Scotland Deanery – Medicine Quality Management Group

Report from Fact-finding Meeting re Lorn & Islands Hospital on 17th May 2022

Meeting Panel: Professor Alastair McLellan (Co-Lead for Quality & Dean for Medicine), Dr Ken Lee (Assistant Director of General Practice), Dr Marie Mathers (Associate Post Graduate Dean for Foundation) & Mr Alex McCulloch, Quality Improvement Manager.

Trainees in attendance: 4 FY1s, 7 FY2s, 2 GPSTs including current trainees and trainees from the last block of training (Aug – Dec 2021 and Dec – April 2022).

1. Introduction:

The NES complaints team requested support from the MQMG on the 29th March 2022 to look into specific concerns that had been brought to their attention through the whistleblowing process, namely:

- the adequacy of the out of hours supervision of FY2s in Lorn & Islands District General Hospital (LIDGH), expressing concerns that they are left 'too exposed at night', and
- 'whether the other NES juniors are getting proper educational and clinical supervision'

Also, 3 GPST trainees based at LIDGH wrote to the Deanery on the 26th November 2021, flagging their concerns about staffing and training issues, namely:

- the adequacy of staffing of the medicine and surgical rotas
- the adequacy of consultant staffing and the increasing reliance on locum consultants
- their concern that FY2s overnight feel 'out of their depth' and 'unsupported'
- the poor quality of training of GPSTs
- the consequent potential risk of harm to patients

In response to this letter, representatives of the GP Quality Management Group met with the NHS Highland DME, Dr Helen Freeman to discuss the concerns. Dr Freeman undertook to visit LIDGH to explore solutions, and it was agreed that a quality management visit would be conducted after August to review progress thereafter.

This fact-finding meeting was arranged to further investigate the concerns raised by the whistle-blower and by the trainees and to determine if a more urgent course of action was required to work towards resolution of concerns. The findings are presented with reference to the GMC standards in *Promoting Excellence*; Appendix A lists the requirements that are apposite to training in LIDGH.

2. Findings

2.1 Induction

- Trainees told us they had all received an induction which equipped them appropriately for working in their posts and efforts had been made to avoid trainees starting their posts on on-call shifts. The GMC's standard (**R1.13** in *Promoting Excellence*) is met.

2.2 Formal Teaching

- FY1 trainees estimated they had managed to attend 1 teaching session so far in their rotation, FY2 trainees had managed to attend no teaching sessions so far and said that a lack of staffing of the wards prevented them from attending. GPSTs reported they had attended no local teaching sessions since August 2021 but had accessed around 50% of the available regional teaching. The GMC's standard for having (protected) time for learning to attend organised educational sessions (**R1.16** in *Promoting Excellence*) is not met.

2.3 Formal Supervision:

- Some Foundation trainees reported delays of up to 3 weeks at the beginning of their rotations in being notified of their Educational Supervisors. Foundation trainees also reported delays in initial meetings with their Educational Supervisors, with some having not met their Educational Supervisor 6 weeks into their post. There were no substantive Consultant Physicians acting as Educational Supervisors and most had Educational Supervision provided by a Consultant Radiologist or Consultant Surgeons. Arrangements for the Educational Supervision of GPSTs (their Educational Supervisors are based in GP practices) are satisfactory. The GMC's standard for educational supervision (**R2.15** in *Promoting Excellence*) is met, but there is a need to address the delays that have been highlighted.

2.4 Clinical supervision

- The GMC's standard for onsite supervision of Foundation doctors at all times (**R1.8** in *Promoting Excellence*) is not met. ANPs with variable experience provide support for workload but do not possess the diagnostic and clinical management skills to supervise trainees managing medical emergencies. The current ANP arrangements do not fulfil this requirement.
- The doctors in training cited repeated occasions when there had been difficulties and delays accessing the on-call-from-home consultant out of hours. This was said to be consequence of late changes among those who are on call and poor sharing of this information. The GMC's standard for clinical supervision of doctors at all times (**R1.8** in *Promoting Excellence*) is not met.
- While provision of educational supervision by a GMC approved trainer who is a Consultant Radiologist is an acceptable arrangement, Foundation and GPSTs training in medicine posts in LIDGH do not have 'named clinical supervisors' within medicine overseeing their clinical work and training in this medicine placement; the GMC standard relating to this (**R2.14** in *Promoting Excellence)* is not met. The GMC standard relating to supervision appropriate to learners' needs (**R1.9** in *Promoting Excellence)* is not met.

2.5 Adequate Experience

- Trainees reported good exposure to acutely unwell patients and reported having a lot of responsibility with little supervision. There were limited opportunities to learn procedures. There was little to no opportunity to attend clinics – most having attended no clinics. The GMC standard relating to this (**R5.9** in *Promoting Excellence)* is not met.
- Trainees reported lack of feedback on their clinical decision-making to inform their learning and development by day. They reported lack of opportunity and inclination for seniors to provide feedback and occasional discouragement when they sought it. They noted short staffing at the level of consultants. The GMC standard relating to this (**R1.15** in *Promoting Excellence)* is not met.
- Trainees described difficulties getting Workplace Based Assessments signed off as they felt there was a lack of staff around who could sign them off. The GMC standard relating to this (**R1.18** in *Promoting Excellence)* is not met.

2.6 Feedback on training

- Trainees said they could raise concerns about their training through Dr Maggie Brooks as acting Clinical Lead. The GPSTS had raised their concerns about their training in a letter to Dr Debbie Miller (General Practice Training Programme Director) and felt they had received support from both Dr Brooks and Dr Miller but were unsure as to how the concerns they had raised were being addressed and noted ongoing lack of substantive consultants.

