

## Visit Report on NHS Ayrshire & Arran

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 Ayrshire & Arran
<b>Sites visited</b>	University Hospital Crosshouse, Kilmarnock
<b>Specialties and programmes</b>	<ul style="list-style-type: none"> <li>• Undergraduate (Glasgow School of Medicine)</li> <li>• Foundation programme</li> <li>• Core medical training</li> <li>• General internal medicine</li> <li>• General surgery</li> <li>• Paediatrics</li> </ul>
<b>Date of visit</b>	12 October 2017
<b>Were any serious concerns identified?</b>	Yes – see Requirement 1

### 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	Theme	Areas that are working well
1	1 (R1.17)	The multi-professional team provides a positive and supportive learning environment for both undergraduate and postgraduate learners.
2	4 (R4.2)	Trainers are well supported to meet their educational responsibilities and have sufficient time in their job plans to carry out their role.

#### Area working well 1: The multi-professional team provides a positive and supportive learning environment for both undergraduate and postgraduate learners.

- 1 Medical students that we spoke to with experience in paediatrics said that they receive opportunities for learning across two different sites and with other professionals in the emergency department and the community setting. The ward rounds they took part in involved consultant led teaching and working with assistant nurse practitioners, whom they found approachable and helpful.
- 2 Doctors training in core medicine and core surgery felt supported and valued by the multi-professional team. The training they received was suitable and focused to meet their training outcomes. We also heard that learners in these programmes felt that the level of supervision was appropriate to the level of the learner and always fit with the individual's competence, confidence and experience. None of the trainees we talked to had been asked to work beyond their level of competence
- 3 The foundation doctors in training we met with said they had received the opportunity to attend simulated teaching sessions alongside other professionals such as nurses and senior doctors which they found highly beneficial. They worked on the wards with advanced nurse practitioners who they described as invaluable for their support, both with service and learning, especially during night shifts.

- 4 All learners we met reported that all members of the team were approachable and accessible and they felt welcome and valued.
- 5 On the visit day, we heard from doctors in training with experience in surgery that around a third of the tutorials received were consultant led and that they also provided a lot of informal bedside teaching.
- 6 We heard from postgraduate educators within paediatrics that they held combined teaching sessions with the accident and emergency team and the anaesthetics team. They said this provided a good opportunity for shared learning and good practice.

**Area working well 2: Trainers are well supported to meet their educational responsibilities and have sufficient time in their job plans to carry out their role.**

- 7 All the trainers that we met at this health board confirmed that they were supported in their role. Their education roles are incorporated into their NHS annual appraisal.
- 8 Both educational roles for undergraduate and postgraduate supervision were covered in the educator's job plans.
- 9 The undergraduate and postgraduate educators all agreed they had the relevant escalation methods if they were to have any concerns around their role. The health board has a training committee that would be their initial contact.
- 10 Educators described negative learner feedback that they rectified through the provision of additional teaching days and new learning opportunities. We were told of an occasion when some of the foundation doctors in training in general surgery told them they did not feel they were being offered sufficient education opportunities. In response, the educators created three training days specifically for foundation doctors in training. Learners were able to choose to attend additional educational opportunities such as anaesthetics training or a public health meeting.

**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 (R1.11)	NHS Ayrshire & Arran must ensure doctors training in medicine take consent only for procedures appropriate to their level of competence.
2	1 (R1.12)	NHS Ayrshire & Arran must design rotas that provide learning opportunities which allow learners to meet the requirements of their curriculum.
3	1 (R1.14)	NHS Ayrshire & Arran must ensure the transfer of patients within the acute medical pathway out of hours is organised to provide continuity of care for patients.

**Requirement 1: NHS Ayrshire & Arran must make sure doctors training in medicine take consent only for procedures appropriate to their level of competence.**

- 11** On the visit day, we met with doctors training in core medicine, core surgery and general practice with experience of training in general surgery and general internal medicine where we heard that there is an ongoing issue with consenting in-patients for acute investigative endoscopy procedures. They are aware they should not be consenting patients and have raised this with the senior management.
- 12** The health board provided an information leaflet about the procedure and confirmed that they were satisfied they could consent using this guidance. The doctors in training said they were uncomfortable with this as they felt it was beyond their level of competence. They felt pressure to take consent otherwise the patient could miss their procedure slot if they did not complete the consent on the ward. Additionally, the standard information sheets were also not always available, meaning the guidance was not available.
- 13** We heard from trainers that they were aware of this issue and that they were working on solutions to address it.
- 14** The health board is aware of this issue and has taken some steps to address it however, it is still necessary that they undertake further actions to ensure there are no learners working beyond their level of competence.

