Health Education East of England

School of Surgery Visit to The East and North Hertfordshire NHS Trust Visit Report Tuesday 13 September 2016	
Deanery representatives:	**Mr Neville Jamieson** - Head of Postgraduate School of Surgery and Associate Dean **Mr Raaj Praseedom** – Training Programme Director, General Surgery Specialist Training Committee and Regional Surgical Advisor **Miss Emma Gray** - Training Programme Director, Core Surgery Specialist Training Committee **Mr James Wimhurst** – Representative from Trauma and Orthopaedics Specialist Training Committee **Mr Brian Fish** – Training Programme Representative, Otolaryngology Specialist Training Committee **Mr Tevita Aho** - Chairman Urology Specialist Training Committee **Mr Matthew Armon** - Training Programme Director, Vascular Surgery Specialist Training Committee
Trust representatives :	**Mr Matthew Metcalfe –** RCS College tutor **Dr Shahid Khan -** Director of Medical Education **Mrs Christine Crick –** Medical Education Manager
Number of trainees & grades who were met:	**17 Trainees were met:** **8 Core –CT2 (6) T&O, ENT, Plastics Urology; CT1 (2) Gen Surgery Urology** **9 Higher – ST 4 and 7 Gen Surg/ Vascular, ST4 ENT, ST5 Plastics, ST3, 5 and 6 in T&O**

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 The East and North Hertfordshire NHS Trust on 5 April 2016. 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.

Strengths:
The trainees interviewed were happy and received valuable access to training opportunities Trainees are adequately supervised All trainees had meetings with their AES Trainees all reported supportive consultant staff who were keen to teach and support trainees

Areas for Development:

All seems to be progressing well in general terms however a number of specific areas were highlighted for improvement:

Core training issues.

- In Urology the CT2 post acts effectively on the registrar rota which is good experience. The trainee adopts the timetable of one of the standard registrars which is not a problem. At CT1 level however although there were good opportunities for training the trainee did not have a defined timetable. It would be useful if the AES could meet regularly with the trainee to produce a bespoke timetable depending on the departmental activity and the presence (or absence) of other more senior staff which meets the SMART criteria (5 consultant supervised sessions per week - usually 3 sessions of operating and 2 of clinic work for this specialty.
- At Core level in Trauma and Orthopaedics good training was reported however it appears that there is a single fixed rota including FY2 trainees and Core trainees on the same rota level (which historically was the "SHO" rota) where FY2's who might not have a surgical interest are on the same fixed rota as the Core trainees. It would be valuable if there could be a clear differentiation of the training needs of the Core trainees to make sure they are optimised.
- Core training in ENT was described as excellent with supportive consultant staff. One practical issue raised was the location of the emergency ENT clinic which is on level 11 while the main ENT OPD (and hence consultant ad registrar support) was on level one. This had never raised a practical issue as support was always available but it would be more efficient if the clinics could be co-located (although it was suggested this has previously been explored and deemed not possible).
- Core trainees in Plastic Surgery raised significant issues, these have been summarised in a document provided by the trainees which has been passed on to Mr Metcalfe. The major issue relates to the management of hand trauma which is a major interest of the department. These referrals are dealt with via liaison with outside trauma nurses by a Lister Trauma nurse but are effectively dealt with by the Core Trainees in terms of initial management. A recent instruction that all such referrals are seen at the Lister (by the CT's) has produced a situation which is described as unmanageable where patients are spending a long time waiting in peripheral units followed by a long wait in the Lister – this system needs urgent review to produce a more manageable system and also to provide more senior early review (such as that run in T&O with a daily consultant led trauma review) both for the benefit of patients but also to provide training benefit to the trainees in management rationale. A number of other issues were raised relating to time being defined for formal handover to be completed and concerns about the working of the department if forthcoming vacancies at this level cannot be filled but review of the pathway and protocol for hand trauma management was the major underlying issue identified.

Higher Surgical Trainees

- General Surgical and Vascular trainees reported good experience and support. In particular a colorectal trainee described excellent exposure to colonoscopy training.
- ENT trainee reported excellent hands on experience and support.
- Registrar level Plastic Surgery was described as excellent with good hands on training in theatre, good support and experience overall.

- In Trauma and Orthopaedics all trainees reported a good overall experience with a supportive department and good consultant trainers. Experience in trauma was good (although no hand surgery as this goes to Plastics). On further probing however two areas of concern arose. Although elective experience in the upper limb team and spinal surgery team were good, this was significantly adversely impacted in the hip and knee primary arthroplasty teams (in terms of trainees log book development) by the large numbers of elective cancellations in this area (less impact on upper limb as more day case work possible). At the other end of the spectrum the exposure to arthroscopy was severely limited with many of these cases being carried out at weekend outside the normal training setup.

Significant concerns:

The issue of the current protocol and working pattern for management of hand trauma and the current role of the core trainees in this requires urgent review and revision.
A mechanism within T & O needs to be developed to allow better experience in primary large joint arthroplasty and to allow adequate exposure to knee arthroscopy.

Requirements:

1. A review of the management of hand injuries in the Plastic Surgery dept and the workload currently residing effectively with the Core Trainees should be carried out and a revised system implemented.

2. Accepting that it might not be possible for layout/capacity reasons co-location of the emergency ENT clinic with the rest of the ENT outpatients would be optimal.

3. Core surgical trainees need defined timetables which acknowledge their specific training requirements and differentiate them from other grades occupying the same tier on the “on call” rota.

4. The SMART criteria reiterated below are adhered to as these criteria are the gauge whereby Core Training is judged.

    a) All trainees need to spend an average of four operating sessions per week in theatre.

    b) All trainees to attend at least one out patient session per week (alternatively five sessions per week of consultant supervised clinical activity).

    c) All trainees to receive at least two hours of structured teaching per week.

    d) All trainees must have learning agreements and an assigned educational supervisor.

    e) All trainees must do one work placed based assessment per week.

5. While accepting the pressures on beds faced by all trusts there is a need for trainees in T&O to have adequate access to training in primary large joint arthroplasty which is one of their key log book development targets. Similarly the current way whereby the workload in arthroscopy is carried out need review to allow trainees to be trained in this area. Please consider how these goals may be achieved.

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Action Plan to Health Education East of England by:	
An action plan is required by November 2016	
Revisit:	**2018**

Visit Lead: Mr Neville Jamieson **Date: 15.09.16**