

Visit Report on NHS Shetland

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 Shetland
Sites visited	Gilbert Bain Hospital, Lerwick
Programmes and specialties	<ul style="list-style-type: none"> • Undergraduate (Aberdeen School of Medicine) • Foundation programme • Core medical training • General practice specialty training • General internal medicine • General surgery
Date of visit	3 - 4 October 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	3 (R3.2, 3.9)	The educational and pastoral support for learners at Gilbert Bain Hospital.
2	5 (R5.4, 5.9)	The use of technology to help provide learners with remote access to regional educational activity.
3	5 (R5.4, 5.9)	The balance between service and training at the LEP.

Area working well 1: The educational and pastoral support for learners at Gilbert Bain Hospital.

- 1 During our visit we met with final year medical students from Aberdeen School of Medicine who were in placements in the specialties visited. We also met with doctors training in both general internal medicine and general surgery posts, from foundation, general practice and core training programmes, as well as with clinical development fellows.
- 2 The medical students we met with were positive about their experience at Gilbert Bain. They felt well prepared for their placement by both NHS Shetland and Aberdeen School of Medicine, and had all completed health board induction. This induction covered everything they needed to know at the start of their placement, and the induction handbook contained local information to help them become familiar with both the hospital and the local area.

- 3 The medical students we met with had all been assigned 'mentors' at the start of their placement, and they all felt well supported and supervised. They had clear learning objectives, and had logbooks to complete during their placement. We heard examples of consultants at the hospital providing the students with individual teaching tailored to their educational interests or needs, and supporting students to pursue their own interest areas, for example the opportunity to spend time at the coastguard centre, and with an ambulance crew. This is also contributed to opportunities for exposure to multiprofessional learning at the LEP. We heard of the positive role the clinical development fellows play in the medical student's learning, for example holding weekly meetings with the students. Those we met with were familiar with processes for raising concerns over patient safety, and undermining and bullying.
- 4 The medical students we met with would all recommend Gilbert Bain to fellow students and a number were considering applying for foundation training at the site.
- 5 The foundation doctors in training we met with all had named supervisors, and all had met with them. We heard from doctors training in general practice, core medical training and the clinical development fellows that they also felt well supervised and supported.
- 6 The doctors in training we met with had undergone induction at the hospital, and we heard positive comments about induction compared to their experience of induction at other LEPs. We heard that they feel part of the team, and that there are good learning opportunities at the LEP, and that it is a valuable experience.
- 7 We heard from the senior team that the rota design allowed doctors in training to follow the patient from the front door, to the ward and then discharge. The doctors in training we met with valued this and also told us their experience at Gilbert Bain Hospital had been positive. The senior team told us about the introduction of floating days, which were encouraged to be used for quality improvement projects or shadowing areas they are interested in. All learners we met with told us they would recommend the post to a friend.

Area working well 2: The use of technology to help provide learners and educators with remote access to educational activity, e.g. the use of VC to participate in regional teaching.

- 8 During the visit we heard some of the challenges in accessing education and training that being based at a remote and rural site can present, as well as solutions. We heard examples of the use of technology to overcome some of these barriers.
- 9 The doctors in training told us that they had no difficulty in contacting the deanery, and we heard examples of the use of video conferencing to access formal teaching on the mainland, for example foundation doctors were all able to access weekly teaching

from NHS Grampian via video conference. We also heard that this type of access was not suited to all learning styles, and that it was also important to attend the teaching in person.

Area working well 3: The balance between service and training at the LEP.

- 10** NHS Shetland provides healthcare to a population of 23,000. Gilbert Bain Hospital, a rural general hospital, in Lerwick, Shetland is the sole provider of hospital services across Shetland. The nearest tertiary centre to Gilbert Bain is 200 miles away on the mainland, and travel to and from can be affected by weather. As a result, and unlike most other LEPs visited as part of this review, the model of healthcare at Gilbert Bain is a generalist one, led by locally based consultants in general medicine, general surgery, anaesthetics and psychiatry, and supplemented by visiting consultants from NHS Grampian. There are no paediatric consultants on the island, and while we heard that that this had been identified as a corporate risk there is an established protocol for support from NHS Grampian in place.
- 11** We heard examples of additional support for this model. NHS Shetland attends monthly remote and rural alliance meetings, where there is opportunity to share learning from other health boards with a remote and rural profile. There is also support for the Director of Medical Education (DME) role from the DME at NHS Grampian.
- 12** The generalist model of healthcare also shapes the medical education and training delivered at the hospital, and we heard from learners we met with that they feel part of the wider team, and have more opportunities for a wider exposure to a range of patients than in other placements. We also heard from the educators that due to the low number of learners at the site, much of the teaching was informal rather than lecture based.
- 13** The medical students we met with were positive about their experience at Gilbert Bain, and highlighted the increased 'hands on' experience in both medicine and surgery compared to placements elsewhere, with their exposure to theatre as an example of this. We also heard from the doctors in training of the value of this type of placement, not just for those with an interest in remote and rural medicine. For example we heard from the foundation doctors that their experience at Gilbert Bain will make them better doctors.

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	2 (R2.10)	NHS Shetland must ensure that all educators have enough time in their job plan for their educational role(s).

