

School of Surgery Visit to Cambridge University Hospitals NHS Foundation Trust Visit Report 1st March 2013	
Deanery Representatives:	<p>Mr William Stebbings - Chair, General Surgery Specialist Training Committee</p> <p>Dr Jonathan Waller - Deputy Postgraduate Dean – Quality</p> <p>Ms Susan Agger - Deanery Senior Manager - Quality and Academic Training</p> <p>Mr Mark Bowditch - TPD, Trauma and Orthopaedics Specialist Training Committee</p> <p>Mr Jon Clibbon - Plastic Surgery Consultant, Norfolk and Norwich University Hospitals</p> <p>Miss Emma Gray - TPD, Core Surgery Specialist Training Committee</p> <p>Mr John Parry - Urology Consultant, Ipswich Hospital</p> <p>Mr Andy Bath - Chair, Otolaryngology Specialist Training Committee</p> <p>Mr Michael Simpson - Chair and TPD, Oral and Maxillofacial Surgery Specialist Training Committee</p> <p>Mr Raymond Marlborough - Regional Coordinator, The Royal College of Surgeons of England</p> <p>Mr Adam Stearns - Trainee Representative</p>
Trust Representatives :	<p>Dr Jag Ahluwalia – Executive Medical Director</p> <p>Dr Arun Gupta – Director of Postgraduate Medical Education</p> <p>Mr Kevin Varty – Associate Director of Postgraduate Medical Education</p> <p>Dr Pamela Todd – Clinical Tutor & Deputy Director of Postgraduate Medical Education</p> <p>Mr Andreas Rehm – College Tutor, Surgery</p> <p>Mrs Alison Risker – Associate Director of Organisational Development</p> <p>Mrs Mary Archibald - Postgraduate Medical Education Manager</p> <p>Mrs Julie Graham – Deputy Manager, Postgraduate Centre</p> <p>Mrs Angela Grey – Surgical Skills Programme Administrator</p>
Number of trainees & grades who were met:	<p>Core Trainees: 6 trainees (gen surgery, urology, plastic surgery, ENT, - no T&O attended)</p> <p>Higher Trainees ST3+: 5 T&O, levels 7-8, 5 Gen Surgery, 3 Urology. OMFS only have one trainee who had only recently rotated to Addenbrooke’s and was not aware of the Visit. The number of Plastic, ENT and Neurosurgical trainees was not recorded.</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 Cambridge University Hospitals NHS University Hospital Foundation Trust on the 1st March 2013.

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

Prior to the visit the GMC trainee survey for plastic surgery over consecutive years had scored a significant number of red outliers and raised particular concern with regard to consultant undermining and operative exposure.

The urology department had been visited by the SAC in 2009 to address concerns of the Trainees concerning low operative numbers and proposals had been made to improve this. An aim of this visit was to ensure that these improvements were still in practice.

Feedback had been received by the Training Programme Director in Trauma and Orthopaedics regarding the negative effect of the new Trauma centre service rota and work practices and this required further investigation.

Strengths:

Majority of Trainees across the surgical specialities were very satisfied with their training and said they were well supervised and supported by Consultant Trainers

- Trust wide training initiatives – faculty development for all clinical and educational supervisors.
- Good surgical training facilities and resources including:
 - on site surgical skills lab
 - medical simulator
 - cadaveric training and research centre opening 2013
- On-going development of surgical training facilities and new training courses.
- Large comprehensive surgical practice/workload across the surgical sub-specialities.
- Development of Chief Resident system in Neurosurgery, T&O, Transplant and General Surgery.

Areas for Development:

Plastic Surgery Core Trainees

Plastic Surgery Core Trainees are required to conduct a specific “consent clinic” for patients undergoing cleft lip and palate surgery. The panel decided that this had no educational benefit and suggested that consent be obtained by the operating surgeon.

General Surgery ST3+

General Surgery ST trainees had no access to a designated office, and no designated computer access and it was suggested that this facility should be provided. The six regional teaching days were not protected and it was suggested that these could be covered by Fellows as the regional teaching timetable is published 12 months in advance.

Trainees stated that a large percentage of emergency intermediate cases (i.e. appendicectomy, abscesses etc) were performed after midnight due to limited access to emergency theatre during the day. It was hoped that day time access to emergency theatres could be improved.

Colo-rectal trainees commended the high quality of their training but expressed concerns regarding continuity of operative training with the same trainer due to the random allocation that exists at present. It was suggested that the colo-rectal team should consider division into pairs or teams of three, and trainees spend six months with each pair of trainers.

Urology

There were concerns regarding the way the higher trainees were rotated through the sub-speciality firms - particularly a too short time (three months) on the Upper Tract laparoscopy firm. The visitors were informed there are plans to change the rotation and allow a longer time on the Upper Tract firm and would encourage this change.

There were concerns that benign surgery (TURP’s etc) has been moved into the private sector reducing educational opportunities. The visitors suggest that this benign surgery should be repatriated to Addenbrooke’s.

