

Visit Report on NHS Fife

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>

Education provider	NHS Fife
Sites visited	Victoria Hospital, Kirkcaldy
Specialties and programmes	<ul style="list-style-type: none"> • Undergraduate (Dundee School of Medicine and Edinburgh Medical School. We also met with students from St. Andrews who had been on placements at Victoria Hospital during our visit to their medical school) • Foundation programme • Core training • General internal medicine • Geriatric medicine • Paediatrics
Date of visit	3 November 2017
Were any serious concerns identified?	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	Theme	Areas that are working well
1	1 (R1.10)	The use of coloured name badges to help staff identify the level of competence of learners is effective and becoming well-embedded.
2	1 (R1.13)	Induction is viewed positively by learners and is accessible to all, including those who start out of phase.
3	1 (R1.20)	The weekly paediatric simulation group is valued by the learners we met with.
4	2 (R2.1)	The management and control of the quality of education and training benefits from the good relationships between NHS Fife, associated medical schools, and the Scotland Deanery.
5	2 (R2.2)	Strong leadership within the medical education team helps maintain a balance between service and education.
6	3, 4 (R3.2/R4.4)	Educational and pastoral support is readily available to both learners and educators.

Area working well 1: The use of the coloured name badges to help identify the level of competence of learners is effective and becoming well-embedded.

- 1** Throughout our visit to NHS Fife we heard of the use of coloured name badges to help staff identify the level of competence of learners. Medical students we met with told us they wear coloured badges to identify themselves. Foundation doctors in training we met with also told us coloured badges are used to identify their level of training. We heard from doctors training in core medical training and general practice that the badge system means their level of training is clearly identifiable to staff and as a result, they have never been asked to carry out a procedure beyond their competence.
- 2** The education management team told us that all staff at NHS Fife are all aware of the coloured badge system, and which level of training the different colours indicate. We heard examples of how the system had been promoted, for example that a poster outlining the system was presented to the acute services management team by the director of medical education. We also heard that the nursing staff are keen to engage with the system, and were sent information on it via email so they were aware.
- 3** This system of identifying the level of learners was introduced at NHS Fife in August 2017, and is therefore still a relatively new concept, and we encourage NHS Fife to continue this initiative and raise awareness amongst other disciplines and health boards.

Area working well 2: Induction is viewed positively by learners and is accessible to all, including those who start out of phase.

- 4** Trainees receive a welcome e-mail before they start their placement, and a copy of their 'Handover- Trainees Corporate Induction' presentation.
- 5** Throughout our visit, we heard that the learners we met with at NHS Fife valued the induction they received at the hospital. The induction sets out their duties and supervision arrangements, their role in the team and how to gain support from other colleagues for each placement.
- 6** Medical students were informed before starting as to what is expected of them whilst on placement, and they received the relevant documents they need to start their placement, such as timetables, on their first day. The medical students we met with described the hospital as very welcoming.
- 7** We heard from foundation doctors in training that their induction was a good mix of lectures and time spent on the ward, which covered everything they needed to know including how to use equipment on the ward. Several doctors in training told us induction was far more detailed at NHS Fife compared to other locations. They all received temporary access cards upon their arrival so they could navigate around the hospital. Doctors in training who begin their role out of phase or those whose first

day is scheduled to be on night shift miss the standard induction. However, those who did miss their induction were given an induction pack and the relevant support so that they receive an appropriate induction to the hospital.

- 8 Specialist doctors training in general medicine agreed that the induction they received was good, well-organised and structured. Induction lasted a whole day and doctors in training are provided with written information on Victoria hospital prior to their start date. There were no concerns over not having access to IT systems, and they all had training on the Datix system for reporting incidents.

Area working well 3: The learners we met with valued the weekly paediatric simulation group.

- 9 Doctors in training in paediatrics were able to attend a paediatric simulation group, which was held every Wednesday. The group enables learners to access technology-enhanced and simulation-based learning opportunities within their programme, as required by their curricula. The paediatric group was valued by those we met with and is beneficial to their training.

Area working well 4: The management and control of the quality of education and training benefits from the good relationship between NHS Fife, associated medical schools and the Scotland Deanery.

