

Visit Report on NHS Tayside

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 Tayside
Sites visited	Ninewells Hospital, Dundee
Specialties and programmes	<ul style="list-style-type: none"> • Undergraduate (Dundee School of Medicine) • Foundation programme • Core medical training • General surgery • Paediatrics
Date of visit	2 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 (R1.1, 1.3)	The use of the Datix system as an educational tool.
2	1 (R1.7, 1.8)	Clinical supervision, which is always available.
3	1 (R1.19, 1.20)	The google classroom system is an innovation valued by learners.
4	2 (R2.1)	Good relationships between NHS Tayside and Dundee School of Medicine.
5	2, 3 (R2.3, 3.9)	The supportive culture in the paediatric department, and the use of feedback to improve training.

Area working well 1: The use of the Datix system as an educational tool.

- 1 NHS Tayside shared their Induction and Orientation policy with us prior to our visit. Doctors in training are given information on the Datix system as part of their induction. NHS Tayside also provided us with a copy of their foundation year one quality and safety programme which states doctors in training complete training on Datix over a three month period. The data on the types of incidents reported are themed and shared with the Scotland Deanery, director of medical education and associate medical directors' group.
- 2 We heard that the clinical risk management group meets on a weekly basis and reviews red Datix entries and emerging operational risks. These are then discussed at regular performance review meetings, and those involved in these incidents are invited to observe the investigation. This acts as a learning process for both the doctors in training and consultants.
- 3 General surgery and paediatric educators attend ten half-day sessions per year at which important Datix issues are discussed. These are used to reflect on incidents and near misses. This is used as a forum to learn from the Datix system and identify

any potential patterns that need to be addressed.

- 4 The foundation doctors training in general surgery and paediatrics that we met had all submitted Datix reports. They told us Datix is included in their induction and they are encouraged to use it. They received email feedback from consultants and were kept informed about what happened after a report was submitted.
- 5 The doctors training in general surgery told us they receive training on the Datix system and that it is easy to use. The issues raised via Datix are dealt with quickly and they receive feedback on the action that occurs as a result of their report. Selected Datix reports are then discussed in mortality and morbidity meetings, which helps others learn from previous incidents, and is an example of the Datix system being used as an educational tool. There is no perception of Datix having a negative impact on the doctor in training involved.
- 6 Doctors training in paediatrics had a similar positive view of the Datix system. They are encouraged to attend monthly mortality and morbidity meetings to discuss the incidents. The doctors in training get to see the whole reporting process and then reflect on it, which they view as greatly beneficial. Following these meetings, doctors in training are emailed with details of the Datix reports, including feedback and any action that has been taken.
- 7 The general surgery and paediatric educators have monthly departmental meetings to discuss Datix issues. These are used as a learning opportunity to reflect on incidents that have occurred in the past and how they can be prevented in the future. It is a very inclusive process. The educators recognise the need to follow the full process for Datix reports to maximise the potential for learning opportunities.
- 8 Overall, we found that NHS Tayside uses the Datix system as an educational tool. Both learners and educators learn from previous cases and discuss how safety concerns can be prevented from happening in the future.

Area working well 2: Clinical supervision, which is always available.

- 9 NHS Tayside has clear 'Guidance on Appointments to Named Trainers Role', which outlines the responsibilities of educators to ensure supervision is available for doctors in training.
- 10 We heard during our visit that the supervision for learners is appropriate to the level of the learner, and reflects the individual learner's competence, confidence and experience. None of the learners we met with had been asked to work beyond their level of competence, and all those we met with are aware of whom to contact for help and supervision.
- 11 We heard from the medical students we met with that they are assigned a supervisor for each block, and they meet with them three times per block. Students told us that

if they need help while on the ward they can call physician assistants who are always available to assist the students.

- 12 Foundation doctors training in surgery and paediatrics told us that due to rotas, doctors in training do not always get to spend time with their clinical supervisors. However, they all have a named supervisor who is always accessible if they need them.
- 13 Doctors training in paediatrics have a supervisor whom they meet with regularly. Some doctors in training have separate clinical and educational supervisors and others have the same individual. The doctors in training feel well supervised and supported.
- 14 The educational and clinical supervisors for paediatrics informed us that doctors in training work very closely with consultants. This enables an appropriate level of clinical supervision at all times by an experienced and competent supervisor. Doctors in training are encouraged to approach consultants, who can advise or attend as needed.
- 15 We heard throughout our visit to NHS Tayside that there is a good level of supervision always available to learners. In particular, the presence of pharmacists and physician assistants on the ward rounds was widely praised.

