

<b>School of Anaesthesia</b> <b>Visit to Bedford Hospital NHS Trust</b> <b>Executive Summary</b> <b>Date of visit: 25<sup>th</sup> February 2016</b>	
<b>HEE EoE representatives:</b>	Dr Alys Burns – Deputy Postgraduate Dean HEE EoE Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia and Associate Dean Dr Christopher Sharpe – Training Programme Director Dr Katrina Barber – Trainee Representative Mrs Alison Clough – Lay Representative
<b>GMC representatives:</b>	Dr Cleave Gass – GMC Enhanced Monitoring Associate Ms Kate Gregory – GMC Head of Quality
<b>Trust representatives:</b>	Mr Stephen Conroy – Chief Executive Dr Colette Marshall – Medical Director Dr Anne Day – Director of Medical Education Dr Anwar Rashid – College Tutor for Anaesthetics Mr Paul Tisi – Divisional Medical Director (Planned Care) Dr Jeremy Sizer – Divisional Medical Director (Anaesthetics) Dr Pallab Rudra – Educational Supervisor Dr Gagan Kholi – Educational Supervisor Dr Sarah Snape – Educational Supervisor Dr Maciej Ryszka – Educational Supervisor Ms Rosa Lombardi – Medical Education Manager
<b>Number of trainees &amp; grades who were met:</b>	In total 3 trainees and 2 MTI doctors were interviewed. CT1 Anaes x1 CT2 ACCS (EM) x1 ST5 x1 MTI x2

<b>Purpose of visit and background:</b>
<p>This was a planned re-visit with the objective of measuring the progress of training in Anaesthesia at Bedford against an agreed action plan which had been drawn up following the last School visit in July 2015.</p> <p>The School of Anaesthesia had been aware of a deteriorating training environment at Bedford since the publication of the GMC national training survey in 2014. Two previous School Visits had been undertaken to identify and explore key concerns. The last visit took place on the 6<sup>th</sup> July 2015 at which time both the Trust and the anaesthetic department acknowledged the need for a rapid and demonstrable change in both the structure and management of training. The concerns were escalated by HEE EoE and anaesthetic training at Bedford was placed under enhanced monitoring with the GMC. A comprehensive action plan was put in place together with an agreement by the department to provide monthly updates</p> <p>Around the period of the July 2015 visit key roles within the Anaesthetic Department were in the process of being reappointed. These included the College Tutor, 4 Educational supervisors (ES) and the Clinical Director/Divisional Medical Director for anaesthesia. The department was further supported by a recently appointed Director of Medical Education.</p> <p>Both the Head of School, Dr Hobbiger, and the Deputy Postgraduate Dean, Dr Burns, have welcomed the regular</p>

Trust updates. The documented progress triangulates well with evidence obtained from trainee feedback at ARCP and the GMC visit report from the 26th October 2015, which was undertaken as part of a planned East of England regional review process.

**Meeting with the Trust Team:**

The visitors were appreciative of the Trust representation, which confirmed the commitment and desire at all levels within the Trust to improve training within the department of anaesthesia.

A presentation given by Dr Anwar Rashid, the new College Tutor, detailed the progress the department had made against the 2015 action plan. It was noted that the majority of listed requirements had been addressed, with the sole exception being those relating to consultant staffing. Progress in this area has been made, but recruitment processes were still ongoing (see below).

It was apparent to the visiting team that there had been a demonstrable shift of focus within the department back towards training, and that this was being supported by the Trust at senior management level as well as through the DME. There was universal support for Dr Rashid and it was clear that under his guidance the anaesthetic trainers were now working well as a team. The resultant impression was one of cohesion with a noticeable improvement in trainer morale.

In addition, the visitors were informed of enhanced Trust clinical governance measures for education, including the role out of a quality review process across specialties and enhancement of routes for trainee feedback. This has given greater assurance that any issues would be identified at an earlier stage, and the DME continues to report directly to the Trust Board.

The visiting team then met with both trainee and trainer representatives to review progress against the action plan.

**Strengths:**

The overall impression was one of a vastly improved training environment, with several examples of good practice:

- No patient safety issues were reported and all trainees knew how to report serious untoward incidents.
- No trainee described issues relating to bullying or undermining. All described an open culture in which they felt empowered to report episodes of this nature. This is noted as an area of good practice.
- The Induction programme, both hospital and departmental, is now well structured and appropriate. This view was supported by documented feedback. Checklists are in use to ensure trainees are aware of the areas required to be covered. No trainee had difficulty accessing required e-learning modules and none described problems gaining login information for Trust computerised data programmes.
- All trainees knew their ES and had met with them within the first two weeks of taking up post and on several subsequent occasions both formally and informally
- The novice induction programme was well received. Consultant led tutorials occurred on most days and covered relevant topics. CT1 trainees had achieved the Initial Assessment of Competency within the expected period and had met with their ES prior to starting out of hours' work.
- All trainees were aware of the required learning objectives for their phase of training and had received the relevant regional paperwork.
- All trainees were undertaking the appropriate number of accompanied lists with the majority of Consultants identifying the learning objectives. On occasion this took the form of email contact on the preceding day. This is noted as an example of good practice.
- Last minute list changes were kept to a minimum and the need for these was not affecting training requirements.
- When working with indirect levels of supervision all trainees were aware of their named supervising Consultant.

