Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	15th March 2023	**Level(s)**	FY, IMT, ST
Type of visit	Triggered	**Hospital**	Royal Infirmary of Edinburgh, Western General Hospital
Specialty(s)	Haematology	**Board**	NHS Lothian

Visit panel	
Dr Alan McKenzie	Visit Chair – Associate Postgraduate Dean for Quality
Dr Greg Jones	Associate Postgraduate Dean for Quality
Dr Ian Reeves	Foundation Programme Director
Dr Annette Nicolle	College Representative
Dr Saurabh Borgaonkar	Trainee Associate
Ms Gillian Carter	Quality Improvement Manager
In attendance	
Ms Patriche McGuire	Quality Improvement Administrator

Specialty Group Information			
Specialty Group	Medicine		
Lead Dean/Director	Professor Alastair McLellan		
Quality Lead(s)	Dr Greg Jones, Dr Alan McKenzie, Dr Reem Al Soufi		
Quality Improvement Manager(s)	Ms Gillian Carter		
Unit/Site Information			
Non-medical staff in attendance	2		
Trainers in attendance	11		
Trainees in attendance	FY2 – 1	IMT – 1	ST – 8

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

Date report approved by Lead Visitor	6th April 2023

1. Principal issues arising from pre-visit review:

Following review and triangulation of available data at the 2022 Deanery Quality Review Panel (QRP), a visit to Haematology at the Royal Infirmary of Edinburgh (RIE) and Western General Hospital, Edinburgh (WGH) was requested around the following concerns:

- Royal Infirmary of Edinburgh: Concerning free-text comments about culture; red flag for local teaching and pink flag for educational governance on ST NTS data.
- Western General Hospital: Concerning free-text comments about culture and workload; red flags for facilities, rota design and supportive environment and pink flags for adequate experience, educational governance, overall satisfaction and reporting systems on All Trainee NTS data; red flag for supportive environment and pink flags for adequate experience, clinical supervision, educational governance, overall satisfaction, reporting systems and rota design on ST NTS data; red flag for induction and pink flag for educational environment on All Trainee STS data.

Accordingly, a triggered visit was arranged to Haematology at RIE and WGH. The scope included all trainees in Haematology at RIE and WGH including stage 1 trainees at WGH.

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 would like to thank Dr Angus Broom for an informative presentation at the start of the visit describing the structure of and current challenges for Haematology training in RIE and WGH. This also outlined some steps which the sites have taken recently to address known challenges.

2.1 Induction (R1.13):

Trainers: Trainers reported that ST trainees are offered an extensive induction period of 4-6 weeks across NHS Lothian including 1 week at RIE and 1 week at WGH. This covers aspects like badges, parking, key locations and individuals and a period of shadowing. Trainers noted that many incoming trainees have never worked in Haematology before and some aspects will be new to them such as

STs being on-call from home. A handbook written jointly by consultants and trainees is also provided. No trainees are scheduled to be on-call during induction, however trainees starting late for reasons such as deferral would be offered a condensed version of this induction.

Trainees: Trainees felt site induction was thorough and helpful. Trainees described Haematology induction for STs as lasting 1 month and covering all Lothian sites. The handbook was felt to be good. Trainees (FY and IMT) felt the physical tour of WGH could have been more thorough as Haematology is very different to other medical jobs and there was much to learn. They also felt verbal explanation of some of the topics in the handbook would be useful such as ward rounds, expectations and administration such as blood forms.

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

Trainers: Trainers reported they enable trainees to attend teaching by taking their bleeps. The TPD reported that attendance at regional teaching programmes was good and this was recorded for those who missed a session due to shift patterns. A trainee representative is currently mapping Haematology teaching to the curriculum and other specialties have become involved in the teaching programme such as Palliative Medicine and Pathology. Many of the consultants are examiners for RCPath which aids their understanding of the Haematology curriculum.

Trainees: Trainees reported that regional teaching is bleep-free. STs can give their bleeps to consultants to enable them to attend. They receive 2 hours of teaching per month of which 1 hour is peer-led. FYs and IMTs had no issues being released for regional teaching. Local teaching is also available including weekly morphology teaching, but this is frequently interrupted as it is not bleep-free and workload is heavy.

