

<b>School of Postgraduate Surgery Visit to Basildon and Thurrock University Hospital NHS Foundation Trust Visit Report 7th June 2016</b>	
<b>HEEoE representatives:</b>	<b>Mr Neville Jamieson</b> – Head of Postgraduate School of Surgery and Associate Dean <b>Mr Raaj Praseedom</b> – Programme Director, EoE General Surgery Training Committee <b>Mr Raymond Marlborough</b> – Regional Co-ordinator, The Royal College of Surgeons <b>Miss Emma Gray</b> – Core Surgical programme TPD <b>Mr Brian Fish</b> – ENT STC representative <b>Mr Yasir Abu-Omar</b> – Programme Director Cardiothoracic Surgery
<b>Trust representatives :</b>	<b>Ms Clare Panniker</b> - Chief Executive <b>Steve MacManus</b> - Managing Director <b>Dr Johnson Samuel</b> - Director of Medical Education <b>Ms Debbie Mullaly</b> – Postgraduate Medical Education Manager <b>Mr Anil Vohra</b> – College Tutor <b>and representative consultants from the Surgery Department (Bryony Lovett, Jai Menon, Mark Zammit)</b>
<b>Number of trainees &amp; grades who were met:</b>	<b>5 Trainees were met:</b> <b>3 Core –CT3 x1; CT2 x2</b> <b>2 Higher – 1x General Surgery; 1x Vascular year 1 – currently in General Surgery</b>

<b>Purpose of visit :</b>
<p>In accordance with the review of the delivery of surgical training in all Trusts in the East of England, a visit was undertaken to Basildon University Hospital NHS Foundation Trust on 27th June 2014.</p> <p>This visit, planned by the School of Surgery, provided the chance to review the delivery of both core and higher surgical training in the surgical specialities within the Trust.</p>

<b>Strengths:</b>
<p>The trainees were happy and received valuable access to training opportunities. The core trainees interviewed reported a supportive department and had an appropriate departmental induction. All the trainees had a named educational supervisor and the delivery of educational supervision was good. Trainees were able to complete work-place based assessments [WPBAs]. Both trainees felt their timetables met the SMART criteria. Separation of the Core trainees from the FY2 / GP vocational trainee rotas is an example of good practice.</p> <p>The delivery of training for the higher General Surgery trainees was reported as very good – one of the trainees was a year one vascular trainee but his curriculum for the first year is based in general surgery. All were receiving adequate</p>

experience to meet curriculum targets, emergency laparotomy numbers in particular were good. The rota has unfortunately reverted to a standard on call system due to the impossibility of recruiting appropriate “night fellows” but adequate training exposure was still being delivered. No higher T&O trainees attended but reports via the Core trainees were good. The trainees in both specialties were getting a good balance of theatre and clinic experience and were able to achieve the requisite logbook numbers. The experience available in the vascular post was reported to be suitable for the new vascular curriculum.

#### Areas for Development:

Although all seems to be progressing well in general terms, the following areas were highlighted:

The core trainees were able to meet the needs of the clinical aspects of the surgical curriculum; however although the T&O career intention Core trainee had a “bespoke” timetable (commendable!) this had involved a period of work in spinal surgery which involved less opportunity to develop his log book exposure in the run up to his ST3 interview (successful) which in retrospect would have been better placed later in the year.

Timetabled access to the CPOD list for general surgical trainees to increase their exposure to emergency surgical operating would be valuable – arrangements for this were reported to be in place for later in the year.

Concerns were reported about the variability of the rota in terms of weekends and predictability for the higher trainees in General Surgery despite their predecessors having been involved in rota design for the current rota. Trainees also expressed concerns about the timing and effects of “zero days” including the effect when these overlapped with training days. Continued discussion with the trainees to explain the way the current system should be used by them to move zero days and continued involvement in the running and fine tuning of the rota should be encouraged.

#### Significant concerns:

There were no significant concerns.

#### Requirements:

Please continue to provide good training. Fine tuning of the bespoke core timetables would be useful. Please continue to refine your HST timetables to optimise / minimise the impact of “zero days”.

#### Discussion:

There are considerable changes anticipated with the repatriation of the HST posts to EoE rotations but no intention of removing existing surgical posts as part of this process. The timetable for repatriation is due to be completed by August 2018 but for 2016/17 the only surgical post being repatriated at Basildon is the ENT post. Discussions between the educational leads for T&O and General Surgery would be appropriate with Mr Raaj Praseedom (General Surgery EoE TPD) and Mark Bowditch (T&O TPD) before the first trainees in these specialties from EoE arrive. Training lead representatives from these departments will be welcome to attend the EoE STC’s for these specialties in

preparation for repatriation. As Head of School I am also happy to be contacted.

The “Success Essex” project will likely lead to a number of changes which will affect the training environment and I am sure will be discussed further as this project progresses. There is already a multisite plan in place for trainees in ENT which looks like offering excellent training opportunities.

**Action Plan to Health Education East of England by:**

An action plan is required in 3 months – October 2016

**Revisit:** June 2018

**Visit Lead:** Mr Neville Jamieson

**Date:** 7 June 2016