Health Education East of England

| School of Anaesthesia<br>Visit to Bedford Hospital NHS Trust<br>Executive Summary<br>Date of visit; Monday 7th October 2014 | |
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| **Deanery representatives:** | Dr Simon Fletcher HOS, EOE<br>Dr Nigel Penfold Quality Lead EOE Anaesthesia<br>Dr Helen Hobbiger Regional Advisor Anglia<br>Ms Sue Agger Senior Quality Manager Health Education E of E<br>Dr Debbie O'Hare TPD Anglia<br>Dr Suhas Kumar Trainee Representative |
| **Trust representatives :** | Mr Stephen Conroy- Chief Executive<br>Eileen Doyle -Interim Chief Operating Officer<br>Miss Colette Marshall -Medical Director<br>Mrs Sarah Reynold -Director of Medical Education<br>Mr Don Fairley -Director of Workforce<br>Dr Abhay Vaidya - College Tutor<br>Mrs Rosa Lombardi - Medical Education Manager<br>Lindsey Holman- Interim OD/Learning Consultant<br>Caroline Fisher - Medical Staffing Manager<br>Kerry White – Associate Director of Operations<br>Dr Jonathan Wilson – Associate Medical Director<br>Dr Boutros Fahmy - Clinical Director Surgery and Anaesthesia<br>Dr Anwar Rashid - Educational Supervisor<br>Dr Sarah Snape – Educational Supervisor<br>Dr David Liu – Educational Supervisor<br>Dr Pallub Rudra – Educational Supervisor |
| **Number of trainees & grades who were met:** | Trainees were interviewed in two blocks;<br>1. 6 Core Trainees (2 CT1, 2 CT2, 2 CT2 extended) and 4 MTI trainees<br>2. 4 ST 5/6<br>ACCS trainees were attending regional teaching but submitted written reports |

## Purpose of visit :

This visit was part of a 3 year rotating visit programme of all Trusts in the East of England.
This visit was prioritised after the disappointing results of the 2014 GMC Trainee survey Bedford received 8 'Red Flag' outlier indicators

## Strengths:

The visiting team were impressed with the strength of the Trust team who both briefed us and received feedback. It was clear to us that they were committed to supporting education and training at Bedford across the board. They were open and frank about issues within the anaesthetic department and acknowledged the likely negative effect on training. They had instigated a number of formal processes to address these issues. While not strictly within our remit such issues cannot be divorced from the delivery of high quality training and we thus fully support the Trusts actions. It was further suggested that the Trust invite an RCoA delivered review of the anaesthetic department to both inform and support the Trusts initiatives.

The trainees, as a group, were not as negative as the GMC survey might suggest. There were a number of very favourable comments and excellent areas of practice.

1. All reported that the consultant body, both within the anaesthetic department and generally, were helpful and supportive
2. Relationships with staff grades were also good
3. There were no reports of bullying or undermining
4. None reported any significant patient safety concerns
5. There were no issues with access to study leave (UK trainees) or annual leave
6. No trainee felt they had been compromised by an expectation to work beyond their perceived competence.
7. MTI trainees overall reported a positive experience
8. Educational resources within the department and across the Trust were reported as adequate so it was unclear why this area has been a GMC survey outlier
9. Bedford currently has an exam success rate above the national average, the MTI trainees performing particularly well
10. Educational Supervisors have been appointed to support the Tutor

**Areas for development:**

1. The departmental induction process may benefit from a review. While generally though OK two departments (Watford and Norwich) consistently rate highly in this area. They are both happy to share their experience.
2. Training supervision seems confused. This should be tailored to the needs and competencies of the individuals. Working with distant supervision is an essential training requirement, particularly with seniority
3. Trainees reported that the Emergency theatre could be better located within the theatre suite
4. There was a general dissatisfaction with the theatre and on call rota. Many experienced sequential blocks of on call and day time changes were frequent enough to interfere with modular attachments. Senior trainees had little exposure to emergency theatre work
5. The ST trainees needs extend beyond clinical training to encompass significant aspects of professional development. It is unclear if these needs are currently being addressed.

**Significant concerns:**

1. Communication with trainees is poor, both in content and timing.
2. The level of Educational supervision is inadequate. There were insufficient numbers of ESs and the knowledge of training requirements was not complete. Few had met early with a supervisor and thus training planning was poor. Training reviews were infrequent.
3. Knowledge and use of the RCoA e-portfolio is patchy with some assessments outstanding. Bedford has the worst record within HEEoE, this despite Trust wide Wi Fi internet access
4. Formal local teaching has been lacking although some in theatre teaching was reported as excellent. There no apparent structure and infrequent delivery. There also seems to be no protected time for any grade on the ROTA
5. There seem to be differences in the way MTI trainees are managed both when allocating modular attachments and with study leave funding.

**Requirements:**

1. A formal structure for education supervision must be adopted. Trainees should be allocated between the 5 consultants with a defined role – perhaps the College Tutor looking after the ST trainees. An initial meeting should determine training needs within post and discuss its delivery. We suggest a timetabled follow up every 3 to 4 months, both to monitor progress and address any difficulties. This is particularly important in the lead up to ARCP. Educational supervisors should ensure they are familiar with training requirements. Comprehensive advice is available on the RCoA website and through the training department.
2. Use of the e-portfolio is mandatory and all consultants who supervise trainees and must be familiar with its use. Consultants who do not wish to record assessment using this system should not be supervising trainees, including when on call.
3. A formal local teaching programme was discussed in detail and a plan was presented. The novice induction programme is satisfactory. For the other core trainees a curriculum orientated programme should be developed with a 2 year periodicity. Ideally this should occur at a fixed time within the week and should be protected. It is suggested that senior trainees should both participate in the development and delivery of this teaching. Preliminary ideas expressed were excellent. A regional programme is underdevelopment to occur on a monthly basis and this would be in place of local teaching on the week in question. Participant feedback is essential.
4. Senior trainees should have a half day protected session for their own educational needs and output monitored
5. The improvement of communication channels should be a priority.
6. MTI trainees should be treated in an identical way to the core trainees

**Recommendations:**

1. A review of on call arrangements. Although the current system has some merit almost back to back on call blocks are disruptive. The department should review the need for trainee theatre cover after 10 pm. It would appear that emergency load after this time is light and almost always requires a consultant presence.
2. Senior trainee out of hours cover is concentrated in ICU and obstetrics. This is inevitable but their exposure to emergency anaesthesia is very limited. Senior trainees should be allocated day time emergency theatre sessions at least once a month. It is perfectly reasonable for them to supervise CT trainees in these sessions. A designated consultant should be immediately available for help and advice.
3. Undertaking some elective work with more distant supervision is a training requirement but clearly needs to be tailored to individual needs and competence. Trainee/ES discussions should include this aspect and this should be shared with the weekly rota coordinator
4. The wider professional aspects of training of all ST trainees within the Trust should be considered and the Director of Education would be best placed to look at this. Within the department access to consultant meetings, preparation of rotas etc and preparation and delivery at Governance meetings are all relevant.

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| **Timeframes:** | **Action Plan to Deanery by:** | 3rd February 2015 |
| | **Revisit:** | 6/12 months |

**Head of School: Dr Simon Fletcher** **Date: 7.10.14**

**Deputy Postgraduate Dean: Dr Alys Burns**