

Visit Report on NHS Western Isles

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>

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| Education provider | NHS Western Isles |
| Sites visited | Western Isles Hospital, Stornoway |
| Specialties and programmes | <ul style="list-style-type: none"> • Undergraduate (Aberdeen School of Medicine/Edinburgh Medical School) • Foundation programme • Core medical training • Core surgical training • General practice specialty training • General internal medicine • General surgery |
| Date of visit | 5 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 | 1 (R1.12) | The doctors in training we met with were positive about their rotas, which supported both training and service. |
| 2 | 1 (R1.14) | Handover in the hospital was described as thorough, educational and multi professional by the learners we met. |
| 3 | 3 (R3.2, 3.9) | Learners felt well supported during their time at Western Isles Hospital. |
| 4 | 4 (R4.1, 4.2) | Educators are supported in their roles. |
| 5 | 5 (R5.4, 5.9) | The balance between service and training at the LEP was appropriate, and the generalist model appeared to meet the educational needs of learners. |

Area working well 1: The doctors in training we met with were positive about their rotas, which supported both training and service

- 1 The foundation doctors in training we met with were positive about their rotas. They receive the rotas four weeks in advance, which for some had not happened at previous LEPs. At evenings and weekends there is always a foundation doctor plus a more senior trainee on site, with additional support from a medical or surgical consultant readily available by phone. There is also a paediatric consultant and an out

of hours GP based at the hospital they can also approach for support. Those we met with reported no difficulties attending weekly teaching due to service pressures.

- 2 The doctors in core training and general practice we met with were also very positive about the rota design, describing rotas as flexible and 'the best ever'. They explained that this is partly due to the efforts of the rota co-ordinator, but also the training numbers at the hospital which supports the flexibility. Doctors in training do not work nights.

Area working well 2: Handover in the hospital was described as thorough, educational and multi professional by the learners we met with.

- 3 The doctors in training we met with described the handover arrangements as excellent. Handover is hospital wide, and we heard that trainees who work the weekend also work the following Monday so they can update those who did not, which trainees felt was beneficial not only to patient safety and continuity of care, but also their learning. Medical students also valued their involvement in hospital handover.

Area working well 3: Learners felt well supported during their time at Western Isles Hospital.

- 4 During our visit we met with final year medical students from both Aberdeen and Edinburgh medical schools who were in placements in the specialties visited. We also met with doctors in training in both general internal medicine and general surgery posts, from foundation, general practice and core training programmes.
- 5 The medical students we met with felt prepared by their medical schools for their placements, and had undergone induction at the hospital. Those we spoke with felt that induction covered all areas that they needed to know at the start of their placement. We heard that the medical students and doctors in training have shared accommodation, which they found supportive. They felt well supervised in their roles, and had been assigned a named supervisor for the duration of their block. We heard from the students that their learning was self-directed, and they had guidance from their schools on learning objectives and had logbooks to complete during the block. They also had teaching which was organised by one of the clinical development fellows at the hospital.
- 6 We heard from the students that although they all have a named consultant who acts as their contact for the duration of their block, their daily supervision usually came from the doctors in training rather than consultants. We also heard that the quality of the locums could vary. Those we met with were familiar with processes for raising concerns over patient safety, and undermining and bullying, and provided an example of effective action being taken by the hospital to address such a concern.
- 7 The foundation doctors in training we met with similarly felt well prepared for their training, firstly by their medical schools when entering foundation training, and by the

hospital when starting their placement. We also heard from those in foundation year one that being supernumerary during their shadowing week helped them settle into their roles. Those we spoke with all had named supervisors, and we heard of no difficulties accessing supervision when required. We were also told of a colour coded badge system to help identify the training grade of the trainee to other staff. Those we spoke with were aware of and provided examples of the effectiveness of processes for raising concerns, both for patient safety and bullying and undermining. Doctors in training were positive about the balance between service and training ('seamless') and valued the variety of experience that the generalist model of health care at the hospital provided them.

- 8 Doctors in core training praised the induction they had received at the hospital as being better and more efficient than at other LEPs. There were some reported issues of log-ins not being immediately granted at induction but those we spoke with did not feel this to be a problem. All had named supervisors, all of whom were approachable and supportive, and none of those we met with had experienced being asked to work beyond competence or take consent inappropriately.

Area working well 4: Educators are supported in their roles

- 9 The educators that we met with had all undergone training for their role, were recognised and approved in their role, and had been appraised on their educational roles. Those that we met with felt they had sufficient time in their job plans for their roles.
- 10 We also heard that they receive ongoing support both from the Scotland Deanery, and the medical schools, for their undergraduate and postgraduate roles, and we were given examples of attending workshops (via skype) run by the deanery in Aberdeen and Inverness. We heard of good communication with Aberdeen Medical School, and were provided with an example of the educators making changes as a result of student feedback provided by the medical school.