2.3 Study Leave (R3.12)

Trainers: Trainers did not recall any occasions of declining study leave unless the request was inappropriate.

Trainees: Trainees reported that they were sometimes unable to take study leave due to staffing levels.

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

Trainers: All trainers have annual appraisals at which their supervisor roles are discussed. Some trainers do not have time in their job plans for supervision, however a review of this is underway and all will have dedicated time in future. Previously there was a shortage of supervisors in the department but there has been good engagement from consultants to fill this deficit.

Trainees: Not asked.

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 reported that support arrangements can be found on the on-call rota. Feedback regarding support has been positive and examples were given of trainees contacting consultants for support when needed. A process is in place whereby trainees are signed off before they can complete procedures independently.

Trainees: Trainees reported there was always a consultant on-call at both RIE and WGH and they felt consultants were approachable and proactive. Some consultants phoned to check on trainees even when not at work. Some ST trainees reported having to cover clinics unsupervised in the period after a consultant retired which they felt was beyond their competence. This took place between April and September 2022 and ended when a new consultant was appointed.

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

Trainers: Trainers reported that they are familiar with the curricula for trainees under their supervision and receive updates on this from the Director of Medical Education (DME), for example when the Foundation and Haematology curricula changed. Trainers meet with trainees mid-block and a few weeks prior to the end of a block to review their curriculum progress and ensure they know what to do to complete any deficiencies. Laboratory teaching has been reinstated on a Tuesday following a break during the covid-19 pandemic and mandatory morphology sessions are available on a Thursday. Consultants ask scientists to inform them if trainees are missing these opportunities.

Trainees: Trainees reported difficulties attending specialist clinics such as haemophilia or obstetrics due to lack of time. There is no clinic rota and trainees felt there was not an expectation that they would attend clinics. IMT trainees were able to attend more clinics, however this was generally in a passive role observing. Trainees reported difficulties in finding time to attend morphology teaching and gain their chemotherapy prescribing competencies with some feeling they needed to spend time on these outside working hours.

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

Trainers: Trainers felt trainees could achieve their portfolio assessments quite easily and consultants were happy to complete these when prompted. Trainees are encouraged to review their portfolio assessments during their supervisor meetings.

Trainees: Trainees felt consultants were willing to complete their portfolio assessments when they asked for these although everyone was very busy so finding time could be difficult. Consultants at WGH were described as proactively offering to complete case-based discussions with trainees. Trainees felt it was more difficult to complete their laboratory-based assessments. Some trainees reported receiving negative feedback via their portfolio or a datix which they felt would have been better offered as a verbal discussion.

2.8 Adequate Experience (multi-professional learning) (R1.17) – Not asked

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

Trainers: Trainers were supportive of trainees completing quality improvement (QI) projects and noted that previous audits done by trainees had shaped practice in the department. Trainers reported that many of the audits available were laboratory-based and they encouraged trainees to work on projects which they could complete within their current block.

Trainees: Trainees reported that there were opportunities to complete QI projects, however these would generally have to be done in trainees' own time as they were too busy at work.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that they recently attended a training session with Alastair Leckie from the Performance Support Unit (PSU) regarding giving feedback. They felt they were proactive at giving positive feedback and gave negative feedback usually via supervisors.

Trainees: Trainees had mixed opinions regarding feedback with some feeling they received sufficient feedback and some feeling they did not get feedback when on-call. FY and IMT trainees felt they did not receive much feedback, but equally did not make many independent decisions due to the nature of this post. Trainees felt they received good support and encouragement from consultants at RIE with 1 consultant specifically commended for support during a recent difficult shift. Trainees felt consultants were less present at WGH.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that they recently conducted a focus group in response to NTS and STS survey results. Feedback is collected at the end of each block by trainee representatives who present feedback at the Specialty Training Committee (STC) and consultant meetings.

Trainees: Trainees reported that their 3 trainee representatives were very active and visible. The trainee representatives gathered feedback from trainees to pass onto trainers.