Area working well 3: The Google Classroom system is an innovation valued by learners.

- 16 During our visit, we were told about the Google Classroom system that is used for surgical teaching and is viewed as an innovative method that is valued by the learners. This system allows the organisation to deliver the relevant learning opportunities and provide the required educational support.
- 17 Doctors training in general surgery told us that this system is rated very highly by those who use it. They all have access to the technology within their training programme.

Area working well 4: Good relationships between NHS Tayside and Dundee School of Medicine.

- 18 The organisation shared the directorate of medical education meeting structure with us prior to our visit. This highlighted the input of Dundee medical school's undergraduate manager to various meetings.
- 19 Medical students valued the integration of Ninewells Hospital and Dundee School of Medicine. The educational governance systems and processes are effective, transparent and clearly understood which results in the effective management of medical education and training.

- 20** The medical school office at Ninewells is very accessible and there is always an individual available to talk to. We were told about the good social space available for medical students at the hub of the hospital. If a student wishes to raise a concern, there is a clear process for them to follow. Ninewells works closely with Dundee medical school to deal with these concerns.
- 21** The students we met told us that the medical school resources on site were good. They highlighted the benefits of having the medical school within the hospital and valued the presence of the library.
- 22** Overall, it is clear that a strong relationship exists between Ninewells Hospital and Dundee School of Medicine, a factor that benefits the management and control of educations and training.

Area working well 5: The supportive culture in the paediatric department, and the use of feedback to improve training.

- 23** NHS Tayside has worked hard to improve the experiences of doctors training in the paediatrics department. These changes have included making rotas compliant, ensuring consultants are resident until 10pm and conducting monthly staffing meetings between consultants, training programmes directors, doctors in training and admin support. Handover and safety briefs have been improved. The organisation considered the impact on learners when making these changes.
- 24** The medical students placed in paediatrics we met told us they feel very well supported at Ninewells. They receive regular emails outlining the careers advice service available to them and are provided with adequate information regarding placements as part of their induction to paediatrics. Students are given their timetables a week before the placement starts, a factor they viewed as positive. They feel well supervised and never feel as if they are by themselves. There is a named supervisor responsible for their block and students know whom to talk to if they have any enquiries.
- 25** Medical students on paediatric blocks are encouraged to give feedback at the end of each block and those in year four after each semester. During one of the grand rounds, the students had a teaching session during which they were told the comments from previous students and how NHS Tayside were looking to make improvements based on these comments.
- 26** Discussions with doctors training in paediatrics support the view that there is a supportive culture in the paediatric department. Doctors in training draw up their rotas themselves, resulting in an element of choice over which shift they receive. The doctors in training told us that it is easy to talk to people if they want to swap. They have regular monthly meetings to discuss feedback, which is then passed onto the deanery. The doctors in training feel this feedback is listened to and that changes

have been made to Ninewells Hospital as a result. They also feel well supported when making requests for less than full time training, and the process for requesting this is very clear. Doctors in training receive the clinical experience they need even if less than full time.

- 27** The clinical and educational supervisors in paediatrics are very supportive, often asking the doctors in training about their welfare. The support for examinations is extensive and consultants help doctors in training by picking patients for them to assess as a method of preparation. Doctors in training are praised by supervisors verbally or by email when they have done well. The supervisors understand the curriculum and are happy to conduct assessments with the doctors in training.
- 28** We were told that consultants in paediatrics are intuitive and will approach doctors in training if they believe they are struggling. If someone is experiencing difficult circumstances there is plenty of support available to them. An example of this is NHS Tayside's wellbeing centre, which is very accessible.
- 29** There is a supportive culture embedded in the paediatric department at Ninewells Hospital. In particular, doctors in training appreciated that their feedback has been used to improve the training experience.

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
		No requirements were identified during this visit.

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 (R1.11)	NHS Tayside should make sure doctors in training are aware of the means for taking consent.
2	1 (R1.19)	Dundee School of Medicine should review the process for providing students with IT access at NHS Tayside to ensure it is consistent.
3	5 (R5.9)	NHS Tayside should review the balance between service and training for foundation doctors' in the Theatre Assessment Unit.

