NHS
Health Education England

School of Anaesthesia Visit to Colchester Hospital University NHS FT Executive Summary Date of visit: 18th November 2016	
Deanery representatives:	Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia and Associate Dean Dr Helen Drewery – Visit Lead for UCLP Dr Peter Bradley – Regional Adviser for Intensive Care Medicine Dr Doug Bomford – Trainee Representative Ms Chris Wilkinson – Clinical Advisor Ms Alison Clough – Lay Representative
Trust representatives :	Mrs Julie Fryatt – Director of Workforce (feedback session) Dr Angela Tillett – Medical Director Ms Sharon Wyatt – Assistant Director of Education Dr Peter Bishop – Director of Medical Education and College Tutor for Anaesthetics Dr Joe Adams – Clinical Director, Anaesthetics Department Dr Kate Gardner – Consultant Anaesthetist and ES Dr Shamim Haider – Consultant Anaesthetist and ES Dr Hasthanti Gooneratne – Consultant Anaesthetist and ES Dr Clover Williams – Consultant Anaesthetist and ES Dr Barbara Buckley – Medical Advisor (feedback session)
Number of trainees & grades who were met:	In total 8 trainees were interviewed: CT1 x1 CT2 x1 ACCS x3 (Anaes x1, EM x2) CT3 x1 ST3 ICM x 1 (EM background but currently undertaking training in Anaes) ST 7 x1 (Additional feedback was provided in written format by ST7 x1)

Purpose of visit:

This was a scheduled visit as part of the rolling review of training in Anaesthesia. However, the visit was prioritised due to Colchester receiving 4 Red Flag outliers with a fifth at core level in the 2016 GMC NTS. This represented a year on year deterioration since the previous School visit in October 2013. The annual regional trainee survey also indicated some cause for concern, particularly with the in-house teaching programme. Additional information provided to the visitors included the previous school visit report with subsequent action plan and the 2016 Trust executive reports.

In addition the visitors were aware of the continuing significant pressures within the Trust as a result of it being placed in special measures and recently having been entered into a partnership arrangement with Ipswich Hospital so as to provide stability at Senior Management level.

Meeting with senior management representatives and Trainers:

The visitors welcomed the expressed strong commitment towards training by the senior management team and the core group of anaesthetic trainers. They were pleased to hear that Educational activity is now recognised at Trust Board level and appears as a quarterly agenda item. Transparency of the associated funding must be assured.
In common with most other anaesthetic departments, there is a recognised Consultant manpower gap. The

department is currently actively trying to recruit into 3-4 posts.

Trainers stated that they viewed the current repatriation project (whereby the ST posts currently rotating with London are now being aligned with the EoE School) as being a positive move. Colchester is in the first wave for this process and as such the trainers were made aware that there may be some initial problems with post uptake which could relate to applying trainees failing to recognise the changes taking place. The School of Anaesthesia is using all available methods to raise awareness. The visitors were informed and are understanding of the significant impact rota gaps have on providing a good educational experience against the background need of maintaining service.

The visitors were impressed with the commitment demonstrated by the team of educational supervisors (ES). All had received appropriate training and the role was recognised within their job plans with the correct PA allocation. It is imperative that this is maintained as ES have a key role in the implementation of the new junior doctors' contract wherein they are required to provide a first response to exception reports. Dr Bradley, as RA for ICM, discussed with the trainers the need to formerly recognise a FICM tutor. This is necessary to ensure delivery of the curriculum requirements for ICM. The visitors were assured that the absence of a named individual was an oversight which would be immediately addressed.

The visitors also discussed with Dr Peter Bishop his dual roles as RCoA Tutor and DME. All acknowledged that this would at times result in a conflict of interest. Dr Bishop informed the visitors that Professor B Irish (Postgraduate Dean for the EoE) had been informed of his Tutor role prior to his appointment as DME. Pathways for escalation of concerns had been identified both within and external to the Trust. It has been agreed that Dr Bishop would look to demit as RCoA Tutor in May 2017.

Strengths:

- All trainees would recommend their current post with all describing the department as an extremely friendly place to work.
- The trainees reported a recent shift in departmental focus back towards education. They attributed this to the appointment of Dr Peter Bishop and several new Consultants.
- There were no patient safety concerns.
- There were no reports of Bullying or Harassment behaviour.
- All trainees knew how to escalate concerns and report events classed as serious incidents.
- All trainees met regularly with their educational supervisors (ES) who were described as knowledgeable in the required training objectives.
- All EoE trainees had received the relevant training workbook.
- There are no issues getting work place based assessments signed off using the RCoA e-portfolio.
- The Consultants have recently changed to working extended days. Two Consultants are based on site between 07:30-22:00.
- Trainees described good levels of Consultant support. No trainee had been asked to work beyond their level of competency.
- A WhatsApp messenger group has been configured to alert trainees to training opportunities. Trainers are aware of the GMC regulations regarding the use of social media and assured the visitors that no breaches in information governance/patient confidentiality had occurred.
- There is a regular teaching programme delivered on a Wednesday morning which will need further time to embed. Protected time is given for trainees to attend. The programme was described as being adaptive to feedback and meeting learning needs. In common with all other departments' attendance can be variable being dependent on the shift working pattern.
- Regular practice sessions for the primary FRCA exam are conducted. The trainees expressed their gratitude to the new Consultants for the delivery of these.
- There are half-day monthly audit/QI meetings which the trainees are given protected time to attend. In

addition there are monthly Mortality and Morbidity review meetings but these are currently held outside of normal working hours and as a result no trainee had actually attended any.
- All trainees were aware of the regional teaching programme and are able to attend.
- The Trust has recently purchased a Sim Man, which is available for use by the anaesthetic and Critical Care departments. The need to train a dedicated faculty in the delivery of simulation training is currently being addressed.
- An identified trainee rep reports to the local Education Committee. There is also a monthly Junior Doctor's Forum to discuss Trust wide training issues.
- There were no issues in taking annual or study leave.

