

**School of Postgraduate Surgery Visit to
Cambridge University Hospitals NHS Foundation Trust
Visit Report
Thursday 15th January 2015**

<p>HEEoE representatives:</p>	<p>Mr Mark Bowditch Chair – Representing Head of School of Surgery (Training Programme Director, Trauma and Orthopaedics Specialist Training Committee)</p> <p>Mr Jim Wimshurst Trauma & Orthopaedic Consultant, Norfolk and Norwich University Hospitals</p> <p>Miss Emma Gray Training Programme Director, Core Surgery Specialist Training Committee</p> <p>Mr Harbinder Sharma Urology Consultant, Bedford Hospital NHS Trust</p> <p>Dr Andreas Hiliger Training Programme Director, Otolaryngology Specialist Training Committee</p> <p>Mr Raymond Marlborough Regional Coordinator, The Royal College of Surgeons of England</p> <p>Ms Susan Agger HEEoE Senior Manager - Quality and Academic Training</p>
<p>Trust representatives :</p>	<p>Dr Keith McNeil, Chief Executive</p> <p>Dr Jag Ahluwalia, 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, Deputy Director of Postgraduate Medical Education</p> <p>Mr Asif Jah, College Tutor, Surgery</p> <p>Ms Alison Risker, Associate Director of Organisational Development</p> <p>Mrs Mary Archibald, Postgraduate Medical Education Manager</p> <p>Mrs Sue East, Deputy Manager, Postgraduate Centre</p> <p>Tutors, Unit Training Directors, Clinical Directors, Education Leads and Consultants involved in the training and supervision of Surgical Trainees</p>
<p>Number of trainees & grades who were met:</p>	<p>The visitors met with a significant number of core and higher trainees across a range of surgical specialties and grades.</p>

Purpose of visit :

In accordance with the review of the delivery of surgical training in all Trusts in the East of England, a visit was undertaken to Cambridge University Hospitals NHS Foundation Trust on 15th January 2015.

This was a visit to review the delivery of both core and higher surgical training in the surgical specialities within the Trust.

Strengths:

The following areas were highlighted:

- On the whole trainees are well supported and supervised.
- a good consultant, trainers team
- good research opportunities
- good case mix and access to WPBAs for the delivery of training
- development of simulation facilities
- development of a trainee forum in plastic surgery
- all educational supervisors have had the relevant training

Areas for Development:

The following areas were highlighted:

1. The core trainees were able to meet the needs of the clinical aspects of the surgical curriculum; however the SMART criteria are not explicit within the training programme. When constructing the rota consideration needs to be given to allowing for trainees to meet the SMART criteria. These are available from the JCST website <http://www.jcst.org/quality-assurance/documents/qis/core-qis>
2. As currently configured there is a single rota which includes the foundation, GP and core trainees. It was noted, however, that the goals and aims of core training are different to the old style "SHO". The development of a structured core training programme has required a more focussed approach to how training is delivered.
3. There were concerns about the introduction of EPIC: its training, accessibility in particular access to computers and WiFi were emphasised and the effect on productivity/training,
4. The rota at core level especially the gaps in general surgery, T&O and plastics and the report that these gaps were not actively filled, was of concern. The responsiveness/accountability of HR was raised
5. The high number of elective surgery cancellations particularly inpatient elective orthopaedics and the implication for trainees in meeting target numbers needs to be addressed
6. The requirement that T&O trainees must be available for A&E within 10-15 minutes has implications for the delivery of their training. Internally audit suggests limited educational value
7. There is a lack of rooms available to the higher trainees for admin, study etc, a previous room has been reallocated

8. The in-hours emergency operating chances are not as great as the out of hours opportunities particularly in General surgery.
9. There is a recognised problem in Maxillofacial surgery with head and neck micro-surgery flap exposure.
10. The opportunities vary significantly between firms in plastics with some firms offering very little operative opportunity. Consider 'training and non-training' firms

Significant concerns:

1. The core trainee cross cover arrangement for plastic and T&O is causing both groups of trainees unacceptable levels of stress and concerns with respect to both safe and timely delivery of patient care particularly out of hours. The geography and workload needs to be reconsidered.
2. There are limited opportunities for the T&O core trainees to attend theatre and clinics such that they are failing to meet both SMART and logbook targets.

Requirements:

1. One ST trainee in T&O to be transferred to another hospital in order to try to make up severe deficiency in elective joint replacement operative numbers. This will be for 6 mths (until 01 August 2015)
2. The core T&O CT1 post is transferred to plastic surgery and the CT2 post is transferred to another surgical specialty for 18 months to allow the problems associated with T&O to be addressed. The situation to be reviewed at the end of 18 months.
3. The issues surrounding rotas (both HR gaps filling and T&O-Plastics cover arrangements) are addressed within 3 months of receipt of report.

Recommendations:

1. A full day emergency general surgery operating list is introduced
2. EPIC accessibility and training is reviewed
3. The requirement that T&O trainees must be available within 10-15 minutes is evaluated
4. Consideration is given to the appointment of a Divisional admin/HR rota co-ordinator
5. The training programme directors from plastics and maxillofacial surgery investigate the wider issue of micro-surgery exposure to head and neck flaps.
6. Reinstated the HST trainees administration/prep room (specifically T&O)

Action Plan to Health Education East of England by:

An action plan to address the concerns surrounding gaps in the rota within 3 month of receipt of the visit report

An action plan to address the remaining issues within 6 months of receipt of the visit report

Revisit: A revisit to be undertaken January 2018