Common Care Stem (ACCS) trainee day, but they on leave so couldn't go, it is not clear when the teaching is as only 1 weeks' notice was given for this event. There is FY2 teaching and it is all pre-recorded.

There is also informal teaching in the department.

ST Trainees: There are hardly any trainees so teaching is hard to attend, it was a Thursday and is now once a month over a longer session. There is an option to join Wishaw & Hairmyres sessions which are also via teams or in person. This change started in September but trainees find they can only go every 2 months. They feel that the consultants are trying hard to improve the teaching but it is still difficult to facilitate attendance. They don't feel that anything else can be done, they have been asked for their views and have been able to input. A review of the new sessions will take place.

They are able to attend their regional teaching although the ST3 trainee is asked to cover the shifts to facilitate the ST4+ attendance and doesn't receive any specific regional teaching themselves (not a mandatory requirement for ST3).

2.3 Study Leave (R3.12)

Trainers: Any study leave requested is always granted, the rota master liaises with colleagues and the TPD about any requests to try to facilitate approvals although staffing levels are challenging. Covid has led to some events being cancelled but the department always try to allow trainees to attend the rearranged events.

FY/GP/Core Trainees: They got any study leave they requested approved.

ST Trainees: They haven't had any issues having study leave approved, consultants have had shifts moved so that trainees can attend events.

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

Trainers: Trainees are allocated to supervisors 2 weeks before joining, allocation depends on the supervisors' curricula experience. Trainees are encouraged to arrange a meeting and the department secretary arranges these meetings. Trainees can ask for a change of supervisor if needed. The training quality lead (TQL) doesn't supervise trainees so that they can be an alternative contact to an educational supervisor. They have been as flexible as possible when trainers have been off sick and ensured that trainees have someone else to go to if needed.

Some of the team are part of a short life working group (SLWG) which has been set up to look at staffing levels, they have asked for more staff at consultant level as well as clinical development fellows (CDF), as if they are successful in their request for more registrars then this means that the extra trainees all need supervised. Consultants have time in their job plans and these roles are discussed at appraisal. Information about trainees with issues requiring support are shared with colleagues.

FY/GP/Core Trainees: They all know who their supervisor is and have met with them or see them on shop floor. All consultants are approachable. None of the trainees had been asked to deal with anything beyond their particular experience.

ST Trainees: They see educational supervisors informally once a week and meet formally once every 4-5 weeks or around 3 times a block. They help with assessment arrangement and there are lots of informal meetings.

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 consultant in charge or on call is listed on the department board and on the rota app. Consultants don't leave if department isn't considered safe.

FY/GP/Core Trainees: They always know who to contact both in and out of hours.

ST Trainees: They always know who to contact both in and out of hours. Everyone is very friendly and easy to access.

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

Trainers: They use simulation to deliver more challenging areas of curriculum. Ultrasound training is delivered online as cross specialty has been difficult over the last 18 months. This training is now also part of regional teaching and is recorded so can access on teams. There is hands on teaching at the Thursday departmental teaching. Curriculum areas 10 and 11 are focused on at an online journal club, where 2 consultants are always present and the trainees present topics. Obstetrics training is delivered at the Louisa Jordan hospital.

Trainees have 8 hours per week educational time (EDT) which can be used to attend trauma meetings, the simulation centre or whatever else they want to do. They have to keep a log of what they are doing.

FY/GP/Core Trainees: They get good experience at managing acute patients. They haven't had much experience in minor injuries as they are not rota'd in to minors. It is accessible as it is situated in the same building and trainees have been asked when on shift if they want to go.

They do very few non educational tasks and everything is related to patient care.

ST Trainees: They feel they get a good broad amount of skills. The hospital is not a regional trauma centre but they still get 'soft' trauma experience. There is no longer any trauma and orthopaedics on site so it is tricky for the ST3 to meet their curriculum competencies but they had covered them elsewhere. There is still some experience as if self-presenting patients need limb manipulation they stay in Monklands but otherwise they have to go to Wishaw hospital. Ambulances with identified major trauma or fractures all go to Wishaw. Trainees see a lot of children which is good for their experience. The consultants will help with any gaps in experience. They do not do many non-educational tasks

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

Trainers: There has been a new emergency medicine curriculum introduced from Aug 21 and trainers are all well aware of the content in terms of assessments that need to be completed. They piloted the clinical educators in the emergency department (CEED) programme which was very well received and they hope to be able to continue this work next year.

FY/GP/Core Trainees: Consultants were said to be very helpful and proactive in identifying useful experience which could be used for an assessment and they take extra time to explain things where necessary.

ST Trainees: Consultants will come before their shift or on their days off to work on assessments so there are no issues getting them done. All the consultants are happy to help. All assessments are fair and consistent.

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

Trainers: They run simulation sessions which are multi professional and before covid ultrasound training was multi-specialty.

FY/GP/Core Trainees: They don't have formal teaching with the nursing staff but they work with them all the time and they are very helpful and knowledgeable. None of the trainees had attended simulation training.

