

Scotland Deanery Quality Management Visit Report



Date of visit	25 th March 2022	Level(s)	Foundation/Core/GP/Specialty
Type of visit	Triggered visit	Hospital	Ninewells Hospital
Specialty(s)	Otolaryngology	Board	NHS Tayside

Visit panel	
Phil Walmsley	Visit Lead and Associate Postgraduate Dean (Quality)
Frank Stafford	College Representative
Yatin Patel	Foundation Programme Director
Dorothy Wright	Lay Representative
David Soden	Lay Representative (shadowing)
Vicky Hayter	Quality Improvement Manager
In attendance	
Ashley Bairstow-Gay	Quality Improvement Administrator (shadowing)

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	6
Trainees in attendance	3 x FY, 7 Higher
Feedback session	11

Date report approved by Lead Visitor	13 th April 2022
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1. Principal issues arising from pre-visit review

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit was arranged to Otolaryngology at Ninewells Hospital. This visit was requested by the Quality Review Panel around the following concerns: Significant deterioration of results in the NTS (shown below).

NTS Data

Please note the Foundation and Core data cover all surgical specialties and not only Otolaryngology.

Foundation Year 1

Red Flag – Supportive Environment

Foundation Year 2

Red Flags – Clinical Supervision, Educational Supervision, Handover, Overall Satisfaction and Supportive Environment

Core Trainees

Green Flag – Reporting Systems

Specialty Trainees

Red Flags - Adequate Experience, Curriculum Coverage, Overall Satisfaction Rota Design and Supportive Environment

Pink Flags – Educational Governance, Handover, Induction, Reporting Systems and Teamwork

All trainee STS Data

Red Flags: Clinical Supervision, Educational Environment, Handover, Induction, Teaching, Team Culture

Pink Flag: Workload

The visit team investigated the issues highlighted in the General Medical Council NTS survey and used the opportunity to gain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

The panel met with the following groups:

Foundation trainees

Core Trainees

General Practice Trainees

Specialty Trainees

The Deanery would like to thank Mr Spielmann, Clinical Lead for Surgery, for the informative presentation which gave a detailed overview of the challenges the department has faced due to COVID and service changes within the hospital. The presentation showed the work the department has been undertaking internally to address the red flags highlighted in the 2021 NTS/STS survey and planned future improvements.

2.1 Induction (R1.13)

Trainers: Trainers advised that trainees are invited to hospital and departmental induction. There is a corporate induction run by NHS Tayside which is currently on Learnpro but will become face to face from August 2022. Trainers meet with trainee's face to face and discuss subspecialties and shown round all the department and ITU. Foundation induction was difficult at the height of Covid due to the number of specialties they were covering however significant improvements have been made. All induction material is on Learnpro and Microsoft Teams including the formal escalation policy. Trainees who cannot attend they are met with one to one at a later date.

All Trainees: Trainees reported a comprehensive departmental induction which equipped them well to work in the department. All trainees received IT and passwords in a timely manner. Trainees are not aware of a departmental handbook.

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

Trainers: Trainers advised that foundation teaching is once a week and although there is no mechanism for trainees to attend 'bleep free' however nurses are aware, they are going and only contact them if they need to. National teaching is currently continuing online, and trainees are not currently timetabled on the rota to assist attendance. Local teaching has moved to Microsoft Teams and attendance has proved difficult for the specialty trainees. The department are currently piloting moving to a full day teaching with clinical governance once a month.

Foundation Trainees: Trainees advised there is mandatory deanery teaching every week and they are well supported to attend. Although teaching is not 'bleep free' the nursing staff are aware trainees are at teaching and only contact them in an emergency.

Core/GP/Specialty Trainees: Trainees advised teaching was variable and had been ad hoc since August 2021. Teaching was trialled to be a half day or day a week which has recently changed to one full day a month, but this has not been formulated yet. Regional teaching is virtual and happens once a month all trainees can attend unless on-call.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there are currently no issues supporting study leave requests. The department have additional funds available for trainees to pay for courses in surgical skills.

All Trainees: Trainees have no issues regarding study leave which is easy to request and take.

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

Trainers: Trainers advised discussions are held within the team to allocate Educational Supervisors. Clinical Supervisors are allocated depending on trainees specific training needs which can be tailored and assigned accordingly. All trainers have time recognised within job plans and roles are considered during appraisal. Any information regarding trainee concerns would be discussed at a specialty training committee which are held twice a year.

Foundation Trainees: Trainees reported they have all met with their allocated Educational Supervisor formally and regularly meet them informally on the ward.

Core/GP/Specialty Trainees: All trainees reported they have all met with their allocated Educational Supervisor and agreed a personal learning plan.

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 differentiate between grades of trainees by colour coded badges and are aware of the curriculum requirements. Trainees know who to contact for advice and support and have access to the ward registrar and consultant on-call. All senior colleagues are accessible to trainees. Consultants consent patients for procedures, but specialty trainees can consent for straight forward procedures under supervision.

