Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	21st June 2022	**Level(s)**	Foundation/Specialty
Type of visit	Triggered Virtual Visit	**Hospital**	Queen Elizabeth University Hospital
Specialty(s)	Neurosurgery	**Board**	Greater Glasgow & Clyde

Visit panel	
Phil Walmsley	Visit Lead and Associate Postgraduate Dean (Quality)
Colin Watts	College Representative
Linda Dubiel	Foundation Programme Director
Sanju Vijayan	Trainee Associate
Eddie Kelly	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Ashely Bairstow-Gay	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	4 FY 3 ST
Feedback session	12

Date report approved by Lead Visitor	Adam Hill, 11th August 2022

1.

2. 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 Neurosurgery at the Queen Elizabeth University Hospital. This visit was requested by the Surgery Quality Review Panel.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that the NTS data includes all surgical specialties on site for the Foundation trainees and may not be wholly reflective of the experience in Neurosurgery.

NTS Data
FY – All Yellow
ST – Red Flag – Workload
ST – Pink Flags – Clinical Supervision, Clinical Supervision OOH, Rota Design, Supportive Environment

STS Data
FY – No data
ST – Red Flags – Handover, Teaching and Workload
ST – Pink Flag – Team Culture

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
- Specialty Trainees

The Deanery would like to thank Mr Calan Mathieson the Training Programme Director for Neurosurgery for the helpful and informative presentation which gave a detailed overview of the department and training programme, the commitment to teaching and training along with the common themes and challenges currently affecting the department. The presentation highlighted 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 stated induction runs well and receives good feedback from the trainees. Trainees are given a tour of the department and introduced to consultants and educational supervisors. Trainees are based in QEUH day to day but out of hours can cover adult and paediatric neurosurgery therefore they are given a tour of paediatric neurosurgery and are introduced to all consultants. If a trainee is unable to attend induction there are given a separate induction by a consultant or senior registrar at a later date.

Foundation Trainees: All trainees advised they had received hospital and departmental induction. Trainees reported a good comprehensive departmental induction which covered key clinical information which was useful but slightly overwhelming.

Specialty Trainees: All trainees advised they received both hospital and departmental induction which equipped them well to work in the department.

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

Trainers: Trainers advised that teaching is protected as consultant hold the trainee bleeps. Teaching can be a challenge due to service pressures. On a Wednesday morning there is an MDT, journal club and bedside teaching which can be sporadic. Trainees have a weekly breakfast club which focuses on trainee issues. The department have established a strong link with the University and anatomy department. Before the pandemic, every three months one elective theatre was cancelled to run mock exam teaching which is something the department hope to reintroduce.

Foundation Trainees: Trainees reported that teaching is sporadic and not timetabled and they can receive a text on the same day asking them to attend. Trainees have only managed to attend two sessions in the last two months this is due to ward rounds and workload pressures making it very difficult to attend. If trainees are too busy to attend there is an expectation and pressure to catch up in their own time. Trainees advised the teaching is of very good quality when it occurs, and suggested improvements would be more timetabled, protected teaching.

Specialty Trainees: Trainees advised there is no longer a formal teaching programme, prior to the pandemic they had structured teaching on a Wednesday morning however this no longer takes place and trainees currently arrange exam teaching between themselves. Trainees attend regional teaching which is once a month and the majority can attend with no issues. Trainees have access to simulation kits.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there are currently no issues supporting study leave requests. A possible future concern was raised if more trainees were to train less than full time (LTFT), funding and cover would become an issue.

All Trainees: Trainees reported study leave requests are supported and accommodated which can sometimes leave the department short staffed to a dangerous level. Consultants have no oversight of the rota and clinical fellows can be prioritised over trainees.

