

- None cited any incidents relating to patient safety, undermining, bullying or harassment. Clinical supervision is mostly fine with trainees allowed appropriate responsibility for their level of training, competence and seniority.
- The management of 'out of hours' emergency cases is in line with National Guidelines.
- In theatre and bed side teaching in Critical Care are of a high quality.
- Study leave is supported and the educational resources within the post graduate centre are excellent.

Areas for development:

Many of the issues identified are procedural rather than structural.

1. Induction - Trust induction is fine with the essential areas covered including access to IT. Departmental induction was described as random and haphazard with no incumbent trainee input.
2. Consultant engagement with mandatory e-portfolio is variable. A number claim they are unable to log in to the system although all have been given access.

Significant concerns:

1. Education support is currently poor. Trainees have not been issued with School workbooks for some time after starting their rotations. The majority of Educational supervisors seem unfamiliar with the e-portfolio system. Although all trainees have a designated supervisor, after an initial, and often unstructured, meeting, there is often no further interaction until immediately before an ARCP. Educational supervisors' reports are poorly completed.
2. There is a significant problem with the formal teaching programme in both anaesthesia and intensive care. Sessions are occurring infrequently, are unstructured and often repetitive.
3. Training in obstetric anaesthesia remains a problem. While a 3/12 module is delivered at CT level, clinical exposure is just about acceptable. There is little opportunity for trainees to maintain skills as this area is rarely revisited and on call is covered by locums and staff grades.
4. There are occasions where trainees work with indirect supervision and where there is no consultant immediately available to assist.
5. Trainees have undertaken inter hospital transfers without the essential competencies having been achieved.
6. Departmental accommodation is poor with no area identified for trainee use or access to reliable computers.

Requirements:

1. A review of the departmental induction process should be undertaken. It is suggested that the College Tutor contact Dr Manasi Bhagwat at NNUH or Dr Valerie Page at Watford who have recently revised their process.
2. Educational supervisors must ensure they fully understand the training requirements and engage with trainees very early in their postings. They should meet regularly with their trainees (at least every 3 months) to ensure they are making appropriate progress with their training plans.
3. It is unacceptable that Educational supervisors are unfamiliar with School paper work, the intricacies of the e-portfolio and ARCP requirements. This must be addressed before the new intake of trainees in August.

4. A properly structured formal teaching programme in both anaesthesia and critical care should be reinstated which is designed to cover the core curriculum over a two year processes. This must not simply consist of the delivery of 'bank' lectures.
5. While trainees are allowed appropriate levels of responsibility, when working alone, a consultant must be able to provide immediate assistance. Thus, said consultant should not have solo responsibility for a list of their own.
6. Trainees must not conduct intra-hospital transfers until they have completed the Transfer Training Course.

Recommendations:

1. A review of post block obstetric exposure is recommended for the reasons described above
2. A review of the inadequate departmental accommodation to provide trainees with some accommodation and IT access is important
3. Given the likely fall in anaesthetic trainee numbers nationally a review of on call arrangements, particularly for surgical emergencies after midnight should be considered
4. The Trust should continue to support consultant expansion, especially considering the above

Timeframes:	Action Plan to HEEoE by:	15 th September 2014
	Revisit:	1 year

Head of School: Dr Simon Fletcher

Date: 14th July 2014