Area working well 5: The balance between service and training at the LEP was appropriate, and the generalist model appeared to meet the educational needs of learners.

- 11 NHS Western Isles provides healthcare to a population of 26,500. Western Isles Hospital is a rural general hospital, in Stornoway, Isle of Lewis. In addition there are two community hospitals on the Isles. The nearest tertiary centre to Western Isles Hospital is 200 Miles away on the mainland. As a result, and unlike most other local education providers (LEPs) visited as part of this review, the model of healthcare at Western Isles Hospital is a generalist one, led by locally based consultants in general medicine, general surgery, anaesthetics, paediatrics and psychiatry, and supplemented by visiting consultants from NHS Highland.

- 12 We heard examples of support for this model, including from the combined director of medical education (DME) and medical director role, and also from the DME of NHS Highland.
- 13 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 felt part of the wider team, and had more opportunities for a wider exposure to a range of patients than in other placements.
- 14 We also heard there is an impact on the way teaching is delivered; educators told us that it is difficult to deliver lecture based teaching at a rural general hospital due to the numbers of learners, and the teaching is delivered on a more informal basis. We heard that they had had to manage the expectations of medical students in the past on how much formal teaching they are able to provide.
- 15 We also heard of strong links with partner medical schools, especially Aberdeen, where NHS Western Isles input into curriculum committees, and have two yearly quality visits, and the Scotland Deanery, through relationships with key individuals but also wider groups such as the Medical Directorate Education Team (MDET) DME group and the Taskforce to Improve the Quality of Medical Education (TIQME), and input into the deanery's quality review panels. We heard that these mechanisms help to monitor and maintain the quality of medical education and training at the site. This helps to ensure that the needs of learners are met.

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 |
|--------|-------|---|
| | | No requirements were identified during the 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 (R1.3) | NHS Western Isles should continue to develop the junior doctor forum. |
| 2 | 5 (R5.9) | NHS Western Isles should continue to ensure that learners in remote and rural locations are able to access educational activity. |

Recommendation 1: NHS Western Isles should continue to develop the junior doctor forum.

16 We heard from the senior education team that the culture of the hospital was non-hierarchical and accessible, and this was supported by the feedback we heard from learners on the visit. We did hear from the team that although they had reviewed the incident reporting process they still felt there was a perception of blame attached to incident reporting by learners, and they are keen to provide other mechanisms for raising concerns, in addition to Datix. The junior doctor forum was one initiative, although it is relatively new and not all learners we met with were aware of it or had been involved.

Recommendation 2: NHS Western Isles should continue to ensure that learners in remote and rural locations are able to access educational activity.

17 During our visit we heard of some of the challenges that those learning in a remote and rural environment face in accessing regional teaching, and how video conferencing was used as an alternative to attending in person. We did hear some examples of challenges with delays in transport getting to regional teaching on time, and how this meant that a sizeable portion of the day was missed.

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| Team leader | Professor Jacky Hayden |
| Visitors | Dr Steve Jones Dr Will Owen Helen Richardson |
| GMC staff | Robin Benstead, Principal Education QA Programme Manager |
| Evidence base | <ol style="list-style-type: none"> 1. A constructive relationship around training and quality improvement in the Western Isles: (Report of Deputy Postgraduate Dean) 2. ACT MoU between NHSWI and University of Grampian 3. Copy of a welcome email to upcoming students 4. Copy of antimicrobial presentation from induction 5. Copy of Job Planning report to CMT May 2017 6. Copy of notes of meeting between Willie Paxton and Doctors 7. Copy of old risk assessment re ES and CS numbers 8. Copy of presentation by Willie Paxton (GMC) to Doctors 9. Copy of presentation on consent by Norma Shippin CLO 10. copy of the Medical Director newsletter 'Jabberings' 11. Copy of the rota showing AL/SL gaps 12. DME report 2016 13. Equality and Human Rights policy 14. Incident reporting policy 15. Induction Programme (postgraduate) 16. Junior Doctor Forum statement 17. Med Ed Forum Terms of Reference 18. New Deal Monitoring Results and Analysis 19. NHSWI Dignity at Work policy 20. Occ Health referral policy/document 21. Report from ACT undergrad visit Oct 2016 22. Screenshot of clinical guidelines page on intranet 23. Screenshot of SOAR website showing Recognised trainers 24. Shadow Induction programmes 25. Shadow Week Programme Induction Timetable and communication 26. Spiritual Care and Religion leaflet (pdf) 27. Statement from an ES 28. Statement from Elaine Anderson as Undergrad Lead. 29. Terms of Reference of Ed Forum |

Acknowledgement

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