- 10 NHS Fife provided us with a copy of their management structure for undergraduate medical education, which outlines clear pathways between the director of medical education and staff at the Universities of Edinburgh, Dundee and St Andrews.
- 11 There are also good relationships with St Andrews, Edinburgh and Dundee medical schools. Educators valued the flow of information between NHS Fife and the medical schools regarding individual medical students and the quality of training.
- 12 Those we met with also valued the positive relationship between NHS Fife and the Scotland Deanery. We were told that several members of the current staff at NHS Fife have previously been training programme directors for the deanery. This helps them understand the processes better and enables clearer communication. The flow of information between the two was described as excellent and invaluable.

Area working well 5: Strong leadership within the medical education team helps maintain a balance between service and education.

- 13 Throughout our visit, we heard about the strong leadership that exists within the medical education team. There is a clear path from the director of medical education to board level and there is close contact around medical education. The director of medical education provides strong support to the clinical directors and consultant colleagues. The clinical governance committee scrutinises issues and these are then taken to the Health Board. We were told by the senior management team that there is good leadership of both junior doctors and other consultant colleagues. This has

helped form a strong team spirit. As a result of this, we heard from all those we met with that there was a good balance between service and education.

- 14** Senior management told us they have successfully embedded service and training together. They are in process of developing new internal medicine programmes and they ask doctors in training for their views on placements.

Area working well 6: Educational and pastoral support is readily available to both learners and educators.

- 15** Throughout our visit we heard examples of the educational and pastoral support for learners from NHS Fife, the medical schools and the Scotland Deanery. We also heard from the educators we met with that NHS Fife supports them within their roles by dealing effectively with concerns or difficulties they face in their role.
- 16** There is a set of learning outcomes published online that Dundee medical students are expected to achieve whilst on placement. They are also required to write a personal development plan prior to the start of a placement block. The quality of the feedback they receive at the hospital was described by one student as 'the best they have ever received'.
- 17** Medical students also valued the assistance of the Dundee student support officer who was described as very useful. In the event that any issues of bullying and undermining arise, the support officer can direct students to someone locally to deal with the issue.
- 18** Doctors training in general surgery told us that there is a strong team spirit and environment within the multi-disciplinary team, enabling them to forge good relationships. We were told that staff on the ward is caring and nurses in particular are very supportive of medical students.
- 19** The education management team told us that they had introduced a mentorship programme for foundation doctors in training on the ward, and this allows them to meet up with learners to discuss their progress and any issues that may have arisen. It is a model they believe can work in the future but much depends on the individuals involved in terms of consistency and variability. There are several talks available for foundation doctors in training, based on topics such as leadership and life as a consultant.
- 20** The educators we met with told us they had completed a clinical educator programme to satisfy the requirements of being an educational supervisor. Doctors in training can also attend this course and there is a similar workshop available online.

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	Requirement
1	5 (R5.9)	NHS Fife must ensure that doctors training in general internal medicine are able to access clinics.

- 29** We heard from doctors training in general internal medicine that there can be difficulties accessing clinics. Whilst they have dedicated time to attend clinics, there can be capacity issues with too many doctors trying to attend the same clinics.
- 30** Doctors training in core medicine and general practice told us there is a dedicated week for clinics. There is the potential for clinic access to work well in the current rota, however arranging attendance is difficult as information on clinic availability is not easily accessible. We were told by those we met with sometimes they are encouraged to use study leave to attend their clinics, which is not the intended use of this time.
- 31** Medical students told us that they sometimes arrive to find no room in the clinic. We heard that it is sometimes not clear which clinics students should attend. Students told us that solutions are created by the students themselves, but they would prefer NHS Fife to resolve this.
- 32** The education management team told us that there can be competition for access to clinics between students from different medical schools. We recognise that the difficulties surrounding access to sufficient numbers of clinics are a nationwide issue, and acknowledge that the management team are engaged in ongoing work to resolve it.

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
1	1 (R1.3)	NHS Fife should develop the use of Datix as an educational tool.
2	1 (R1.19)	NHS Fife should resolve the issues around access to IT systems.

Recommendation 1: NHS Fife should develop the use of Datix as an educational tool.