2.7 Culture and Undermining

- Trainees said consultants were very busy and there was a lot of reliance on locum doctors. There was awareness of lack of substantive consultants, and a sense of understanding of the difficulties facing the doctors in training. While a culture of supporting education and training is lacking there is nothing to suggest a negative culture otherwise.

2.8 Workload/Rota

- Trainees described their rota as very heavy and felt that around 60% of their time was spent working out of hours shifts, their time working on the wards was felt to be limited. Trainees felt they spent days trying to recover from long shifts and described the hospital as massively understaffed. Trainees said they also had to frequently work beyond their rostered hours, occasions were noted of working on for about 6 hours after their shift finished. Trainees perceive their rota to be inflexible. They had since contacted the British Medical Association (BMA) about their concerns. The GMC standard relating to this (**R1.12** in *Promoting Excellence)* is not met.

2.9 Handover

- The handover system is not robust and is perceived to be variable on account of various factors. Trainees said handover was variable and they were sometimes unaware of patients being transferred from A&E to the downstream wards as there was no handover between A&E and the wards. Handover in the morning appeared to have more structure than at nights or at the weekends, but on Mondays could be difficult if a locum consultant was leaving. Another issue appears to be the need to locate the trainee to receive a handover. The GMC standard relating to this (**R1.14** in *Promoting Excellence)* is not met.

2.10 Support

- Trainees said there was a lack of general support at a senior level and described staffing in the hospital as being as worse as it had ever been. Trainees felt ill-equipped to make decisions on patient care and to get senior support on those concerns. This is covered in section 2.4.

2.11 Patient Safety

- Trainees did not describe any specific patient safety incidents or examples of harm but were concerned there was significant potential for harm reflecting their experience and the current staffing levels.

2.12 Adverse Incidents

- Trainees highlighted Morbidity and Mortality (M&M) meetings as a potential forum for learning from adverse incidents. Most were aware they had taken place but were unable to attend due to workload. They also described a training session regarding prescribing errors as taking place but again were unable to attend. The GMC standard relating to this (**R1.3** in *Promoting Excellence)* is not met.

3. Summary

Trainees were asked to score their 'overall satisfaction' with their training at LIDGH out of 10, with 0 being the lowest and 10 being the highest possible score. Trainees scored between 0 – 6 out of 10 (with an average score of 3 out of 10).

4. Outcome

There are serious concerns about the training environment in LIDGH including those aspects highlighted by a whistle-blower. A number of these have implications for the quality and safety of care. We have produced a series of requirements that need urgent attention to meet the GMC's standards for training environments. We will support the NHS Highland DME to develop an action plan in the coming weeks and will also conduct an action plan review meeting in December 2022 to review progress against the requirements in the attached action plan.

5. Requirements

Ref	Issue	Trainee cohorts in scope
5.1	**Clinical supervision** Onsite supervision arrangements for Foundation trainees out of hours must meet the standards set by the GMC in requirement 1.8 in Promoting Excellence.	Foundation & GPSTs
5.2	**Clinical supervision** There must be sufficient substantive senior staff /consultants in medicine to provide appropriate supervision of doctors in training by GMC-approved named clinical supervisors and to support training and **the safe care of patients**.	Foundation & GPSTs
5.3	**Clinical supervision** There must be robust, clear, and effective arrangements to access on-call, out of hours senior support when required.	Foundation & GPSTs
5.4	**Staffing for workload** There must be sufficient junior and middle grade staffing for the workload and **to ensure safe care** and to ensure that trainees have access to quality training by day.	Foundation & GPSTs
5.5	**Feedback** A process for providing feedback to Foundation trainees and GPSTs on their input to the management of cases including those who are acutely unwell must be established to inform their training and development.	Foundation & GPSTs
5.6	**Formal teaching** Barriers preventing trainees attending their formal hospital and regional teaching sessions must be addressed. Some of this time must be protected.	Foundation & GPSTs
5.7	**Adequacy of experience** GPSTs and also FY2s must be able to attend clinics without compromise because of service needs.	Foundation & GPSTs
5.8	**Formal assessments** WPBAs as required by trainees must be provided by seniors and consultant during the working week.	Foundation & GPSTs
5.9	**Handover** A structured handover system must be established to ensure safe handover of the care of patients, with documentation.	Foundation & GPSTs
5.10	**Learning from adverse events** Trainees must be able to access learning from adverse events – for example by attending Morbidity & Mortality meetings or equivalent processes of reflection.	Foundation & GPSTs

Appendix A: Requirements within the GMC's Standards *Promoting Excellence*, that are referred to in this report

R1.1 Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback, and local clinical governance activities.

R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

R1.8 - Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence, and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.

Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. * This will normally be a doctor, but on some placements, it may be appropriate for a senior healthcare professional to take on this role.

R1.9 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.

R1.12 Organisations must design rotas to:
c provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
e minimise the adverse effects of fatigue and workload.

R1.13 Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:
a their duties and supervision arrangements
b their role in the team.
c how to gain support from senior colleagues.
d the clinical or medical guidelines and workplace policies they must follow.
e how to access clinical and learning resources.

R1.14 Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

R1.15 - Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance and gives an appropriate breadth of clinical experience.

R1.16 Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses, and other learning opportunities to meet the requirements of their curriculum. In timetabled educational

sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.

R1.18 Organisations must make sure that assessment is valued, and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.

R2.14 Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

R2.15 Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress, and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.

R5.9 Postgraduate training programmes must give doctors in training:
a training posts that deliver the curriculum and assessment requirements set out in the approved curriculum.
b sufficient practical experience to achieve and maintain the clinical or medical competencies (or both_ required by their curriculum.
h a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out of hours cover that do not support learning and have little educational or training value.