

**School of Postgraduate Surgery Visit to
Peterborough and Stamford Hospitals NHS Foundation Trust
Visit Report
21st February 2014**

HEEoE LETB representatives:	<p>Mr Neville Jamieson – Visit Lead & Chair, EoE Surgery Head of School and Associate Dean</p> <p>Mr Chris Servant – Recruitment Lead, EoE Core Surgery Specialist Training Committee</p> <p>Mr Raaj Prasseedom – Training Programme Director, EoE General Surgery Specialist Training Committee</p> <p>Mr Raymond Marlborough – Regional Co-ordinator, The Royal College of Surgeons of England</p> <p>Mr Henry Budd – Trainee Representative</p> <p>Ms Susan Agger – Senior Quality Improvement Manager</p> <p>Ms Emily McLoughlin – Observer, Regional Co-ordinator, The Royal College of Surgeons of England</p>
Trust representatives :	<p>Mr John Randall – Medical Director</p> <p>Mr Andrew McKee – College Tutor for Surgery</p> <p>Mrs Barbara Petrie – Medical Education Manager</p>
Number of trainees & grades who were met:	<p>9 Trainees were met:</p> <p>6 Higher –T&O (3); Gen Surg (1); OMFS (1); ENT(1)</p> <p>3 Core – ENT(1); Gen Surg (2)</p>

Purpose of visit :

In accordance with the review of the delivery of surgical training in all Trusts in the EoE, a visit was undertaken at Peterborough and Stamford Hospitals NHS Foundation Trust on 21st February 2014.

This visit, planned by the School of Surgery, provided the chance to review the delivery of higher surgical training in the various surgical specialities throughout the Trust.

Strengths:

In General Surgery, OMFS and Trauma and Orthopaedics the trainees were happy and received good access to training opportunities including clinics and theatre sessions. Consultants were supportive and pleased to teach. Trainees could complete workplace based assessments (WPBAs) and study leave was available. Department induction for T&O was particularly good.

Areas for Development:

All seems to be progressing well in general terms. However the following areas were highlighted:

1. The rota for T&O trainees needs to be addressed and an innovative solution found. It was suggested that the decrease in intensity of the weekend could be mitigated by having a trauma list on both a Saturday and Sunday.
2. There is scope for more flexibility in the General Surgery department, away from a concentration on individual teams, to improve access to training opportunities
3. The allocation of day surgery lists to the core General Surgery trainees should be explored to allow them to meet the SMART criteria.
4. The delivery of Departmental induction for General Surgery trainees must be implemented
5. Access to regional teaching for the General Surgery trainees should be rostered.

Significant concerns:

1. A significant area of concern was highlighted with the delivery of training in the ENT department. The issue is to be raised with the ENT training programme director for investigation
2. There was a report of General Surgery trainees undertaking clinics without supervision. The matter must be investigated by the Trust.

Requirements:

1. The structure of the rota for the Trauma and Orthopaedic trainees needs to be addressed
2. Increased flexibility in the delivery of training for the General Surgery core trainees must be explored
3. Departmental induction in General Surgery needs to be implemented
4. General Surgery Core trainees must be given access to regional teaching

Recommendations:

There were no additional recommendations.

Action Plan to Health Education East of England by:

An action plan is required by the end of September 2014.

Revisit: February 2017