

## Visit Report on NHS Grampian

This visit is part of our national review of undergraduate and postgraduate medical education and training in Scotland.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a national review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

<b>Education provider</b>	NHS Grampian
<b>Sites visited</b>	Aberdeen Royal Infirmary.  Royal Aberdeen Children's Hospital.
<b>Specialties and Programmes</b>	<ul style="list-style-type: none"> <li>• Undergraduate (Aberdeen School of Medicine)</li> <li>• Foundation programme</li> <li>• Core medical training</li> <li>• General internal medicine</li> <li>• Geriatric medicine</li> <li>• Paediatrics</li> </ul>
<b>Date of visit</b>	10 October 2017
<b>Were any serious concerns identified?</b>	No serious concerns were identified during this visit.

### Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

In this report, we have identified a number of areas working well, have set requirements where there is evidence that our standards are not being met, and have set recommendations where we have found areas related to our standards that should be improved. Each of these areas is addressed in turn, below.

### Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Themes	Areas that are working well
1	1, 2 (R1.22, 2.1)	The culture within the Health Board promotes medical education and training.
2	1, 2 (R1.12, 2.3)	The responsiveness of NHS Grampian to feedback from learners.

#### Area working well 1: The culture within the Health Board promotes medical education and training.

- 1 Throughout our visit to NHS Grampian we heard examples of a culture which drives continuous improvement in medical education and training. NHS Grampian's evidence submission prior to the visit provided further examples.
- 2 NHS Grampian shared the job description for the 'trainee lead' role with us. One of the purposes of the 'trainee lead' role is to provide an opportunity for doctors in training to become involved in quality improvement. We heard from those we met with that this scheme was in its second year, and the role had been integrated successfully into the organisation's education management and governance processes.
- 3 During the visit we explored the Grampian Learning Initiative (GLINT). The aim of GLINT is to provide staff with the opportunity for practice based small group learning to assist with driving improvement in medical education. We heard from the senior management team on the visit that GLINT gave educators the opportunity to work with others who they would not normally work alongside. The aim was to promote greater interaction between departments and provide educators with an informal support network.
- 4 The educators we met with told us that they found GLINT to be a good support mechanism and that it gave them the opportunity to discuss issues and share learning with colleagues, which allowed for improvements to medical education to be made. The group was valued by those we met with, although we were told that it

could be difficult to arrange a time where colleagues across different departments were all available.

- 5 Overall, we found that NHS Grampian has a positive culture towards driving improvement in medical education. Should GLINT be developed further and applied consistently across all areas, it could become an area of good practice.

## **Area working well 2: The responsiveness of NHS Grampian to feedback from learners.**

- 6 NHS Grampian has a number of processes for the improvement of medical education. The Medical Education Team has clear terms of reference, which outlines that the team fosters continuous improvement in quality across NHS Grampian and that the concerns of students, doctors in training and supervisors are listened and responded to. They have clear expectations for clinical departments, outlined in a document which notes that each department reflects on educational feedback data to allow for the continuous quality improvement in education.
- 7 NHS Grampian has measures in place to check service and training balance as the senior management team were clear that they want the board to be an organisation in which people want to come to train. In order to do this, a medical education report is discussed during each staff governance committee which includes information about staffing levels and training outcomes. There is a willingness amongst staff to discuss issues in order to drive improvement in medical education.
- 8 In addition, senior management told us that they use National Training Survey data from the GMC, plus the Scottish Training Survey to gain information on areas which require attention. However as the data is collected on an annual basis, they also do their own data collection, such as seeking feedback from learners on the clinical environment, which they do every few weeks.
- 9 Senior management uses the information they collect to shape changes to the learning environment. For example, they had received feedback from learners that there was a lack of supervision on night shifts within general medicine. To address this, the clinical lead had spoken to their peers around the country to gain knowledge of the systems they used, and as a result, the number of registrars on night shifts within the department was increased from one to two.
- 10 This change was viewed positively by those we met with during the visit. We were told by core medical doctors in training that they were never asked to work beyond their competence as they were well supervised, especially on night shifts and attributed this to the increase in registrar presence.
- 11 Specialty doctors training in general internal medicine told us that the increase in registrars had reduced their workload and enabled them to have more time to develop their skills and to undertake informal assessments. Supervisors for general internal medicine told us that the increase in registrars had made a difference when devising rotas. It had resulted in fewer rota gaps which they felt improved the learner experience and helped to ensure patient safety.

- 12 Doctors in training in paediatrics believe there is a positive culture towards medical education within the department. They felt that their feedback and input was respected and appreciated by supervisors and management.
- 13 Supervisors in paediatrics completed weekly feedback forms with their doctors in training. They told us this means that any issues can be picked up quickly and improvements can be made to the doctor's experiences. Supervisors also told us that they encourage medical students to complete the feedback forms which are within their logbooks and that they review this feedback at the end of each block. They then feed this information to senior management and back to the medical school.
- 14 In addition, supervisors in paediatrics utilise 'SurveyMonkey™', for learners to provide feedback at the end of their placement. This is then used to drive improvement within the department.
- 15 Overall, we found that the health board uses learner feedback to monitor and manage the quality of medical education and that this process was viewed positively by learners and supervisors.