Recommendation 1: NHS Tayside should make sure doctors in training are aware of the means for taking consent

- 30** As part of their evidence submission prior to our visit, NHS Tayside provided us with their 'Clinical Informed Consent' policy. The aim of this is to encourage best practice when taking consent.
- 31** The general surgery trainees are never asked to request consent from patients for procedures they were not carrying out themselves. The core surgery and general practice trainees said they receive training in the taking of patient's consent. Consultants talk them through the patient self-certification forms and make sure they are comfortable with the process. They always see a procedure before they take consent for it. The doctors training in paediatrics take consent for scans only and not for surgical procedures.
- 32** Foundation doctors in general surgery are required to obtain consent for endoscopic procedures from patients on the ward, and are normally talked through this with general surgery trainees. The skill of taking informed consent from a patient is included in the foundation curriculum. However, the educators and supervisors we met with consider that taking consent can be an issue as there is no consistent back up approach for doctors if patient self-certification forms run out, which happens on occasion. We recommend that NHS Tayside consider whether a consistent back up process would be beneficial.

Recommendation 2: Dundee School of Medicine should review the process for providing students with IT access to ensure it is consistent.

- 33 Medical students in surgery and paediatrics placements told us that they do not all have access to a computer login at Ninewells. They informed us they are being logged onto the system by foundation doctors, some of whom are sharing their login details with the students.
- 34 Foundation doctors in training confirmed that if medical students want to look up blood test results for example, they would need to log the students on. Some, who had been students themselves at the Health Board, also had found it difficult to gain access to the IT systems.
- 35 Doctors in training told us that they only have access to the general patient Wi-Fi. This can restrict access to some documents, for example educational pdfs, meaning they have to do preparation for their course at home. Paediatric trainees felt it would be beneficial if there were more computers available to them.
- 36 The education management team were not aware that this was an issue, but addressed this immediately once we raised it. We have included this recommendation in our report for Dundee School of Medicine.

Recommendation 3: NHS Tayside should review the balance between service and training for foundation doctors' in the Theatre Assessment Unit

- 37 Foundation doctors training in general surgery believe their involvement with the theatre assessment unit (TAS) can restrict their learning opportunities. We were told by doctors in training that TAS was not mentioned in their induction and there is no formal introduction to the unit.
- 38 Foundation doctors perceived that they were being taken off clinical duties, sometimes several times a day, to carry out tasks in the TAS. They believe these tasks present no learning opportunities as they often involve a simple signature or ticking of a box, and were time consuming. Doctors training in general surgery disagreed with this perception, and felt that time in the TAS was a legitimate use of foundation doctors' time. Some foundation doctors in training had previously raised concerns over their involvement in TAS. Changes were made in as a result but only in a particular block.
- 39 The educators and supervisors recognised the foundation doctors concerns and accepted that some tasks have limited educational value. As a result, the educators and supervisors are planning involve pharmacists with TAS to reduce the service element for the doctors in training.
- 40 We found that the balance between service and training could be improved particularly for the foundation doctors working in the Theatre Assessment Unit.

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GMC staff	Robin Benstead, Principal Education QA Programme Manager Kate Bowden, Education Quality Analyst William Henderson, Education Quality Analyst
Evidence base	<ol style="list-style-type: none"> 1. NHS Tayside Performance in the GMC National Training Survey 2013-2016 2. Undergraduate Quality Assurance 2015-2016 3. Director of Medical Education Report 2016 4. Directorate of Medical Education Meeting Structure 5. Guidance on Appointment to Named Trainer Roles for RoT 6. Educational Events, Programmes & Flyers 7. Programme of Staff Development Events from November 2016-June 2017 8. Raising Concerns Policy 9. Quality Improvement Programme 10. Induction & Orientation Policy 11. Example Student Documents 12. August 2016 Induction arrangements 13. Hospital at Night Handover Guidance 14. Five year Strategic Plan Academic Health Science Partnership in Tayside 2015-2020 15. Minutes- Clinical Governance and Risk Committee Feb 2017 16. Minutes- Education Management Meeting June 2016 17. Mainstreaming Report and Equality Outcomes 2017-2021 18. Informed Consent Policy 19. Whistleblowing Policy 20. Medical Education and Job Planning SBAR

21. Duty of Candour Vital Signs
22. Action plan- 2014 GMC Undermining Check
23. NICU Induction Programme
24. Paediatric Grand Rounds August 2016-July 2017
25. Preventing and Dealing with Bullying and Harassment Policy
26. Minutes- Local ACT Group December 2016
27. Dundee Recognised Trainer Roles
28. Getting Started Workbooks
29. Individualised learning plan for supporting students with additional requirements
30. CMT teaching Programme

Acknowledgement

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