

**School of Postgraduate Surgery Visit to  
James Paget University Hospitals NHS Foundation Trust  
Visit Report  
23rd May 2014**

<b>HEEoE representatives:</b>	<p><b>Mr Neville Jamieson</b> – Head of Postgraduate School of Surgery and Associate Dean  <b>Mr Raaj Praseedom</b> – Programme Director General Surgery &amp; Regional Surgical Advisor  <b>Miss Bryony Lovett</b> – Education Lead, Core Surgery Specialist Training Committee  <b>Ms Susan Agger</b> – Senior Quality Improvement Manager  <b>Mr Raymond Marlborough</b> – Royal Co-ordinator, The Royal College of Surgeons of England  <b>Mr Dimitri Pournaras</b> – Trainee Representative</p>
<b>Trust representatives :</b>	<p><b>Ms Christine Allen</b> - Chief Executive  <b>Mr Nick Oligbo</b> - Medical Director  <b>Dr Matthew Williams</b> - Director of PG Medical and Dental Education  <b>Ms Ginnie Stevens</b> - Medical Staffing Lead  <b>Mr Kamal Aryal</b> - College Tutor  <b>Mrs Irene Walker</b> - Postgraduate Medical Education Manager  and representatives from the Surgery Department</p>
<b>Number of trainees &amp; grades who were met:</b>	<p><b>5 Trainees were met:</b>  <b>2 Core –CT2 General Surgery</b>  <b>3 Higher – 1x ENT; 2x General Surgery</b>  <b>1 Clinical Fellow - Urology</b></p>

**Purpose of visit :**

In accordance with the review of the delivery of surgical training in all Trusts in EoE, a visit was undertaken to James Paget University Hospitals NHS Foundation Trust on 23 May 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:**

There is a robust education and training ethos within the Trust. The trainees were happy and received good access to training opportunities, especially with regard to the quality and delivery of training in laparotomies. Consultants were engaged with the surgical training programme, supportive and pleased to teach. Trainees could complete audits and were encouraged to present at MDTs. The delivery of training in the ENT Department was singled out for praise by the trainees.

**Areas for Development:**

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

Although trainees can attend the regional core training programme at the Icen Centre (Colchester), release from the rota can be an issue. The Trust was reminded that the core programme is an essential part of training and therefore the rota needs to accommodate this requirement.

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. Accordingly a redistribution of the training roles of foundation, GP and core trainees needs to be undertaken, with the differentiation of core trainees. It is suggested that, in order to do this, consideration is given to a team approach rather than trainees working for a single consultant. This would allow the introduction of a rota which doesn't include the Foundation Year 2 trainees in activities such as theatre which are a requirement for the core surgical trainees. The core trainees would then be able to attend the theatre sessions of the paired consultant. The requirements for the Core Surgical trainees are embedded in the SMART criteria, namely that they should, on average, attend 4 x half day theatre sessions and one out-patient clinic per week, have formal teaching and an AES and carry out one Work Place Based Assessment. For specialties where there is a heavier outpatient role such as ENT the criteria can be modified to allow 5 consultant supervised sessions per week, including operating sessions.

The delays resulting from having a CEPOD list which occurs only in the afternoon were highlighted. It is suggested that consideration is given to instituting an all day CEPOD list which would improve access to daytime operating for emergencies and improve educational opportunities.

Opportunities for trainees who had not declared a specific GI interest to gain access to endoscopy were restricted. It was requested that provision is made to allow these trainees to undertake endoscopy training during part to their training placement as part of their requirement to become "emergency safe" across the full range of surgery during their training.

**Significant concerns:**

There were no significant concerns.

**Requirements:**

1. Release for core trainees to attend the core training programme needs to be addressed
2. Reconfiguration of the rota to differentiate between the roles of foundation, GP and core surgical trainees needs to be implemented

**Recommendations:**

1. Consideration should be given to instituting an all day CEPOD list.
2. Provision should be made to allow higher surgical trainees to undertake endoscopy training during part to their training placement

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

An action plan is required by 30<sup>th</sup> September 2014.

**Revisit:** May 2017

Visit Lead: Mr Neville Jamieson

Date: 27 May 2014