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
1	1 (R1.13)	NHS Grampian must ensure that all learners have access to induction and that induction is consistent and fit for purpose across specialties.

- 16 We found variable experiences of induction, with some learners having a very positive experience and some who felt improvements could be made.
- 17 Prior to our visit, we considered the health board's two-day induction plan for foundation doctors and their medical induction report from 2016 which reviewed the foundation doctors' induction. The aim of the report was to identify any improvements that could be made to the induction process. A number of recommendations came out of this report and the board have implemented many

changes as a result, including the implementation of an 'induction group' to oversee the induction process.

- 18** The board highlighted to us some areas to be developed, including new online modules. In addition, the board are aware that some doctors in training miss parts of their induction, and told us that the newly formed induction group are working on solutions to this.
- 19** The foundation doctors we met with during the visit were happy with the induction they received. Those in paediatrics told us that senior management had clearly acted on feedback from previous inductions to improve their experience.
- 20** However, we were told that due to their workload, some foundation doctors had to complete some of the e-learning modules at home. They would have liked to have received these modules in advance of their placements to allow more time to complete them.
- 21** None of the foundation doctors we met with had missed their induction. Those who had started on night shifts told us that they completed their induction afterwards.
- 22** Other groups we spoke with had varied experiences of induction. During our visit, students in general internal medicine and geriatric medicine told us that the induction packs they received for their placements were particularly well set out and informative. Some students were given a tour of their ward at the beginning of the placement, which they found useful. Others told us that they were not briefed on the ward, and some had their tour cancelled due to a member of staff being absent.
- 23** Some doctors in training had not received an induction because they had started their post on nights, were in less than full time training, or had returned from maternity leave. In addition, those who had arrived from another region did not receive their login passwords for a number of days, which made it difficult to complete work especially on night shifts.
- 24** Some doctors in training told us that they had to choose between the main hospital induction and their departmental induction which were held at the same time. They did not feel this was an issue for those who had worked at the hospital before and were therefore familiar with it, but it would be a problem for those who had not.
- 25** During the visit, senior management told us of the work they had done to improve the induction, such as including videos of Datix forms being completed as part of the patient safety section and highlighting to doctors in training the importance of taking breaks. However, those who were not able to attend the induction would miss out on these elements.

**26** Overall, we found that the induction process was not consistently applied across NHS Grampian. We heard examples of learners who start out of phase missing their induction, and of schedule clashes with corporate and departmental inductions which could lead to crucial information being missed. Therefore the health board must ensure that all learners have access to induction and that the processes are applied consistently. These must be organised so that clashes between institutional and departmental inductions are avoided.

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendations
		No recommendations were identified during this visit.

<b>Team leader</b>	Professor Jacky Hayden
<b>Visitors</b>	Dr Steve Jones Dr Richard Tubman Professor Ravi Gulati Dr Will Owen Daron Aslanyan Julie Browne
<b>GMC staff</b>	Robin Benstead, Education QA Programme Manager Kate Bowden, Education Quality Analyst Sophie Whistance, Education Quality Adviser
<b>Evidence base</b>	<ol style="list-style-type: none"> <li>1. NHS Grampian Medical Education Governance Framework</li> <li>2. National Training Survey Breakdown – Board Paper</li> <li>3. Staff Governance Committee Agenda March 2017</li> <li>4. Medical Dental Education Governance Group ToR &amp; Minutes</li> <li>5. Divisional Educational Governance Meetings</li> <li>6. NHS Grampian Medical Education Team ToR &amp; Minutes</li> <li>7. External &amp; Internal Feedback Flowchart</li> <li>8. Trainer Handbook</li> <li>9. Tutelage Minute April 17</li> <li>10. Hospital at Night Protocol</li> <li>11. Induction Programme</li> <li>12. Trainee Lead Job Description</li> <li>13. Specialty Teaching Plan (Endocrinology &amp; Diabetes: Draft)</li> <li>14. Simulation Activities</li> <li>15. NHS Grampian Organisational Structure</li> <li>16. Educational Governance: Expectations of a clinical Department</li> <li>17. New Trainer Protocol</li> <li>18. Supporting a Trainer in Difficulty</li> <li>19. Medical Education Team Job Descriptions</li> <li>20 Occupational Health Audit of Work Place Adjustments</li> <li>21. GLINT Module – Learning in the Work Place</li> <li>22. Staff as Educators CPD Programme</li> <li>23. NHS Grampian HR Policy List May 2017</li> <li>24. Policy for Management of &amp; Learning from Adverse Events &amp; Feedback</li> <li>25. Reporting Adverse Events on Datix – Toolbox Talk</li> <li>26. Whistleblowing Policy</li> <li>27. Doctors in Training Corporate Medical Induction Report</li> <li>28. Rota Group Terms of Reference</li> <li>29. PCAT Guidelines</li> <li>30. NHS Grampian Medical Education Conference Programme</li> </ol>

## Acknowledgement

We would like to thank NHS Grampian and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.