- 33** The medical students we met with told us that Datix was not covered in their hospital induction, and many students were unaware of the system. We heard from the students that they would usually speak to their supervisors if they wished to raise a concern over patient safety.
- 34** Foundation doctors in training told us that Datix can be difficult to use, and that there are a large number of boxes that need to be filled in with limited time to do so. They described this as a system issue rather than a training issue. We heard from the foundation doctors in training that Datix was covered in their induction; however it would be useful for live cases to be used more often as a learning tool.
- 35** Feedback received after logging a Datix report varies depending on the individuals giving the feedback. We were given one example of a Datix case being reported and no feedback being given as a result.
- 36** Doctors training in paediatrics told us that Datix is used in their department but more by the nurses than the doctors in training. Similar to our discussion with the general medicine doctors in training, some doctors in training got feedback via email and were invited to discuss their report but others got no feedback. We heard that there isn't a regular Datix discussion forum, which would be beneficial for everyone involved as it would allow them to learn from previous incidents and prevent them from recurring in the future.
- 37** The educators told us that their induction programme involves information on the Datix system, including a demonstration on how to handle a report and provide feedback. They are still getting comfortable with the system; however they believe the culture around Datix is improving. They did however suggest that trainees would benefit from receiving training on Datix as part of their induction.

- 38** The education management team believe that doctors in training are aware of the Datix system, but acknowledge there is a mixed view about using the system. Some doctors in training have a negative experience, mainly due to the time constraints. The management team are aware of the issues that doctors in training have encountered but believe it is a system that becomes easier to use the more one uses it.
- 39** NHS Fife also recognised that doctors in training do not always receive feedback after submitting a Datix report. Some departments, such as paediatrics, use the system more efficiently than others and the organisation expressed a desire to use this as a learning opportunity for other departments.
- 40** We recommend that the Datix system is used more often as an educational tool to help facilitate learning. This would demonstrate a culture at the organisation that investigates and learns from mistakes.

Recommendation 2: The issues around gaining access to IT systems due to the strict security at NHS Fife

- 41** Dundee Medical students told us they have access to two computers and Wi-Fi. Students in year five get a login for their assistantship. Year four students do not, but consider it would be beneficial. The education management team considered that this access was not required.
- 42** The educational and clinical supervisors told us that some elements of NHS Fife's IT systems are excellent, such as patient track. However, some of the systems are awkward to use and could be improved to provide relevant learning opportunities to learners.
- 43** The department as a whole are keen for medical students to be able to access the IT systems and further discussions are taking place to come up with a solution. There is strict IT security at Fife which results in certain documents being blocked. We were told that Edinburgh students can't access their learning notes. Doctors in training also raised the issue of capacity of the system, and we heard that it can take a while to gain access to the system if others are online.
- 44** Overall, we were told throughout our visit that IT access can be an issue due to the high level of security at NHS Fife. This can prevent the organisation from delivering relevant learning opportunities, as well as the required level of educational support.

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Evidence base	<ol style="list-style-type: none"> 1. SBAR to accompany DME Report to QSGG 2. TDCI Feedback Questionnaire 3. UG Medical Education Structure 4. Example of welcome email from NHS Fife 5. Handover Presentation at Induction 6. Gen Med On call Timetable May 2017 7. Doctor in Training Levels 8. QRP Dates 2017 9. Themes Discussed at TIQME Meetings 2016-17 10. Educator Selection Check List 11. Core Foundation Training - Blood Products and Practical Transfusion Issues 12. NHS Fife Focus Groups Master 13. CGC Medical Education Paper 14. UoE Liaison Visit Nores 27 May 2016 15. DME Report 2016 16. Photos of Lead Tutors UoE UoD 17. Criteria and Request Form for Pre-Med Placement 18. LTFT March 2017 19. NHS Fife Equality Plan 2017 – 2021 20. Clinical Skills Poster 21. SOAP Poster

22. Patient Safety PP
23. List of Distinct Adverse Events to be Graded Major or Extreme
24. NHS Fife Sharing Learning Points
25. NHS Fife Response to NTS Survey Patient Safety Comments 2017
26. Assistantship Referrals Training
27. Shadowing Week Proposed Timetable 2017
28. eRostering Example
29. Example of MoT Feedback
30. SS Preprescribing

Acknowledgement

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