

Health Education East of England

School of Anaesthesia Visit to Basildon and Thurrock University Hospitals NHS Trust Executive Summary Date of visit; Monday 30th March 2015	
Deanery representatives:	Dr Simon Fletcher HOS, EOE Dr Helen Drewery Regional Adviser /representing UCLP Dr Helen Hobbiger, RA Anglia Dr Emily Simpson, TPD Anglia Dr Doug Bomford, Trainee representative
Trust representatives :	Ms Clare Panniker, Chief Executive Dr Celia Skinner, Medical Director Dr Johnson Samuel, Director of Medical Education Dr Venkat Shenoy, Unit Training Director and RCoA College tutor Dr Rajastree Chavan, Educational Supervisor Dr Malvern May recent College tutor Ms Debbie Mullaly, Medical Education Manager
Number of trainees & grades who were met:	5 in total 1 ST 4 1 CT2 3 CT1

Purpose of visit :
<p>This was a scheduled visit as part of HEEoE QA As the ST trainees are managed through HENCEL, Dr Drewery represented this essential part of the training. Assessment of the Cardiac centre was not part of the visit. Although Basildon has been the focus of recent reviews including a triggered CQC visit, there appear no major issues in anaesthesia</p> <p>A 'Red Flag' for 'Local Teaching' is an outlier in the 2014 GMC survey but School feedback has been good recently</p>

Strengths:
<p>All stated that they were enjoying their training in Basildon.</p> <p>They were well supported by an approachable and friendly department and none reported bullying or undermining. Workload was manageable and of adequate variety The balance between supervised training and supervised service seems appropriate.</p> <p>Clinical handover in all areas was well structured.</p> <p>Educational supervision is generally good with trainees seen soon after joining and at appropriate intervals</p> <p>Annual and Study leave was supported and educational resources, especially the Library, were reported as excellent. WiFi access is universal.</p> <p>Drs May and Shenoy were singled out for their particular support of the trainees</p>

Areas for development:
<ol style="list-style-type: none"> 1. The majority of consultants now access and use e-portfolio but a few still claim not to have an access code. 2. Trust induction was fine but aspects of the departmental process were poorly structured 3. There has been some misunderstanding about training requirements – whether based on Annex B of the 2010 curriculum or the School workbooks 4. Day time Critical Care allocation appears excessive and often occurring outside the formal training block 5. On call for CT trainees covers 'general' emergencies and there is little activity after midnight. Many similar

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Trusts have moved to a consultant only service after 10pm.

6. The local teaching programme is work in progress and now takes place out of hours. M and M and Governance are included in these meetings. This was accepted by the trainees and seems to be working
7. Access to regional teaching, particularly for the ST trainees has been an issue

Significant concerns:

1. Support for trainees attending emergencies in A and E is not adequate, Attending ODP's often leave as do the A and E doctors leaving the trainees alone with ventilated patients
2. It is unclear who checks and maintains airway and resuscitation equipment in the Emergency department. This is often not restocked after use
3. Trainees report that there is no provision for rest post call. Many are commuting and this represents a significant governance issue

Requirements:

1. The two issues described above relating to A and E must be addressed immediately. ODPs must remain with intubated patients under anaesthetic care at all times. A policy and procedure for checking and resupplying drugs and equipment must be developed and adhered to. There should be a designated consultant responsible for A and E
2. The Trust must review the provision of appropriate rest facilities for commuting trainees, post call

Recommendations:

1. All consultants must ensure they have access to e-portfolio. Those who do not wish to have access should not supervise trainees, including when on call.
2. We recommend a review of the departmental induction process. Both Watford and Norwich have excellent processes in place and could be contacted for further information
3. Educational supervisors must ensure that they are fully aware of curricular requirements and that the minimal training requirement in Anglia is the School workbooks
4. Trainees should not be allocated to day time Critical Care outside a formal training period. We recognise and accept an occasional reallocation may be unavoidable.
5. We recommend a review of the provision of Emergency theatre cover after 10pm. Workload may allow a consultant delivered service without significant disruption to day time activity and in turn free trainees for day time training and appropriate service
6. The good work in developing a local teaching programme should be consolidated
7. Access to regional teaching is equally important. Trainees, including at ST level, should be released for this whenever possible, accepting that they may often need to return for evening on call duties
8. Although the Cardiac centre is a 'stand-alone' facility better integration of the two anaesthetic departments with sharing of resources education and governance would be in the interests of all

Timeframes:	Action Plan to Deanery by:	6 weeks (23/07/15)
	Revisit:	

Head of School:

Date:

Deputy Postgraduate Dean: