Health Education East of England

School of Anaesthetics Visit to Watford General Hospital Executive Summary 13th May 2013	
Deanery representatives:	Dr Simon Fletcher, Head of School of Anaesthetics, HEEoE Dr Alys Burns, Deputy Postgraduate Dean, HEEoE Dr Nigel Penfold, Quality Advisor for School of Anaesthetics, HEEoE Dr Emily Simpson, Core TPD, School of Anaesthetics, HEEoE Dr Michelle Hayes, Head of Imperial School of Anaesthesia, London Ms Tina Suttle-Smith, Quality & Visit Manager, Shared Services, London
Trust representatives :	Ms Natalie Forrest – Deputy CEO Dr Russell Griffin – Clinical Director Anaesthesia Dr Ratner Makker – Clinical Tutor Dr Albert Koomson – Anaesthetic College Tutor Dr Valerie Page – Acting Anaesthetic College Tutor Mr Mark Vaughan – Director of Workforce Mr David Goodier – Medical Education Manager
Number of trainees & grades who were met:	Four core trainees, 2 CT1 and 2 CT2 Two higher trainees were present who had previously gained two other colleagues thoughts.

Purpose of visit :

Following the conversation of concern which took place in December 2012, this visit was to formally review the Trust's progress with the action plan that was initiated from the past meeting, including the five immediate concerns.

Evidence would be gained through meetings with the anaesthetic lead and Trust management, and the core and higher trainees.

The core and higher trainees have also been surveyed since the last visit by the East of England and Imperial Schools of Anaesthetics, respectively.

Strengths/Improvements since last visit:

Many potential training opportunities and variety of clinical experience recognised by both core and higher trainees.

Consultant sessions in obstetrics are now back filled to cover leave.

Core Trainees

- Positive changes evident since previous visit and sense that department has responded to feedback, with trainees feeling more supported, changes to rotas, and ability to complete WPBAs improved.
- Aware of how to report a serious incident/critical incident reporting.
- No identified undermining by anaesthetic consultants.
- Protected time slot for teaching, generally bleep free (please also note significant concerns).
- Modular training now in place and generally working well: Obstetric module well supported and no

difficulties with contacting consultant. Achieving appropriate levels of experience in epidural insertion and anaesthesia for LSCS.

- Dr Koomson was rated as very supportive.
- Survey feedback (5 trainees) generally positive.

Higher Trainees

- Consultants are trying to carry out more WPBAs with the trainees but it is noted that supervision outside of this activity still appears to be indirect on most occasions.
- Pain experience including teaching is rated as being excellent.
- Dr Soskin has been highly rated as a supportive educational supervisor.
- Dr Koomson was rated as being very positive, he has taken the time to meet with each of the higher trainees and they are very interested in his plans for finals teaching.
- Since being involved with training the midwives on the administration of epidurals, the ST3+ trainees believe the relationship with the midwives has improved.

Areas for development:

Core Trainees

- Supervision of CEPOD lists inconsistent, sometimes with no allocated consultant.
- Changes to 'floating' rota have led to loss of training opportunities for CT2 trainees, particularly CEPOD lists.
- Quality of teaching programme not meeting learning needs.
- ICM module may require greater supervision of CT1 trainees, with perception of 'chaotic' working patterns and no opportunity to participate in ICM on call at night.

Higher Trainees

- Survey feedback continues to reflect concerns raised at the previous visit, with evidence of undermining, concerns about supervision of more junior trainees and perception of prioritisation of private practice commitments by consultants. Trainees at best ambivalent about their experience at Watford.
- Training is heavily weighted towards obstetrics, which reduces the chance of obtaining other relevant training opportunities.
- The perceived lack of understanding by some consultants in the department as to the grading of serious incidents such as never events. The lack of discussion, teaching or clinical learning by the department as a whole following any clinical or serious incident.
- Communication between higher trainees and consultants need to be clearer, by involving them in any management plans. As an example, the Trust was tasked after the last visit with the training in the administration and top up of epidurals by midwives. The higher trainees were approached directly by the midwives whilst on a night shift for teaching and training. The trainees were happy to provide this but it should have been communicated/discussed with them beforehand.
- Non urgent/elective cases are taking place out of hours, for example ERCPs and fixation of fractured neck of femurs are being delayed by them.

Significant concerns:

The visit identified both structural and cultural issues within the Anaesthetic Department, with resultant concerns over the quality of patient care as well as the training environment and levels of supervision. This was of particular concern for the higher trainees, who were at best ambivalent but would not recommend Watford as a training placement to their colleagues. There was a sense that the ethos within the department had not kept pace with changes to both service delivery and training requirements.

Structural issues include a consultant led rather than consultant delivered/based service, with a significant reliance on staff grade supervision out of hours. This does have a significant impact on the training environment. The visitors explored whether the department was adequately staffed in terms of consultant numbers and some comparisons were made with other units.

Consultant leave is not back filled to cover CEPOD lists, and there is no consultant sessional commitment to out-of-hours work in theatre or intensive care, which may contribute to the lack of evidence of a proactive approach by consultants in reviewing and managing out-of-hours workload. There was also no apparent consistency to the management of out of hours work, with variable back up of anaesthetic trainees from consultant anaesthetists to surgical requests for theatre time, and semi-elective work being undertaken by junior surgeons beyond midnight.