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

Trainers: Trainers advised Educational Supervisors are allocated by the chairman of the department and confirmed by the training programme director. Supervisors meet with trainees at an initial meeting, in the interim and at a final meeting. Training is tailored to individual requirements and trainees achieve good operative numbers. Not all trainers have allocated time in their job plans to undertake educational role. In paediatric neurosurgery job plans have been rewritten and consultants have allocated time each week. If a trainee has any concerns their first point of contact is their educational supervisor or training programme director.

Foundation Trainees: Trainees advised they meet with their Educational Supervisor at the beginning and end of block. Trainees are informed at induction who the supervisor is, but it can be difficult to arrange a meeting and some trainees reported it took over two months to set up an initial meeting.

Specialty Trainees: Trainees reported they have all met with their allocated Educational Supervisor and agreed a personal learning plan. Trainees meet formally three or four times a year with their supervisor but every week or more informally.

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 trainees are well supervised in and out of hours and there is always someone available. The possibility of trainees working beyond their competence is very low and if consent is done by registrar, it is appropriate to their level of training. Trainers advised that trainees can sometimes have a reluctance to approach certain individuals.

Foundation Trainees: Trainees advised they can access the rota to find out which registrar and consultant are on call. It can sometimes be extremely difficult to get hold of the on-call registrar or consultant when it's very busy and trainees can feel left on their own. Trainees can sometimes feel they are working beyond their competence when on nights and although there is always someone to contact when trainees are on-call the level of support can vary.

Specialty Trainees: Trainees advised it is always clear who to contact during the day and out of hours. Trainee do not work beyond their competence and do not feel out of their depth. Most consultants are proactive and supportive.

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

Trainers: Trainers advised they are aware of the changes to the new curriculum and had a meeting with the training programme director and SAC to discuss these. Trainees have access to ward-based teaching and simulation. In paediatric neurosurgery there is a senior clinical fellow on-call which gives trainees opportunities to makes decisions. Although there is no formal process or mapping for clinics and theatre all trainees are team based and all know where they are allocated. Trainers advised there is a high volume of work and a 24 hour on-call. Trainers are currently looking at the ANPs holding the bleeps which would increase theatre and clinic time. The workload has increased, and a 2-tier rota is needed to balance this out and create a more positive training environment. Paediatric Neurosurgery is a smaller group of patients and trainees received a good training experience with a high number of operations.

Foundation Trainees: Trainees advised that getting any time in theatre is difficult and 95% of their time is of little or no benefit to training. Trainees spent a lot of time referring patients to different hospitals or arranging scans.

Specialty Trainees: Trainees reported a high level of service provision in this post. Trainees try to attend at least one clinic a week and see two to three patients a week on the emergency ward. Trainees arrange for patients for review and transfer and a lot of time can be spent reviewing patients which is not beneficial to training.

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

Foundation Trainees: Trainees struggle to complete workplace-based assessments as tickets do not get completed. Trainees advised there is a lack of interest in training and development.

Specialty Trainees: Trainees reported workplace-based assessments can be difficult to get completed in a timely manner, but they are fair and impartial. MCRs are an improvement and allows trainees to gain formal feedback and put a plan together.

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

Specialty Trainees: Trainees advised they have informal discussions with nurses, physios, speech therapists and neuro psychologists.

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

Trainers: Trainers advised there have been several projects generated by trainees and presented at national and international meetings. There is a lot of scope, potential and resources in paediatric neurosurgery to undertake projects and presentations.

Foundation trainees: Trainees advised they have no time to participate in audit or quality improvement projects.

Specialty trainees: Trainees advised they are very busy and there is no protected time to complete an audit or quality improvement project. This is part of the curriculum therefore trainees take their own initiative and complete one in their own time.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that feedback is mostly informal and can be given after ward rounds when trainers have discussions immediately after decisions have been made. Every clinical discussion is discussed with a consultant and formal feedback is given via workplace-based assessments. Greatix can also be used. Paediatric neurosurgery use learning for excellence and any credit received is shared, discussed, and published.

Foundation Trainees: Trainees advised there is no formal mechanism to receive feedback and they rarely receive anything constructive.