- No trainee described problems contacting the Consultants out of hours.
- No trainee had been asked to work beyond his or her level of competency
- The ES's regularly reviewed logbooks to ensure exposure to a correct case mix.
- No trainee described problems using the e-portfolio or getting work placed based assessments signed off. Some Consultants were now doing this contemporaneously using the free text section to provide constructive feedback. This is noted as an example of good practice.
- All trainees described receiving regular informal feedback and the required six monthly-formal consultant feedback.
- A protected half-day teaching programme is delivered on a Wednesday afternoon. The Trainee representative co-ordinates this with the majority of the sessions facilitated by a Consultant. Both anaesthesia and ICM topics are covered. All trainees are able to attend. The visitors were particularly impressed that trainee feedback was taken into account and the programme was being developed accordingly. Higher trainees are given the option to use this time to develop their own career portfolios. This is noted as an area of good practice.
- All trainees were aware of the regional teaching days and were given time to attend.
- No problems were described in taking annual and study leave with one trainee describing it as the "easiest to obtain from any department I have ever worked in". Credit needs to be extended to the rota writer for this.
- The department has managed to identify two rooms for trainee use. The ICM on call room has had two computer terminals installed and can be used during the daytime for personal study and meeting with colleagues. A second room has been made available for teaching sessions and confidential discussions.
- No trainee described breaches in information governance related issues.
- Core trainees were actively discouraged from doing internal locum shifts until they had completed the primary FRCA examination. This is noted as an area of good practice.
- The visitors were also impressed by the support and supervision extended to the MTI doctors.
- Audit/Clinical Governance half day meetings are held 5 x / year, Trainees are encouraged to present and had no problems in attending.
- All the trainees met by the visiting team would recommend their post at Bedford to a colleague.
- The trainers reported a much more positive culture within the anaesthetic department, and the development of a cohesive team that supported education and training. There was open acknowledgement of previous issues and genuine will to address these.
- All ESs had been formally selected for their role and had undertaken recent in-house and regional training for their role. All were receiving 0.25 PA/trainee within their job plan.
- Regular faculty meetings led by the College Tutor occur, all ESs attend together with the Trainee Representative. Trainers described these as being very helpful. In addition, there are regular trainer and trainee forum meetings in the Trust, which are led by the DME.

**Areas for development:**

- It was apparent to the visitors that there are still significant service pressures. The department has obtained business case approval for one replacement and two new Consultant posts. There is currently one locum Consultant in place with a second due to start imminently. Further expansion at SAS level is also planned.
- The Trust is currently installing a Wi-Fi system. It is hoped that this will enhance the ability to access the e-portfolio contemporaneously so facilitating a quality record of training.
- The department was made aware of the potential to attract academic trainees by continuing to support them with protected time, so as to maintain links with the academic department in Cambridge.

**Significant concerns:**

No significant concerns were identified

**Progress against Requirements and Recommendations from Visit 6 July 2015**

1. The visiting team confirmed that the requirements identified from the previous visit have been met.
2. There has therefore been a de-escalation of concerns about the training environment in anaesthetics and the need to consider withdrawal of anaesthetic trainees from Bedford is revoked.
3. There has been significant progress and positive engagement by the Trust in addressing the recommendations, which have been partially met. The outstanding areas for development relate to addressing the impact of service pressures on education and training and the need to address consultant staffing levels. These are captured in the revised requirements below.

**Requirements:**

- The positive culture in the department and the refocussing on education and training needs to continue to be fostered and supported by the Trust, including the measures being taken to recruit to substantive consultant posts and address service pressures.
- The noted improvements in the structure and delivery of training now needs to be sustained. Regular trainee feedback should continue to be sought including via the faculty meetings with the current open culture for reporting of concerns upheld.
- Educational supervisors must have an annual educational appraisal, in accordance with GMC trainer approval recognition.

**Recommendations:**

- ESs need to ensure they maintain a current working knowledge of the requirements of the curriculum.
- The department will need to consider how to deliver the new curriculum requirements for peri-operative medicine.
- The department is encouraged to consider the use of alternative manpower streams, including the use of Physician Associates in anaesthetics. Several hospitals in the EoE are already engaged in providing placements for training programmes for this role.

<b>Timeframes:</b>	<b>Action Plan to Deanery by:</b>	6 <sup>th</sup> May 2016
	<b>GMC Enhanced Monitoring</b>	To be reviewed. If GMC trainee and trainer survey and other trainee feedback continues to demonstrate positive progress, then the GMC will de-escalate from enhanced monitoring
	<b>Revisit:</b>	1 year, dependent on outcome of GMC trainee and trainer survey

**Head of School: Helen Hobbiger**

**Date: 28/2/16**

**Deputy Postgraduate Dean: Alys Burns**