A specific example was given where a broader overview of workload would have identified a need to prioritise the needs of two critically unwell patients over a semi-elective requirement for amputation (this was reported as a critical incident by the trainee).

Supervision and training

Of significant concern was the inappropriate supervision of CT1 trainees by CT2 trainees, leaving CT2 trainees particularly exposed.

Poor quality of teaching and training to core trainees by Trust/Staff grade doctors. Examples given where core trainees have not been asked to talk through procedures before they carry them out, lack of direct supervision, or constructive feedback to the use of incorrect and out of date clinical practice. Examples given also of poor teaching in both content and delivery.

Trainees being pressurised to carry out procedures beyond their competence, such as vascular surgery.

Cultural issues included evidence of undermining, an impression of resentment about the need to make changes which was particularly evident at induction, and prioritisation of private patient commitments over both patient care and trainee supervision.

Undermining

Undermining behaviour by Consultants and lack of clarity to the trainee as to how these behaviours have been managed. Incidents include:

- Shouting by a Consultant Anaesthetist in front of patients and nurses.
- Lack of understanding of the need to fully hand over patients by Anaesthetists to trainees, when leaving them solely to manage their care. When the trainee insisted on full details, they were told they were being too nervous.
- Staff grade challenging higher trainees in front of a patient and her husband as to why an epidural had not worked yet, when the trainee wasn't given the opportunity to explain the short time since administration.
- Core trainees found midwives and O&G consultants intimidating on occasion, and dismissive of their grade of training.
- Consultants Obstetricians not involving or informing trainees about the management of the patient and carrying out procedures before an epidural was fully functioning.

- A Consultant Obstetrician discussed one of the trainees with his private anaesthetist who then made negative comments about this trainee to another trainee.

Induction

The trust feedback had indicated that there was room for improvement in departmental induction, in both attitude and content. This is emphasised following feedback of remarks given at induction including: "This hospital is built for the people of Watford not to train you" and "Do not complain about not having an induction as you have had it."

A lot of information is given at induction so a comment such as "That was covered at the induction I do not need to tell you where it is again" is not very helpful.

Private Practice Commitments

There is a continued perception that private patient care is taking priority over NHS commitments, with an incident of elective twin section delayed because of a private patient, this also still results in the higher trainee managing their care in recovery when the consultant leaves.

There was an impression that there were alliances between certain surgeons and anaesthetists linked to their private practice commitments, which led on occasion to a less than impartial view when prioritising cases and out-of-hours workload, although it was recognised that this could not be evidenced.

The visitors understand that a Trust policy regarding private practice and the potential for conflict of interest had recently been circulated to all consultants and had received positive feedback.

Requirements:

HEEoE in conjunction with the Imperial School of Anaesthesia have a zero tolerance of undermining, as well the persistence of the issues raised as serious concerns. The consequence of not addressing these concerns may be escalated such that higher trainees may be withdrawn from the Trust, and the impact of this on core training will need to be carefully assessed.

- The Department and Trust need to fully acknowledge the concerns regarding undermining and culture within the anaesthetic department and further develop their current action plan to address these issues. An action plan to address undermining within the anaesthetic department should be provided to HEEoE within 4 weeks.
- Supervision of CT1 trainees by CT2 trainees must cease with immediate effect. The action plan with regard to the competences required for the fourth-on-call duties should be updated to reflect this.
- Departmental induction must provide a constructive and welcoming approach for new trainees that is inclusive and comprehensive in supporting them to deliver safe patient care

Recommendations:

The following recommendations are intended to support the further development of the ongoing action plan . HEEoE strongly advocate trainee engagement in this process:

Departmental structure and management of workload

1. The Trust should review the consultant numbers in the context of a move to consultant-based care to manage both service load and improve the training environment
2. The Trust should review policies and procedures for out-of-hours surgery, and ensure that anaesthetic trainees are appropriately supported by consultants in prioritising workload to ensure safe patient care.

Support for Education and Training:

3. The content and delivery of the teaching programme for trainees should be reviewed to take account of their feedback and learning needs.
4. The Anaesthetic Department should review the competences of specialty doctors to provide appropriate supervision, teaching and training for anaesthetic trainees, and address identified learning needs that may arise from this. The Trust is provided with funding from HEEoE for this specific purpose.
5. The Department should further develop opportunities to learn from both clinical and serious incidents.

Cultural issues

6. The Trust and Department should develop the discussed approaches to multi-professional team working through simulation.
7. The Trust and Department should reinforce the new policy regarding private practice commitment and seek through job planning to separate consultant commitment to NHS and private work.

Timeframes:	**Action Plan to Deanery by:**	Update on undermining and supervision by **21 June 2013** and full update of action plan by **19 July 2013**
	Revisit:	**October / November 2013** to include request for **GMC representation** and triangulation of GMC trainee survey 2013 outcomes

Heads of School: **Dr Simon Fletcher and Dr Michelle Hayes** **Date: 24 May 2013**

Deputy Postgraduate Dean: **Dr Alys Burns**