Plastic Surgery

Undermining issues previously highlighted, although not completely resolved, were significantly better. Trainees felt that there was a dramatic improvement in the quality of Consultant teaching delivered.

Trainees expressed the feeling that the overall emphasis in the Trust favoured service delivery over training and this issue was compounded by the increasingly onerous service demands.

There needs to be improvement in the structure, content and number of Regional training days. The visitors suggested that further work could be done with the STC to address this problem.

There is no aesthetic training at Addenbrookes but equally none within the whole of the East of England, however, the syllabus requires in depth knowledge of aesthetic surgery. The visitors again suggested that this should be discussed with the STC as to the best way to deliver cosmetic training.

Neurosurgery, ENT and Maxillofacial Surgery

Neurosurgical trainees were happy with the training they were receiving. There was some conflict between senior trainees and the Fellows in the skull base and spinal teams regarding training opportunities, but this was not a major issue.

No major problems were identified with ENT training and the otology post is highly regarded and sought after by trainees.

In Maxillofacial Surgery, concerns had been previously raised by the regional trainee rep regarding access to free flaps/micro vascular surgery for head and neck cancer patients.

Significant Concerns:

Trauma and Orthopaedics

The full shift rota, and the new Trauma centre service and working practices have given rise to concern. This has led to considerable time away from elective work, and thereby a reduction in log book numbers and disruption of the normal Consultant/Trainee training relationship. The educational value of taking part in the Trauma shift is limited and viewed by the Trainees as a purely service commitment.

There were also concerns about limited access to elective training opportunities on some firms which were supported by decreased log book numbers and were due to 1) limited bed availability and list cancellations 2) single consultant firms 3) the effect of Fellows having preferential training opportunities 4) the transfer of routine elective cases to the Private sector resulting in trainees seeking training in the Private sector. There were concerns from the Trainees regarding patient safety which were mainly related to the level and quality of junior cover on the wards which was felt to be inadequate, and was compounded by the full shift rota meaning that only 50% of ST trainees were available to help.

Plastic Surgery

There were concerns that surgical exposure for the trainees is still falling short of their expectation which although multi-factorial, was in part due to the quality of poor quality of junior staff employed by the Trust who required excessive supervision and checking. The panel thought that this matter should be urgently addressed.

Maxillofacial Surgery

There will be problems with achieving the indicative number of cases required by the OMFS SAC with regard to head and neck cancer reconstruction cases, in particular free flaps.

Requirements:

General Surgery Higher Trainees

Trainees provision of designated room and computer access

Protection of Regional Training days – **response to the Deanery is required by 30 June 2013**

Plastic Surgery

Core Trainees to cease “consent” cleft palate clinic- improve the quality of core trainee appointments – **response to the Deanery is required by 30 June 2013**

Trauma & Orthopaedics

The Higher Trainees’ patient safety concerns must override EWTD in the short term and the Trust must implement changes immediately to ensure that patient safety issues are addressed. It is suggested that the trainees return to an on call rota and that appropriate numbers of junior staff are available. Response to the Deanery is required by 22 March 2013.

It is acknowledged that a new rota is due to be implemented following appointments to increase middle grade numbers and that this should be implemented as soon as possible.

Access to elective cases needs to be improved and the Private centre training needs to cease unless this has GMC recognition for Training.

The service demands of the MTC should not overrule the educational needs of the Trainees. Orthopaedic training input to the MTC should be revised to ensure that involvement has educational value not just service.

Recommendations:

General Surgery

Consideration should be given to increasing day time access of General Surgery to dedicated emergency theatre to decrease HT operating after midnight.

Consideration of dividing the colo-rectal department into firms to improve continuation of trainees/trainer access.

Urology

Change sub-speciality rotation to allow six months on Upper Tract firm.

Repatriate benign surgery from the Private sector to Addenbrooke’s.

Plastic Surgery

The improvement action plan already instituted by the Dept of Plastic Surgery to address red outliers in the GMC survey should continue.

Trauma & Orthopaedics

The Trainees should always have preference over Fellows when training opportunities are limited.

Maxillofacial Surgery

As was made clear at the Feedback Session, Maxillofacial Surgeons and Plastic Surgeons need to work closely together to improve training opportunities for both lots of Specialist registrars in head and neck cancer reconstruction. Priority should be given to these Registrars rather than to any Plastic Surgical Fellows. Bearing in mind that, with the centralisation of Head and Neck Cancer Services, other hospitals such as Peterborough no longer undertake this surgery and it is therefore not available within other hospitals in the rotation.

Action Plan to Deanery by:

Please provide an Action Plan to address the areas of significant concern and those highlighted for development, along with the recommendations, as listed above:

Trauma & Orthopaedics

We would like to receive this by 22 March 2013.

Other Specialties

We would like to receive this by 30 June 2013

Revisit:

Trauma and Orthopaedics: within 12 months pending GMC 2013 Trainee Survey outcomes

Other Specialties: 2-3 years as part of rolling programme

Visit Lead: William Stebbings

Date: 4th April 2013

[Revised – 13th May 2013]