Health Education East of England

HEE EoE School of Postgraduate Surgery Visit to Luton and Dunstable University Hospitals NHS Foundation Trust Visit Report 16th March 2015

HEEoE representatives:	**Mr Neville Jamieson**	Head of Postgraduate School of Surgery and Associate Dean
	Mr Mark Bowditch	Programme Director, EoE T&O Training Committee
	Mr Tev Aho	Chairman EoE Urology Training Committee
	Miss Hirah Rizki	Trainee Representative
Trust representatives :	**Pauline Philip**	Chief Executive
	Dr Mark Patten	Medical Director
	Dr Mark Alexander	Director of Medical Education
	Mr Shashank Gurjar	College Tutor for Surgery
	Mrs Frances McMahon	Medical Education Manager
	and representative consultants from the Surgery Department	
Number of trainees & grades who were met:	**9 Trainees were met:** **1 Core –CT1 x1; Email report from a second** **7 Higher – 1x ENT; 2x T&O; 4 x General Surgery**	

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 Luton and Dunstable University Hospitals NHS Foundation Trust on 16th March 2015.

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 specialties within the Trust.

Strengths and overall findings:

- The trainees were generally happy and overall had adequate access to training opportunities.
- The core trainee interviewed was working in general surgery as was the trainee who provided an email report (currently in ENT). A third trainee working in T&O was on leave and no feedback had been provided although the overall GMC survey data across the Trust at Core Surgery level was satisfactory.
- The general surgical trainees reported a supportive department and had an appropriate departmental induction.
- Trainees were able to complete work-place based assessments [WPBAs]. They work on the same rota as FY2s in general surgery but have very differing roles on a day to day basis.
- Good access to theatre was reported (perhaps less structured in terms of clinic) and were able to meet the SMART criteria.
- Both core trainees spoke highly of their experience in the ENT department (this is a themed ENT core post)

with good operative, clinic exposure and training.

- Flexibility within the general surgery department allowed them to also work in the Upper GI team which gives extra portfolio points in ENT national selection.
- The delivery of training for the higher General Surgery trainee in ENT was reported as very good.
- In T&O, the rota changes made in relation to night time on call after the last School of Surgery visit have had a clear beneficial impact on the two numbered trainees' access to daytime training opportunities.
- In Urology, the HST trainee could not attend but did provide a detailed letter which describes the post as very good with helpful consultants, focussed training, and good relations with ward and theatre staff.

One major concern raised in their report related to the behaviour of one manager who was reported to have asked the trainee to take on a number of additional non training roles to cover the service – apparently without the involvement of the consultant staff which if correct does not appear appropriate.

Within General Surgery, there was a mixed picture.

- The Colorectal superfirm structure was said to work very well with a broadening of access to training opportunities. It is apparently planned to adopt a similar structure in the Upper GI team in the near future.
- There were issues reported about access to endoscopy training which are well recognised by the trainers but appear to allow adequate access to colonoscopy for colorectal trainees with a rather more problematic situation in access to upper GI endoscopy which is nonetheless regarded as being of very high quality when available. This is recognised as an issue both across the region and nationally.
- The main area of discontent in General Surgery related to the rolling rota introduced to ensure EWTD / New Deal Compliance where compensatory time off etc. takes trainees away from training opportunities. There was much discussion around this issue but no clear direction by which it could be improved.
- Active involvement of a trainee or trainees in the details of the rota design is regarded as desirable and should be explored (but not total delegation of the rota design to an individual trainee).
- Trainee concerns have been focussed at all stages of the training programme by the case numbers / experience targets made explicit by the 2013 General Surgical Curriculum.
- The visiting team were made aware of plans by the new surgical tutor to closely monitor the experience being gained by each individual trainee and adjust their timetables/ sessions appropriately if they are falling behind in these goals.

Areas for Development:

Although all seems to be satisfactory in general terms, the following areas were highlighted:

- At core level, as currently configured, there is a single rota which includes the foundation 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. The current model in place at Luton does seem to work in terms of allowing the trainees to be differentiated with regard to day to day working patterns but this should be kept under review to make sure this is maintained.
- In the longer term, it is accepted that there are pressures in delivering service commitment and that lack of junior manpower affects the running and organisation of rotas. However, attention needs to be given to the development of alternative solutions to these pressures with other professionals being put into place to deliver the non training elements of the service workload. Such solutions will obviously need to be tailored

locally but might include use of such groups as physician's associates or specialist nurses with advanced skills. These are obviously longer term issues facing all health care providers but merit consideration.

- T&O Trainees are supervised in trauma lists by trust doctors variously described to the visiting team as trauma fellows and "pre FRCS" registrars – such supervision by non consultants as trainers is acceptable only if they are permanent senior appointments such as Associate Specialist level and have appropriately approved educational training and certification such as 'Training the Trainers to Teach'.
- They should also be registered on the ISCP and proficient in undertaking WPBAs. As a general rule, more than half of the WPBA's should be undertaken by qualified Consultant grade staff that are supervising/ training on such lists.
- There were concerns with respect to certain attachments / firm whose timetable clashed with Thursday 'Bone school' resulting in significant training opportunity losses. We request that the timetables/ attachments are reconsidered for the future.
- Both in T&O and General Surgery, there were infrequent reports of trainees being asked to carry out unsupervised outpatient clinics – this is only appropriate in an emergency situation and there should always be a designated consultant available for advice.

Significant concerns:
Asking a trainee to take on a number of additional non training roles to cover the service apparently without the involvement of the consultant staff which if correct does not appear appropriate.

Requirement:
The issue with the requests made by a manager to the urology trainee should be investigated and resolved

Recommendations:
1. The trainees in general surgery should be involved in the rota design to see if their input allows a better rota to be designed. 2. We would be grateful for an update in 6 months' time of the new focussed approach to the log book development and opportunity optimisation for the general surgical trainees. 3. Similarly, we would be grateful for an update on the effect of the Upper GI superfirm structure. 4. Please resolve the T&O trauma lists identified above. 5. Please resolve the firm/attachment issues in T&O identified above.

Action Plan to Health Education East of England by:	
An action plan is required by August 2015.	
Revisit:	**Summer 2017**

Visit Lead: Mr Neville Jamieson **Date: 23rd March 2015**