Specialty Trainees: Trainees advised that feedback is normally given on the spot when on-call or through the team consultant. Most of the feedback is constructive however there can be some pedantic comments during handover.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers advised they receive feedback about trainee learning experience through regular trainee's meetings.

All trainees: Trainees were unaware of any formal mechanisms to feedback to trainers other than through today's visit or the GMC national training survey or Scottish training survey.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised there is a well-established team structure and although there are occasions bullying can happen, they have a zero tolerance for this behaviour. Any issues are discussed at the departmental meetings and trainees are encouraged to talk openly and have frequent dialogue. Any recent incidents have been escalated to managers raised and trainees are supported through their educational/clinical supervisor and/or performance support unit.

Foundation trainees: Trainees reported a hierarchical culture in the department which makes it very difficult to contact a registrar or consultant for support. Trainees gave examples of disrespectful, intimidating, and undermining behaviour by one member of staff. Trainees have raised concerns

about staffing levels being dangerous their concerns are not taken seriously, and nothing happens if any concerns are raised.

Specialty Trainees: Trainees advised that the culture is different in each team. Trainees had not personally witnessed any incident but had noticed a change in attitude and consultant behaviour following an incident. The training programme director and clinical lead are very approachable, and trainees are aware of formal HR pathways.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised there are occasional gaps in the rota which are covered by locums. Rota gaps in paediatric neurosurgery are covered by consultants. Trainers are hoping to increase the numbers in the rota which is help improve any gaps. Trainees are excellent are fielding calls however the roll out of the electronic referral system has been slow.

Foundation Trainees: Trainees advised they feel obliged to cover gaps at short notice. Trainees have previously raised concerns and advised that a second person is required at the weekend as jobs are overwhelming and staffing is unsafe. The rota affects patient safety and compromises trainee wellbeing. Trainees can be looking after two full wards, one half ward, HDU, boarders and taking calls which can be extremely challenging if patients become acutely unwell.

Specialty Trainees: Trainees advised there are no issues with the rota and sick leave is normally covered by the team or filled by locums. The on-call rota doesn't cover curriculum and isn't a learning opportunity. Trainees described the 24 hours on-call as intense but there are discussions to try and change this in the future.

2.14 Handover (R1.14)

Trainers: Trainers advised that most cases are discussed at handover with multiple consultants attending. Written documentation is on an excel spreadsheet and consultant go through details of cases and this as a learning opportunity.

Foundation Trainees: Trainees advised there is a FY2-to-FY2 handover at 8.30am and 8.30pm the night person leaves at 8.30pm and there is no protected handover time. The ward round notes are

recorded on excel however, the HDU notes are on a different system which trainees cannot always access. There is no handover process for new admissions and patients just show up which can be challenging especially if the registrar is in theatre and medication is needed.

Specialty Trainees: Trainees advised the handover is held at 8.30am which includes everyone. Admissions and referrals are discussed but the level of discussions vary depending on the consultant. Handovers are recorded on an excel spreadsheet internally and all referrals are on the e-referral system. Handovers are well attended but would be more efficient if more consultants attended.

2.15 Educational Resources (R1.19)

All Trainees: Trainees reported there is access to a library and senior colleagues are in the process of trying to upgrade IT equipment and monitors.

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

Trainers: Trainers offer regular support to trainees and make sure they speak to the appropriate person. There is a wellbeing group that offers 1:1 support if anyone is struggling.

Foundation Trainees: Trainees advised they would not contact a consultant for support as concerns are not taken seriously and trainees would contact their educational supervisor or foundation programme director.

Specialty Trainees: If trainees require support with the job or their health they would speak to their educational supervisor. Trainees advised it was a small and flexible team.

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: Trainees advised they would raise any concerns in relation to their training with a registrar and feel this post is not a training job and more service provision.