2.12 Culture & undermining (R3.3)

Trainers: Trainers had recently attended incivility training as well as a session with an Associate Postgraduate Dean regarding managing difficult interactions with trainees and avoiding escalation of confrontations. There is a plan to offer active bystander training this year. Trainers recognised that there had been cultural issues in the haemophilia centre and were undertaking an organisational development process to address problems as well as recruiting more nurses. The director of the centre reported that they were not currently seeing any cultural issues.

Trainees: Trainees were aware of cultural issues being present last year but were not currently witnessing any problems. Trainees noted some tensions between consultants at RIE.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported that the FY and IMT rotas are compliant, but the ST rota is non-compliant. The reason for non-compliance is a lack of periods of uninterrupted rest and there are also emerging issues with clinical activity during the day and at the weekend. There is a plan to move to a partial shift rota and trainers estimated this would take place in 6-12 months. A service review is currently ongoing and will conclude in April at which time business cases will be raised for any additional staff needed. There are currently gaps in the rota which the department has tried to fill with Locum Appointments for Training (LATs) and 1 was filled but 1 remains vacant. The gap is carried within the team and currently sits in RIE. Some out-of-programme trainees have been asked to provide support and non-training doctors have adapted roles to allow trainees to access training opportunities. Trainees at WGH have allocated laboratory weeks, but this is not the case at RIE where access to laboratories can be affected by staff holidays or sickness.

Trainees: Trainees noted that the ST3+ rota is non-compliant and were aware of the plans to move to a partial shift rota and the ongoing service review. Trainees had concerns about this move as they felt having less people on the rota during the day would reduce training opportunities, for example time for reporting, clinics and laboratory access. Trainees noted there are currently not enough staff during the day at RIE and trainees may be pulled from other jobs such as Paediatric Haematology to assist which compromises their training.

2.14 Handover (R1.14)

Trainers: Trainers felt handover was a strength of the service and noted they received positive trainee feedback about handover during supervisor meetings. Team handovers take place on Monday and Friday and whiteboard rounds happen every day which are well attended and well received.

Trainees: Trainees described handover at WGH as including a ward round on Monday morning, daily 2pm meetings for junior doctors and nurses and informal handovers at the end of the day. At RIE handover was described as taking place on Monday morning and informally at other times. Written documents were kept at both locations, however there is no written structure for RIE handovers. Trainees noted that at RIE there is not an effective system for knowing which patients will attend

following clinic appointments and patients regularly arrive on the ward without warning. They also noted that transfusion issues are not always handed over.

2.15 Educational Resources (R1.19)

Trainers: Trainers felt the hospital WiFi was inadequate and they usually used mobile data instead. The former library has been converted to a wellbeing suite so library facilities are electronic only. Trainers have contacted the knowledge network regarding lack of access to key journals and the TPD noted that a recent review suggested that most were now available.

Trainees: Not asked.

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 reported that support for trainees in difficulty would be given first by educational supervisors and then escalated if needed. Support is also available from occupational health and the PSU and trainee representatives are accessible.

Trainees: Trainees felt their supervisors were supportive but the problems they experience were often beyond their trainers' abilities to solve. Less-than-full-time training was supported and trainees did not have experience of requesting other types of adjustments.

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 reported there was no committee overseeing the management and quality of postgraduate medical education at either site. Datix is used to report clinical incidents and these are all reviewed by the clinical director. Trainers were unsure if the Health Board considered quality of medical education as part of its internal assurance policies.

Trainees: Trainees reported that they could raise issues with their trainee representatives or TPD. Trainee representatives attend STC meetings and will raise issues arising between meetings using other channels. Trainees had received e-mails about general trainee forums within the hospitals, but had not attended as they felt these were not relevant to haematology trainees.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers encouraged trainees to report concerns regarding patient safety in real time to an available consultant or otherwise to another supervisor, the clinical director or the TPD. Concerns about training or education would usually be reported to the TPD, but other trainers were willing to support trainees with these too.

Trainees: Trainees had experience of raising concerns through datix.

2.19 Patient safety (R1.2)

Trainers: Trainers felt that the environment was safe despite being a high-risk discipline. Out-of-hours cover processes are not reliant on a single individual and an over-arching governance system reviews datix reports for Haematology across all sites looking for themes. There is no boarding at RIE and an electronic system is used to tracker boarders at WGH. A complaint was received regarding boarding processes at WGH but this was not upheld.