ST Trainees: They were not aware of any learning with other staff. They had some simulation training on their educational development day. They were encouraged to spend time in other specialties such as radiology or with hospital at home. The ultrasound lead had already approached other teams to say that contact would be coming from the registrars to ensure that they get the experience they need. In their educational time trainees had spent time with plaster technicians, attended virtual fracture clinics and in minor injuries. This department is nurse practitioner led but if you ask to spend time there you can do it, but it is not part of the rota.

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

Trainers: There are several projects ongoing in the department at the moment. Trainees have presented at various conferences over the years.

FY/GP/Core Trainees: They have opportunities and are encouraged to undertake projects.

ST Trainees: It is a bit harder to undertake projects because of new curriculum as there is a lot to cover and they feel like they run out of time. There is a journal club as part of teaching and there are projects to get involved with if you want to.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Consultants meet twice a month and trainees' performance is discussed there. Difficult cases are discussed each morning at handover. There is a greatix system in operation to record positive feedback. If any negative feedback is received about a trainee this is fed back to the individual via their clinical supervisor so it is delivered constructively and has a more positive spin on it.

FY/GP/Core Trainees: Feedback is delivered informally at handover and is said to be constructive and meaningful. They do not receive much formal feedback.

ST Trainees: They get feedback the majority of which is more informal. Formal feedback is delivered via the structured training report at end of year.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Feedback is sought about teaching and induction. It can also be given via a trainee's clinical supervisor or the TQL. The department also uses multi source feedback.

FY/GP/Core Trainees: Feedback is sought after teaching sessions and trainees' clinical supervisors also encourage feedback.

ST Trainees: If any of the trainees had an issue that they wished to feed back about they would be comfortable raising it.

2.12 Culture & undermining (R3.3)

Trainers: Consultants protect trainees from negative feedback. There are national anti-bullying speakers presenting at the hospital grand round. The department has recently received funding for active bystander training which discusses how to speak up against bullying. Consultants feel well supported by senior management.

FY/GP/Core Trainees: All colleagues are supportive; it is a really nice department and there are no issues with approaching anyone. None of the trainees had experienced any issues with bullying or undermining behaviours. However, if they did they would know how to raise them.

ST Trainees: All colleagues are very supportive. None of the trainees had experienced any issues with bullying or undermining behaviours. However, if they did they would know how to raise them.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The rota is online and is a self-rostering system that is compliant with the college guidelines. The team are aware of the staffing challenges facing the department. The SLWG that recently started has acknowledged the underfunding of emergency medicine departments. They have used winter monies to add extra support like someone to answer the phone so that trainees don't have to do it. The recently deployed military help with basic tasks. Having staff with the right skill set

is important. One recent change was to increase number of junior staff on tier 1 rota overnight to support the registrar.

FY/GP/Core Trainees: There are no gaps on the rota and locum cover is very good for ad-hoc gaps. Trainees have been able to attend conferences and the rota has been adjusted for exams. The increased CDF presence has meant that nights are better covered. The majority of rota structure is ok and is said to be better than some other rotas worked in other departments.

ST Trainees: There are no gaps as such but the rota should have 6 registrars on it (currently 3.8 WTE), but this is a long-standing issue. Any gaps due to trainee absence are covered by consultants on an ad-hoc basis. Trainees cover all the night shifts. The consultants recognise these issues and have tried to recruit specialty doctors in an attempt to try to improve the rota. Trainees are not under any pressure to cover any vacant shifts. However, they do feel very tired & that there is no downtime when on shift. The back shift or night shift is so busy that you can't really get any assessments done during that time. The department also help with some patients waiting to be seen by the acute medical receiving team, which is a huge part of the patient volume problem.

2.14 Handover (R1.14)

Trainers: There are no issues with handovers. These are consultant led.

FY/GP/Core Trainees: Handover is used as a teaching opportunity and there is a teaching topic of the day. There is a formal handover at 1600 from the day to evening shift. There is a more informal handover in the morning where the night registrar hands over to consultant. They all hand over patients individually. Handovers are verbal and consultant led. They are safe and attended by many staff members.

ST Trainees: There is a morning handover at 0800 that is consultant led and attended by the night team. There is another handover at 1600 that is a more structured ward round of department and a soft handover at night. All handovers are verbal but there are electronic patient notes and names are changed on that so it is clear who is looking after each patient. Handovers are safe and the consultants are trying to use these as a learning opportunity and have recently introduced a topic of the day.

2.15 Educational Resources (R1.19)

Trainers: The department are working on creating a new rest and wellbeing area.

FY/GP/Core Trainees: There is a doctor's room where they all have lockers. They have access to 2 computers in that room or have library access. Trainees have lunch in there as the other lunch room is so small. Need for physical distancing limits use of the dedicated lunch room and is also used by nurses who have nowhere else to go. The trainee room is also used as a changing room and is mixed sex.

ST Trainees: Facilities are poor; there is one room for all trainees. It is also used as a changing room and opens out on to a patient corridor. The IT is fine but there are not enough computers as CDFs get full days of educational time so are often using them.