All Trainees: Trainees advised they know who to contact during the day and out of hours and do not feel they have had to cope with problems beyond their competence. Trainers are accessible and approachable, and trainees reported feeling well supported having regular positive interactions with supervisors.

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

Trainers: Trainers advised the Associate Director of Medical Education is based within the department and is aware of all ISCP requirements and new MCRs and keep consultants regularly up to date with any changes. Pre-covid, training days were held for trainers however these are currently online. Trainers reported there are no difficulties for FY, Core and GP trainees achieving curriculum requirements. Foundation trainees are now team based which has led to a significant improvement to their training. There has been a lack of theatre access for higher trainees particularly for index procedures and there are no robotic assisted surgeries at the moment. The Foundation Programme Director oversees foundation training and has no concerns between the balance of developing as a doctor and duties of no educational benefit as FY trainees undertake a lot of practical work and as patients are pre-assessed there is little clerical work.

Foundation Trainees: Trainees advised they will achieve the competencies required during this post and are regularly encouraged to attend the treatment room to review outpatient cases and undertake procedures. Trainees reported this post allows them to develop their skills and competences whilst managing patients.

Core/GP/Specialty Trainees: Trainees advised they can attend clinics with adequate supervision but struggle to receive adequate theatre exposure and currently only have access to theatre one day a week. Trainees advised their management and clinical skills are developing but not their operative skills due to lack of opportunities. Trainees reported this was an administration heavy post specifically with trainees regularly cancelling clinics, updating theatre schedules, reviewing medication and instruments, and placing orders which is of little benefit to education and training.

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

Trainers: Trainers reported that there has been a significant reduction in elective work and are aware of issues across all health boards.

All Trainees: Trainees have no issues completing work placed based assessments which are fair and consistent.

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

Trainers: Trainers advised there are several opportunities for multi professional learning and trainees regularly work with the speech and language therapists, audiologists, oncologists, and the palliative care team. There are weekly MDTs with Radiology and a monthly clinical governance meeting.

Foundation Trainees: Trainees reported informal opportunities for multi-professional learning with specialist nursing staff.

Core/GP/Specialty Trainees: Trainees reported several opportunities for multi-professional learning via the swallow and voice clinics and the monthly M&M and clinical effectiveness meetings.

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

Trainers: Trainers advised trainees are encouraged to undertake a quality improvement project which are discussed and monitored by consultants. There are annual meetings for trainees to present projects. There is a wall within the department which displays and showcases all publications.

All Trainees: Trainees advised they are encouraged and supported to complete an audit or quality improvement project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that feedback is given daily via the ward round when all decisions are discussed with all grades of staff.

Foundation Trainees: Trainees advised clinical decisions have already been made and a plan is normally in place before they arrive on the ward however it is very easy to check and discuss and feedback is given which is constructive and meaningful.

Core/GP/Specialty Trainees: Trainees advised they receive regular informal feedback which is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers advised there is a monthly consultant meeting with a lead trainee who attends to discuss any concerns or issues from the trainees.

Foundation Trainees: Trainees advised they give anonymous feedback after each teaching session.

Core/GP/Specialty Trainees: Trainees advised they can provide feedback to their educational supervisor as they are supportive and open to discuss any issues on the quality of their training.

2.12 Culture & undermining (R3.3)

Trainers: Trainers create a team culture by making everyone feel part of the team and involved. The department is small and has an open-door culture where the team work together and socialise when possible. A What's App group was created during Covid for everyone to keep in touch. Any occasional undermining incidents in the past were discussed and addressed and both the department and NHS Tayside have a zero policy for bullying and undermining.

Foundation Trainees: Trainees reported a very supportive, approachable team. Trainees advised they are not afraid to ask questions and had not witnessed any undermining behaviour. If trainees had any concerns, they would discuss these with their educational supervisor, a specialty trainee, the clinical lead, or a consultant.

Core/GP/Specialty Trainees: Trainees advised the clinical team are very supportive and there is always someone available to contact for help or support. Trainees reported a good support system and are aware of one previous issue of undermining which was raised and addressed effectively with a positive reaction from the department and believe any issues in the future would be addressed the same way.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised the rota is designed to match the curriculum requirements as much as possible. There is informal teaching for exams and subspecialty clinics which FYs and GPs are made aware of. There are currently no gaps in the rota, but the team works together should any arise. The FYs have a full-time rota master who manage any gaps. Recent monitoring has just completed, and trainers are awaiting the results.

Foundation Trainees: Trainees advised there have been recent staff absences due to Covid and the team work together to cover any gaps. The rota accommodates learning opportunities such as scopes, cauterisations etc which trainees are encouraged to attend. The rota does not compromise well-being.