Specialty Trainees: Trainees reported they can raise concerns via their educational supervisor or training programme director informally or formally through the MCR on ISCP.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that any concerns can be discussed with an educational supervisor or through a consultant meeting or Scottish training survey. All trainees participate in quarterly meetings to discuss complex issues. Trainers create an open culture which has led to trainees discussing issues.

Foundation trainees: Trainers advised that any concerns that have been raised are not taken seriously. Trainees have reported that weekends working can be unsafe however nursing staff try and help as much as possible.

Specialty Trainees: Trainees advised they would raise any patient safety concerns with the clinical lead or chair and escalate through the relevant pathways.

2.19 Patient safety (R1.2)

Foundation Trainees: Trainees advised they would not want their relatives to be admitted to the ward as although that have no concerns with Neurosurgery, all medical decisions tend to be left with the foundation year 2s. Trainees cover wards with boarded patients who may not be seen for days due to lack of continuity of care, which can be very challenging. Trainees reported it can be extremely difficult covering medical wards with no support as it is not always easy to access a registrar.

Specialty Trainees: Trainees reported if they had any patient safety concerns, they would contact a consultant. There is now one less ward in the department and trainees advised that trying to do the same level of work can be difficult. Boarders can be based next door or far away which can make ward rounds very long.

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

Foundation Trainees: Trainees advised that it is a very busy unit and there are not enough staff on the floor to provide the service that is required.

Specialty Trainees: Trainees advised if there were involved in an adverse incident that would speak to their educational supervisor or training programme director or raise formally through a Datix. There is a Morbidity and Mortality meeting held every two months.

3. Summary

The visit panel found a department with an engaged and supportive Training Programme Director, Clinical Lead, and consultant trainers. The panel identified a number of requirements stated below which will be discussed at a SMART objective meeting in two/three months.

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

What is working well:

- Trainees praised the supportive Training Programme Director, Clinical Lead and engaged trainers
- There is a good induction to the hospital and to the department which trainees advised equips them well to work in the department
- There is well received regional teaching for Specialty trainees which is bleep free
- Paediatric Neurosurgery are an innovative team with good ideas to enhance training

What is working less well:

- The rota, although compliant is vulnerable to gaps
- There is a lack of protected time for audit or quality improvement projects at Foundation and Specialty level
- Foundation trainees spend a large proportion of their time carrying out routine ward-based tasks
- There are no formal mechanisms for Foundation trainees to receive feedback on their day-to-day decision making or their training.
- Foundation trainees struggle to attend teaching due to ward duties and a high workload
- Lack of formal departmental teaching programme for trainees although the panel are aware this is something the department is trying to reinstate following the pandemic
- Patient safety concerns out of hours due to a high level of workload and a lack of continuity of care for boarded patients
- Fragmented handover with lack of written information on new admissions

- Historical undermining cultural issues were discussed, these will require a sustained approach for improvement

4. Areas of Good Practice

Ref	Item
4.1	N/A

5. Areas for Improvement

Ref	Item	Action
5.1	Lack of protected time for audit or quality improvement projects at Foundation and Specialty level	

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.	As soon as possible	All
6.2	The Rota pattern must be reviewed with the trainees who are on the rota to identify ways to address their concerns.	21 March 2023	All
6.3	A regular programme of formal protected teaching should be introduced appropriate to the curriculum requirements for trainees. There must be active planning of attendance to ensure that workload does not prevent attendance.	21 March 2023	All
6.4	A process for providing feedback to Foundation doctors must be established this should also support provision of WPBAs.	21 March 2023	FY
6.5	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care especially for new admissions.	21 March 2023	All
6.6	There must be robust arrangements in place to ensure the tracking of all boarded patients. In addition, for boarded patients, there needs to be clarity which Consultant and clinical care team are responsible, how often patients are reviewed and what the escalation policy is.	21 March 2023	All
6.7	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	21 March 2023	All

6.8	All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	21 March 2023	Trainers
6.9	Allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.	21 March 2023	All
6.10	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	21 March 2023	All