Areas for development:

- Novice trainees attended the regional induction course but there was a noticeable gap in specific in-house teaching for this group.
- There is a rolling 1:8 rota, which is compliant for the implementation of the new junior doctors' contact. This includes a dedicated 2-week period of daytime work with the objective of delivering concentrated modular training. A third such week is provided to be used flexibly either to gain clinical experience or for personal CV development. This structure is variably successful. It is appropriate for senior trainees to have time for career development however this is less essential at core level where the main emphasis should be on gaining necessary clinical skills. An additional problem is the tendency for trainees to take leave time during the non on-call weeks so as to avoid the need for internal swaps. The result is missed valuable training time. Leave taking must be closely monitored and actively managed to avoid this issue.
- The department runs three on-call rotas - obstetrics, ICM and the NCEPOD theatre. For the main out of hours cover in obstetrics is provided by one of the SAS doctors, the majority of who were perceived by the trainees as being de-skilled in the management of acutely unwell patients. As a consequence, the trainees are often reluctant to approach this more experienced doctor for assistance. The result is a lack in out of hours' team working. The department has attempted to address this by adopting a consistent rota to ensure a degree of familiarity within the on-call team members. However, this can readily be breached by rota swaps with the possible result of a combined very junior team.
- There are three on-call rooms available for use but these were described as 'awful'. It is not uncommon to find previously used sheets on the bed. This is a matter of hygiene that needs to be urgently addressed. It is also unclear who currently has usage of these rooms with trainees being aware that access was now freely available for all those working out of hours.
- The out of hour's workload for the ICM trainee was described as being particularly onerous. They are tasked with being a first responder for all emergency/urgent calls, including those for CPR, trauma and from the ED. In addition, they are often asked by fellow trainees for assistance with procedures such as cannulation. This has the potential for the trainee to spend long periods of time out of the Critical Care Unit. This could have patient safety implications although it must be stressed that no actual instances of this nature were reported.
- Trainees reported several last minute requests to change list with the quoted need to provide service in the NCEPOD theatre, pre-assessment clinic and trauma list. This activity is affecting training time and in particular is limiting exposure in key modules such as Obstetrics.
- The Anaesthetic department has very limited available accommodation. The visitors were informed of 3 office areas; one small office for use by the ICM Consultants, one office with 6 computer terminals which is used by the anaesthetic Consultants for hot-desking and one small room with a single computer which is available for use by all including the trainees. As a result, there may be problems in identifying a suitable area for confidential discussions with trainees.
- The visitors felt that trainees working at higher level might benefit from a more focused approach to their individual training objectives. At this level, it is acceptable to spend some time in service provision but the RCoA requirement of an average three supervised training lists/week should also be met. It was felt that useful training opportunities were perhaps being missed for example in vascular anaesthesia.

Significant concerns:
The sole significant concern is that of the dual role performed by Dr Peter Bishop (see above and below).

Requirements:
• The department must identify a named tutor for ICM. This individual will need to provide the necessary application details to Dr Peter Bradley, the RA for ICM, so that the appointment can be ratified by the FICM. • Succession planning for the RCoA Tutor role should commence as a matter of urgency. The timeline for Dr Peter Bishop to stand down from this role in May 2017 must be adhered to so to provide transparency between the Tutor and DME roles. • The ownership of the three on-call rooms needs to be established. There is also an urgent need for these rooms to be serviced regularly. As an absolute minimum, the sheets must be changed daily. If practicable, a desk with a computer terminal should also be provided so that the rooms can then also be used for personal study. • There is a need to develop a specific in-house novice teaching/tutorial programme. The senior trainees could be involved with the delivery of this with some sessions timetabled as part of the Wednesday teaching programme. • There is a need to incorporate lessons learned from the Mortality + Morbidity sessions into the monthly audit meetings. In addition, Trainees should be encouraged to present interesting cases at the audit meeting to share learning. • Last minute list changes must be minimised to ensure that trainees are receiving the correct number of supervised lists and meeting their modular training needs. Changes should be a rare exception rather than the norm. • Training time in key modules including obstetrics must be protected. • ES should regularly review their trainee's logbook to ensure they are accessing an appropriate case-mix for their training requirements. • The workload for the on-call ICM trainee must be reviewed. The option to split some of the first responder calls with the theatre on-call trainee needs to be explored.

Recommendations:
• Trainee leave requests should be monitored to ensure excess time is not taken during modular training weeks. • SAS doctors should have days rostered in ICM to enable up skilling. • Out of hours' team working should be encouraged. • The visitors considered the described departmental office space as inadequate. The Trust needs to look towards providing additional space for all members of the Anaesthetic/ICM department.

Timeframes:	**Action Plan to Deanery by:**	13th January 2017
	Revisit:	3 years' dependent on feedback from GMC and regional trainee surveys

Head of School: Helen Hobbiger **Date: 20th November 2016**

Deputy Postgraduate Dean: