Health Education East of England

School of Postgraduate Surgery Visit to Ipswich Hospital NHS Trust Visit Report 9th June 2014

HEEoE representatives:	**Mr Neville Jamieson** – Head of Postgraduate School of Surgery and Associate Dean **Mr Andy Bath** – Chair, Otolaryngology Regional Training Committee **Mr Peter Chapman** – Consultant Orthopaedic Surgeon, Norwich **Dr Jonathan Waller –** Deputy Postgraduate Dean, Head of Education and Quality (Medical Programmes) **Ms Susan Agger** – Senior Quality Improvement Manager
Trust representatives :	**Mr Nick Hulme -** Chief Executive **Dr Barbara Buckley -** Medical Director **Dr Richard Howard-Griffin -** Clinical Tutor **Mrs Mary Burgess –** Postgraduate Medical Education Manager **and representative consultants from the Surgery Department**
Number of trainees & grades who were met:	**13 Trainees were met:** **1 Core –CT2 Urology** **12 Higher – 3x ENT; 5x T&O; 2x General Surgery; 2x Urology**

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 Ipswich Hospital NHS Trust on 9th June 2014.

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.

Strengths:

The trainees were happy and received valuable access to training opportunities, including appropriate operating experience. The core trainee interviewed is currently working in the Urology Department and shares the rota with the HSTs which he has found beneficial and good for his training. The Urology department had been very flexible with regards to targeted training for one trainee who had specific training needs in one area of surgery with targeted lists.

The delivery of clinical and educational supervision was good.

The problem in ENT highlighted previously by the GMC survey, where trainees were required to attend a disproportionate number of clinics, has been satisfactorily resolved. The access for trainees to high quality courses in ENT held at the hospital (with a national and international standing) is an attractive feature for the trainees.

Previous issues for the T&O trainees with regards to operative exposure when allocated to some trainers (reflected by a lower level of trainee satisfaction in the 2013 GMC trainee survey) have been resolved by rearranging the pairings to ensure that adequate operative training is available to the trainees in each attachment. This will hopefully improve the reports in the current 2014 GMC survey.

Areas for Development:

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

The core trainee was able to meet the needs of the clinical aspects of the surgical curriculum, however opportunities to participate in research - and thus develop the portfolio component of his CV for national selection - were limited.

As currently configured, the ad hoc nature of the rota to cover the 299/300 bleep by T&O SpRs was an issue of concern raised by the trainees. This is an area that should be reviewed in conjunction with the trainees. It is suggested that trainee input into the rota co-ordination would be beneficial – the trainees felt that they could contribute to this and prevent clashes with other commitments and on call duties. Mr Chapman also recommended exploring which member of staff takes the GP referrals. A system which is in use in some units, where a charge nurse in the Surgical Admissions unit took the calls, is an option which could be considered as it could reduce the burden on trainees trying to take calls while involved in other on call activities.

It is not clear that clinical cover for trainees when they go on study or annual leave is provided in a robust fashion. It is reported that, in some cases, the arrangement is that the trainees need to organise cover for clinics etc with a colleague. It is suggested that ways are found to address cover for these planned absences without leaving the responsibility with the trainee who is going to be away.

The night time on-call for the general surgery trainees is often not a productive training experience. It is recommended that alternate approaches to night time cover are explored with the aim of allowing trainees more time with the firm during the normal working day, thereby maximising training opportunities.

Concern was expressed by some trainees that alterations in the patterns of house staff, inherent in the changes in the Foundation School, represented a potential hazard for the future and that reductions in this area raised the potential for drawing higher surgical trainees from training to ward duties. This is obviously a much more general issue for the Health Service as a whole, but clearly these are areas where new working patterns and innovative solutions are going to be needed.

Significant concerns:

There were no significant concerns.

Requirements:
1. The issues associated with the 299 and 300 bleeps need to be addressed 2. Clinical cover for trainees when they are on study or annual leave needs to be provided 3. The General Surgery trainees' night on-call to be reviewed

Recommendations:
1. In the current environment where the number of trainee doctors is likely to reduce, it is suggested that, as a Department, Surgery consider alternative ways of working with other staff groups.

Action Plan to Health Education East of England by:	
An action plan is required by 31st October 2014.	
Revisit:	**June 2017**

Visit Lead: Mr Neville Jamieson **Date: 10 June 2014**