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

Trainers: They try to foster a friendly familial, supportive atmosphere in the department. One consultant has time in their job plan for wellbeing. Trainees have previously been in contact with the support unit and occupational health so trainers are aware of what support is available for trainees. There is also a recently developed return to emergency medicine course available for those who have been off for a period of time.

FY/GP/Core Trainees: All the consultants are very helpful and supportive if a trainee has an illness or any other issues. They feel ok to approach anyone in the team with any issues they might have.

ST Trainees: Trainees feel well supported if they have any issues and have been signposted to the appropriate help and support. During the recent COP 26 conference the department have been very accommodating with amending shifts to suit revised train and travel times.

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: They feel well supported by the senior management team at Monklands.

FY/GP/Core Trainees: There is a ACCS trainee forum for west of Scotland. There are no forums for GP trainees. There are chief registrars in Monklands.

ST Trainees: They are aware of the chief registrars in Monklands. There is a junior doctor committee which currently does not have an emergency medicine representative on it due to the small numbers at registrar level but they could attend the meeting if they had an issue.

2.18 Raising concerns (R1.1, 2.7)

Trainers: They would raise any concerns they had with the senior management team. Trainees are encouraged to raise their concerns via their clinical or educational supervisors.

FY/GP/Core Trainees: They would raise concerns with their clinical supervisor or with the senior consultant on shift.

ST Trainees: They would raise concerns with their clinical supervisor or with the senior consultant on shift.

2.19 Patient safety (R1.2)

Trainers: They have good relationships with the nurses, ACPs and the senior management team. They have been involved in incident investigations in the past via DATIX. They work with trainees to encourage them to attend meetings such as morbidity and mortality and clinical governance. They have a hot debrief after difficult cases/incidents and a more in depth cold debrief which they try to learn from in order to improve.

FY/GP/Core Trainees: They did not have any patient safety concerns. There are variable wait times for patient admission and patients can wait a while for medics to see them in the acute receiving unit. However, there are still decent turnaround times compared to some places they worked in previously.

ST Trainees: The hospital management check in with the department regularly. They review patients regularly to ensure their safety.

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

Trainers: Trainees are very supported if they are involved any incidents.

FY/GP/Core Trainees: None of the trainees had been involved in any incidents.

ST Trainees: Adverse incidents are treated as learning opportunities, if you are involved in one you get a copy of the reports so you can learn from it.

2.21 Other

Trainers: n/a

FY/GP/Core Trainees: The overall satisfaction score was between 7 and 9 with 8 being the average score.

ST Trainees: They feel that the consultants are doing their best with the staffing complement given. The overall satisfaction score was between 7 and 8 with 7 being the average score.

3. Summary

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

Positive aspects of the visit were:

- The trainers are engaged, motivated & supportive.
- Things like educational supervisor allocation, organising teaching, providing feedback & flexibility regarding assessments are all done very well and demonstrate the commitment to education in the department.
- Induction is very effective and anyone not able to attend can access the presentations at a later date.
- The presence of a wellbeing officer in the department is to be commended.

- Following feedback and trainee involvement the teaching programme has been redesigned.
- The department has engaged with Royal College of Emergency Medicine initiatives such as clinical educator in the emergency department (CEED)

Less positive aspects of the visit were:

- Whilst we appreciate the challenges of social distancing, there should really be a protected area for lunch rather than it being taken in the same room where people get changed for their shift.
- The department needs to ensure that there is adequate support for all trainees in accordance with the Royal College of Emergency Medicine requirements. The workload especially overnight can be challenging. The tier 2 rota in particular is onerous and understaffed causing difficulties accessing daytime training and teaching.
- The teaching programme has recently been redesigned and we recognise that this will take time to bed in but there still appear to be some issues with attendance. Also, whilst ST3 teaching is not compulsory we would encourage the department to ensure that they still have access to appropriate teaching opportunities rather than just covering for colleagues to attend.
- Minor injuries training is currently not rota'd and experience relies on trainees proactively requesting it; this should be reviewed.

4. Areas of Good Practice

Ref	Item	Action
4.1	The trainers are engaged, motivated & supportive.	n/a
4.2	Things like educational supervisor allocation, organising teaching, providing feedback & flexibility regarding assessments are all done very well and demonstrate the commitment to education in the department.	n/a
4.3	Induction is very effective and anyone not able to attend can access the presentations at a later date.	n/a
4.4	The presence of a wellbeing officer in the department is to be commended.	n/a
4.5	Following feedback and trainee involvement the teaching programme has been redesigned.	n/a
4.6	The department has engaged with Royal College of Emergency Medicine initiatives such as clinical educator in the emergency department (CEED)	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	Whilst we appreciate the challenges of social distancing, there should really be a protected area for lunch rather than it being taken in the same room where people get changed for their shift.	n/a
5.2	Enable ST3 trainees to access formal teaching appropriate to their level of training.	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The department must increase relevant training opportunities in minor injuries for all trainees.	11 July 2022	All
6.2	Barriers preventing trainees attending their dedicated teaching days must be addressed.	11 July 2022	ST
6.3	Medical staffing must be reviewed to ensure this is appropriate to safely manage the workload, with consideration of employing more non-training medical staff.	11 July 2022	All