**Requirement 2: NHS Ayrshire & Arran must design rotas that provide learning opportunities which allow learners to meet the requirements of their curriculum.**

- 15** On the visit, we heard from doctors in training that due to the rota shortages, the focus of their work was on service provision, particularly for those in medicine training pathways. Trainees also talked about difficulties in being released to attend local and regional teaching.
- 16** We also heard from doctors in training with experience in medicine that they did not feel they were going to be able to meet their curriculum outcomes due to service provision pressures. They told us they had to take a week of their annual leave to complete them.
- 17** Similarly, other curriculum requirements such as outpatient clinic attendance were difficult to meet due to service pressures. We were told that trainees are using annual leave to attend clinics to meet curriculum requirements.
- 18** Overall, the visiting team felt that the balance between service provision and training needed to be improved to ensure trainees are able to meet their curriculum requirements.

**Requirement 3: NHS Ayrshire & Arran must ensure the transfer of patients within the acute medical pathway out of hours is organised to provide continuity of care for patients.**

- 19** During out of hours, we heard that there are large numbers of patients coming from the Emergency Department (ED) to the Combined Assessment Unit (CAU). Patients then might be transferred from CAU onto wards with available beds, sometimes without consultant review. We heard that doctors in training were often not informed of the transfer and were unaware of the ward the patient had been transferred to. We heard from postgraduate educational supervisors in general internal medicine that the number of patients transferred this way had been capped at five; however we heard examples from doctors in training where this number has been exceeded. Patients might not be seen by the consultant until the ward round the following day. We heard examples of clear risk to patient safety due to the current arrangements.
- 20** We identified this as a potential serious concern on the day of the visit and raised this with the deanery through our serious concerns process. The GMC serious concern process is where we identify a potential concern on a visit, and require further information to determine the most appropriate course of action.
- 21** The deanery responded that they were already aware of this issue which had been identified on a deanery visit to the health board in November 2016. An action plan had been put in place following the visit, and immediate steps to address the issue had been taken. Our visit identified an anomaly in the revised processes that had been put in place, which was addressed immediately. A revisit by the deanery is

planned for March 2018 and we will continue to monitor this through our routine monitoring processes to make sure that the solutions are effective and sustainable.

## **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.

<b>Number</b>	<b>Theme</b>	<b>Recommendations</b>
		No recommendations were identified during this visit.

<b>Team leader</b>	Dr Barry Lewis
<b>Visitors</b>	Professor Lesley Bowker Dr Helen Sweetland Katherine Marks Dr Steven Burr Dr Richard Tubman
<b>GMC staff</b>	Robin Benstead, Principal Education QA Programme Manager Eleanor Ewing, Education Quality Analyst Angela Hernandez, Education Quality Analyst
<b>Evidence base</b>	<ol style="list-style-type: none"> <li>1. Equality, Diversity and Human Rights Policy</li> <li>2. Failing to Fail - Doctors in Difficulty Workshop - Workshop Outline</li> <li>3. Performance Support Unit Framework Document NHS Education for Scotland</li> <li>4. All Grades Above FY1 Hospital Induction Programme, August 2016, University Hospital Crosshouse</li> <li>5. 2016 General Medicine Junior Doctors Handbook</li> <li>6. Respiratory medicine departmental induction</li> <li>7. Neonatal Unit Handbook University Hospital Crosshouse</li> <li>8. Sample Paediatric Neonatal Departmental Induction Programme</li> <li>9. Curriculum Mapping Exercise, Specialty Example, With Explanatory Notes</li> <li>10. Template for One to One Meetings With Trainees University Hospital Crosshouse</li> <li>11. NHS Ayrshire and Arran Medical Educational Governance Strategy</li> <li>12. Agenda for NHS A&amp;A Board Meeting 30 January 2017</li> <li>13. NES - Boards Draft Revised SLA December 2016</li> <li>14. FY1 Educational Days Surgery</li> <li>15. NHS Ayrshire and Arran Staff Support Centre Info, Inc Occupational Health</li> <li>16. Adverse Event Policy February 2017</li> <li>17. Shadowing and Induction Programme for New FY1 Trainees 2016 and 2017</li> <li>18. Preparation for Practice Exercise 2016 and 2017</li> <li>19. Professional Compliance and Analysis Tool (PCAT) Information Pack (Brief Overview)</li> </ol>

- 20. New Trainer Registration Form NHS A&A
- 21. Bullying and Harassment Policy NHS A and A
- 22. Trainee Consultant Feedback Blank

## **Acknowledgement**

We would like to thank NHS Ayrshire & Arran and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.