

**School of Postgraduate Surgery Visit to
 Colchester Hospital University NHS Foundation Trust
 Visit Report
 28th February 2017**

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| HEEoE representatives: | <p>Mr Neville Jamieson - Head of EoE Postgraduate School of Surgery and Associate Dean</p> <p>Mr Raaj Praseedom - Training Programme Director, General Surgery Specialist Training Committee</p> <p>Mr Phillip Johnston - Training Programme Director, T & O Specialist Training Committee</p> <p>Ms Susan Agger - Senior Quality Improvement Manager HEE EoE</p> |
| Trust representatives : | <p>Dr Angela Tillett, Medical Director</p> <p>Dr Tony Elston, Associate medical Director</p> <p>Dr Peter Bishop, Director of Medical Education</p> <p>Mr Sohail Choksy, Surgical College Tutor</p> <p>Ms Sharon Wyatt, Assistant Director for Training and Development</p> |
| Number of trainees & grades who were met: | <p>14 Trainees were met:</p> <p>6 Core – CT1 (5) Urol (1), ENT (1), Gen Surg (1), Vasc (1), Breast (1) CT2 (1) T&O</p> <p>8 Higher – ST3 (3) Urol (1), Uppr GI (1), T&O (1); ST4 (2) Vasc (1), Gen Surg (1); ST7 (3) Colorect (2), Urol (1)</p> |

Purpose of visit and Background :

In accordance with the review of the delivery of surgical training in Trusts in the East of England, an information gathering exercise as part of HEE's Quality Framework. The exercise to assess the training environment and delivery of both core training and higher surgical training in the various surgical specialities in the Department of Surgery, was undertaken to Colchester Hospital University NHS Foundation Trust on 28 February 2017

Strengths:

- All trainees met had meetings with their AES
- Trainees all reported supportive consultants who were interested in education and were readily accessible.
- There were no reports of bullying or undermining

Areas for Development:

- Staff vacancies and the attendant gaps in the rota has resulted in trainees having to be removed from training opportunities to fulfil service roles of limited educational value to them
- In the longer term, it is accepted that there are pressures in delivering service commitment and that lack of junior manpower affects the running and organisation of rotas. However, attention needs to be given to the development of alternative solutions to these pressures with other professionals being put into place to deliver the non-training elements of the service workload. Such solutions will obviously need to be tailored locally but might include use of such groups as physician's associates or specialist nurses with advanced skills. These are obviously longer term issues facing all health care providers but merit consideration.
- Access to study leave is compromised because of rota gaps. Trainees reported the need to organize swaps, despite study leave having been approved, which can be logistically difficult.
- At core level, as currently configured, there is a single rota which includes the foundation, GP and core trainees. It was noted, however, that the goals and aims of core training are different to the old style "SHO". The development of a structured core training programme has required a more focussed approach to how training is delivered.
- Two core trainees can be on the rota for the same activity which impacts on access to the training opportunities available
- The "training week" undertaken by the core trainees doesn't provide sufficient training opportunities for trainees to meet their curriculum needs
- The General Surgery trainees reported a preponderance of ward based work and an overall feeling of not being part of the surgical team which was exacerbated by organization of the rota.
- The General Surgery trainees described the fact many cases which might have undergone emergency laparotomy (one of the curriculum requirements) undergo laparoscopic management at Colchester. The trainees were not counting these procedures towards their emergency laparotomy requirements which is having a detrimental effect on their log book numbers of indicative procedures. A change from a more "patient friendly" management plan is not recommended but the way these procedures are recorded in trainee log books might be amended.

- There was no trauma & orthopaedic departmental induction.
- Trauma meetings are not perceived by all trainees as an educational experience.

Significant concerns:

There were no areas of significant concern

Requirements:

1. Access to study leave, when approved, to be protected
2. Core surgical trainees need defined timetables which acknowledge their specific training requirements and differentiate them from other grades occupying the same tier on the “on call” rota.
3. The SMART criteria reiterated below are adhered to as these criteria are the gauge whereby Core Training is judged.
 - a) All trainees need to spend an average of four operating sessions per week in theatre.
 - b) All trainees to attend at least one out patient session per week (alternatively five sessions per week of consultant supervised clinical activity).
 - c) All trainees to receive at least two hours of structured teaching per week.
 - d) All trainees must have learning agreements and an assigned educational supervisor.
 - e) All trainees must do one work placed based assessment per week.
4. A senior general surgery trainee to have responsibility for the rota with oversight from a consultant
5. General surgery trainees to be reminded to count emergency laparotomies
6. T&O departmental induction to be provided
7. The educational relevance of the Trauma meetings to be emphasised.

Recommendations:

1. The Trust to explore the use of alternative medical health care professionals to deliver elements of the service currently provided by trainees. This is an area which is becoming increasingly clear as requiring development

across the region.

Action Plan to Health Education East of England by:

Action Plan required 28 July 2017

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| Revisit: | The need for and timing of the next visit will be determined by the perceived level of risk to the quality of training in surgery placements in the Trust |
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Visit Lead: Mr Neville Jamieson

Date: 08 March 2017