Trainees: Trainees reported that Trak was used to monitor boarders. They would not have any concerns about a friend or relative being treated on a Haematology ward at these sites, however they would have some concerns if they were boarded at WGH. Trainees stated this was because sometimes tasks were missed for boarded patients and nurses were less confident treating patients outside of Haematology.

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

Trainers and trainees: Trainers and trainees agreed that trainees would be well supported if they needed to communicate something which had gone wrong with a patient's care.

3. Summary

Is a revisit required?	Yes	No	Dependent on outcome of Action Plan Review

Overall the panel found departments where trainers offered good support and supervision and training opportunities were valuable, however the panel found some discrepancies between RIE and WGH and some common issues across the sites which would benefit from improvement. Key concerns raised by trainees focused upon their rota and workload, handover processes at RIE and access to learning opportunities including supervised clinics and laboratory sessions.

Positives

- Haematology induction for ST3+ trainees was extensive and useful.
- All trainees have good access to regional teaching which is bleep free.
- ST3+ trainees received good clinical supervision from consultants at RIE including regular feedback.
- Effective steps are being taken to improve access to laboratory teaching.
- There are opportunities for trainees to provide feedback via the STC and trainee representatives were felt to be approachable.
- The department has recognised cultural issues within the haemophilia centre and is working to address these.
- Handover at WGH was felt to be working effectively.

Negatives

- FY and IMT trainees felt their departmental and ward induction would benefit from more detail about their day-to-day work.
- Departmental teaching is not bleep free and is often interrupted by trainees being bleeped.
- The current ST3+ rota is non-compliant and trainees had concerns about the proposed move to a partial shift rota and the impact of this upon their training opportunities and workload.
- Some ST3+ trainees reported covering clinics unsupervised between April and September 2022 which they felt was beyond their competence.

- Despite the improvements in access to laboratory teaching, this remains limited and some trainees reported attending outside their working hours for additional experience.
- Laboratory assessments were harder to obtain and trainees felt they needed more support in achieving these.
- There is no clinic rota and sub-specialty clinics can be challenging to attend for ST3+ trainees.
- Trainees reported receiving limited feedback on the wards and on out-of-hours patient management.
- Handover at RIE was felt to be minimal, with no formal documentation or structure and trainees reported regular occurrences of patients turning up unexpectedly on a ward following a clinic appointment or at weekends.
- There was a lack of awareness of educational governance structures from both trainers and trainees.
- Not all trainers have time in their job plans for supervision, however a departmental review is in progress.

4. Areas of Good Practice

Ref	Item	Action
4.1	Haematology induction for ST3+ trainees – structured and in detail over many weeks.	

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	Trainers should improve their awareness of educational governance structures at hospital and Health Board level.	
5.2	Trainees should be encouraged to attend local trainee forums.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Departmental induction must be provided (including a tour of the ward(s)/department where they will be working) which ensures FY and IMT trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation.	15th November 2023	FY, IMT
6.2	There must be active planning of attendance of doctors in training at departmental teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	15th November 2023	FY, IMT, ST
6.3	Solutions must be found to address the non-compliant senior trainee rota which may have unintended consequences such as patient and trainee safety risks.	15th November 2023	ST
6.4	Appropriate laboratory training and assessment opportunities must be provided for ST trainees.	15th November 2023	ST
6.5	Trainees must have more effective educational access to clinic attendance. Clinic experience must be active participation (rather than merely observing) as is appropriate to the level of trainee and on-site supervision must be available.	15th November 2023	FY, IMT, ST
6.6	Trainers within the department must provide more regular informal ‘on the job’ feedback, particularly in regard to trainee decisions (including out of hours patient management) and care planning.	15th November 2023	FY, IMT, ST
6.7	Handover arrangements at RIE must be reviewed, especially between clinics and ward teams.	15th November 2023	FY, IMT, ST

6.8	All Consultants who are trainers must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	15th November 2023	Trainers

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate website. See "Action Plan" - located at the bottom of the webpage.