- 14** We heard from those we met with that in common with other remote and rural areas, NHS Shetland faces a number of challenges in recruiting and retaining staff and this has an impact on those with an educational role. We heard examples of educators covering multiple educational roles alongside their clinical role, and where this happens it is important there is adequate support in place.
- 15** The educators we met with from medicine and surgery all confirmed they had received training for their role, from both the Scotland Deanery and the Aberdeen School of Medicine, and were appraised for their role. There are challenges in accessing training; unless training was delivered on the island, it could be challenging getting to the mainland for training.
- 16** The educators we met with all had time in their job plans for educational activity, however we heard that there was variation in whether this was sufficient time to cover their educational roles, especially if they are covering multiple roles. At the time of our visit there was one recognised educational supervisor in medicine, who also held a number of other educational roles. The visit team would like to acknowledge the value the learners we met with placed on this educator.
- 17** We also heard some concerns from those we met with over succession planning, in particular whether there will remain enough consultants to take on an educational role when those currently in post retire, and secondly being able to attract enough trainees to sustain the service, and for some of those trainees to remain in Shetland after completing their training.

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 (R1.13)	NHS Shetland should ensure that induction for learners covers all aspects of the role they are taking on.

2	2 (R2.1)	NHS Shetland should review arrangements for educational and clinical governance meetings so as to maximise learning opportunities from these meetings.
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Recommendation 1: NHS Shetland should ensure that induction for learners covers all aspects of the role they are taking on.

- 18 We spoke with doctors in training who cover A&E out of hours, with nursing support on site, and off site support from a surgeon, physician and anaesthetist. We also heard that they could also access the support of a mid-wife if needed. We heard that covering A&E out of hours is more service content than education, as there is no senior input unless requested.
- 19 We also heard from some of the more junior doctors in training that they felt anxious and uncomfortable dealing with their first paediatric cases out of hours, as there is no paediatrician on Shetland, though there is support from Aberdeen, and support from a medical consultant may be off site. The more senior doctors felt that the arrangements were appropriate.
- 20 Whilst we heard no examples from those we met with of this being a patient safety risk, the visit team were unsure whether a junior doctor would always be confident and competent enough to deal with more complex cases, and less common presentations with potentially serious consequences e.g. gynaecological or paediatric emergencies, and would always know when senior support was needed. We feel that NHS Shetland should review their induction to make sure that this is clear for junior trainees.

Recommendation 2: NHS Shetland should review arrangements for clinical governance meetings so as to maximise learning opportunities from these meetings.

- 21 During our visit we heard examples of educational and clinical governance, and we heard how the medical education governance group had been made more robust following a recent review. We also heard that due to a lack of space in the hospital that joined up governance meetings that cover both clinical and educational governance had not been held for the last 12 months as the governance room has been re-allocated. We also heard from those we met with on our visit the value of these meetings, and we encourage NHS Shetland to source an alternative location for these meetings.

Team leader	Professor Jacky Hayden
Visitors	Helen Richardson Dr Will Owen
GMC staff	Martin Hart, Assistant Director Robin Benstead, Principal Education QA Programme Manager Kate Bowden, Education Quality Analyst
Evidence base	<ol style="list-style-type: none"> 1. TIQME minutes reflecting conversation on differential attainment 2. Medical Education Governance Group (MEGG) terms of reference 3. MEGG - notes from February to May 2017 meetings 4. Organisational Structure 5. Medical Director Annual Report 2016 6. Director of Medical Education Annual Report 2015/2016 7. NHS Shetland Equality & Diversity Publications 8. Tutelage Constitution 9. University of Aberdeen Year 5 Medical Student Handbook 10. NHS Shetland information for medical students 11. St Andrews University Clinical Consolidation Block 12. Junior Doctor induction pack/training programme (example) 13. Junior Doctor surgical induction presentation 14. Quality Improvement Project Poster on Handover 15. ACT Constitution and Memorandum of Understanding 16. Template Junior Dr rota – Medical and Surgical 17. Junior Dr Monitoring 18. NHS Shetland Informed Consent Policy 19. Faculty Development Alliance 20. Medical and Surgical Governance meetings 21. Simulation Training Report to MEGG 2017 22. Student assistantship feedback 23. Faculty Development Alliance 24. Junior Drs Audit Pack 25. UoA Visit to Gilbert Bain Report 2014 26. NHS Shetland Patient and Public Engagement 27. Shetland's Equalities Mainstreaming Report and Equality Outcomes 28. OSCE student feedback 29. Clinical Procedural Skills Passport 30. Royal College of Physicians Cullen Prize 31. NHS Shetland Ensuring Safe and Fair Recruitment, Selection and Employment Policy 32. NHS Shetland Embracing Equality, Diversity & Human Rights Policy 33. NHS Shetland Supporting the Work Life Balance Policy 34. Link to Equality & Diversity Internet page 35. University of Aberdeen Patient Safety Strategy 36. Clinical Effectiveness Quarterly Report

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37. NHS Shetland Complaints Handling Procedure
 38. NHS Shetland Learning from Adverse Events through Reporting and Review Policy
 39. NHS Shetland Voicing Concerns Policy
 40. FY1 Shadowing week booklet and induction programme
 41. TURAS
 42. SOAR website
 43. Scottish Trainers Framework
 44. Student Exception Reporting Mechanism
 45. NHS Shetland Confidential Supporters
 46. Eliminating Bullying and Harassment policy

Acknowledgement

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