Core/GP/Specialty Trainees: Trainees reported a lack of theatre time and are pulled out of the regular timetable to fit in procedures where possible. There is currently no simulation training available. Trainees reported recent changes to the rota to make it compliant and are still awaiting the results. The rota is fluid and changes week to week making it hard to plan the week ahead. Trainees advised they try to leave work on time but are trying to maximise training opportunities where possible. Trainees advised they are delighted with the addition of Stracathro which has been a welcomed addition to training.

2.14 Handover (R1.14)

Trainers: Trainers advised handover arrangements provide safe continuity of care.

All Trainees: Trainees advised there are three handovers in total, a morning handover with hospital at night and a handover with West block at 4.30pm then another handover back to hospital at night. Trainees advised the handover arrangements provide a safe continuity of care and is used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: Trainers advised trainees have access to simulation within the Surgical Skills unit onsite and a temporal bone lab on the ward. Trainees have access to computers and advanced courses.

Foundation Trainees: All trainees reported adequate facilities and have access to IT equipment and a library.

Core/GP/Specialty Trainees: Trainee reported a lack of computers which are outdated. They have access to a lab and library.

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 advised that support would be available if a trainee is struggling with the job or their health or they require reasonable adjustments. There is a well-being team available 24 hours.

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 advised the director of medical education oversees the management and quality of postgraduate medical education and training. There is an Associate Director of Medical Education based within the department who is actively involved in the quality of training.

All Trainees: Trainees advised they had not raised any concerns in relation to the quality of their training but are aware they could do this through their educational supervisor. They are not aware of any trainee forums however there is a trainee representative who attends the consultant meeting and can feedback any issues or concerns.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees can raise any concerns during the morning ward round or with a Consultant or Educational Supervisor or use Datix. Issues are openly discussed and addressed, and feedback is given.

All Trainees: Trainees advised they would raise any concerns with a Consultant or Educational Supervisor, and these would be effectively addressed.

2.19 Patient safety (R1.2)

Trainers: Trainers advised the department is a safe environment for patients and trainees. Patients are well supervised, and trainees work collaboratively with other departments. There are experience nursing staff on the ward and trainees have a clear line of communication and escalation. There are safety huddles held across the hospital every morning.

Foundation Trainees: Trainees reported they would not have any concerns if a friend or relative was admitted to the ward. Each patient is discussed every morning and specialty trainees update any information throughout the day.

Core/GP/Specialty: Trainees would not have any concerns if a friend or relative was admitted. Trainees advised there are checklists for patients to monitor safety and error reporting mechanisms

through Datix. There is a monthly Morbidity and Mortality meeting where patients are discussed, and feedback is given.

2.20 Adverse incidents and Duty of Candour (R1.3)

Trainers: Trainers advised that any adverse incidents would be reported via Datix and discussed at the clinical governance meeting. Feedback would be received via Datix or through a discussion with the Educational or Clinical Supervisor. Incidents are openly discussed at MDTs and implementations made if required. If something went wrong with a patient's care trainees would discuss these with the patient and be supported by a consultant.

All Trainees: Trainees advised if they had been involved in an adverse incident they would speak to a consultant for help and advice. If a Datix had been raised there would be an opportunity to receive feedback. If someone went wrong with a patient's care trainees would discuss with the patient and be supported by nursing staff or a consultant.

3.0 Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
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The visit panel found a department with committed, approachable consultants who are actively seeking training opportunities following the impact of COVID. Trainers have made significant improvements to address issues highlighted in the recent GMC national training survey including departmental based Foundation trainees which has had a positive impact on training. Elective theatre capacity has been significantly reduced which impacts the ability to train across the full range of curriculum requirements, the visit panel understand this is out-with the departments control but something that will continue to be monitored and addressed.

What is working well:

- The department have a committed, knowledgeable, and supportive group of trainers who are approachable and accessible to trainees

- Despite reduced training opportunities due to COVID, consultants have been actively seeking solutions and the use of Stracathro has been very well received
- Moving Foundation trainees in December 2021 to team based has greatly improved their training
- Wall of learning is an excellent way of showcasing the departments audits/publications
- Good processes and reporting systems in place to highlight any concerns

What is working less well:

- Significant loss of elective work due to COVID
- Access to local teaching provided which has been disrupted due to recent changes in the rota
- Not all trainees are aware of the monthly M&M meetings
- Foundation teaching not bleep free
- Higher trainees reported undertaking a number of non-educational tasks
- The plan to split elective activity across three sites (Ninewells, Stracathro and PRI) in future may impact the current team spirit and close-knit team
- Lack of simulation training

4. Areas of Good Practice

Ref	Item
5.1	Showcasing the departments audit and publications via the wall of learning

5. Areas for Improvement

Ref	Item	Action
5.1	Improve awareness of monthly Morbidity and Mortality meeting to all staff	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The department must develop and sustain a local teaching programme relevant to curriculum requirements including a system for protecting time for attendance.	December 2022	All
6.2	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities should be reduced.	December 2022	Higher
6.3	A written programme wide induction booklet should be produced for all new trainees to the specialty.	December 2022	All