Health Education East of England

School of Postgraduate Surgery Visit to Mid Essex Hospital NHS Foundation Trust Visit Report 12th December 2014	
HEEoE representatives:	**Mr Neville Jamieson** – Head of Postgraduate School of Surgery and Associate Dean **Mr Raaj Praseedom** – Programme Director, EoE General Surgery Training Committee **Mr Raymond Marlborough** – Regional Co-ordinator, The Royal College of Surgeons
Trust representatives :	**Paul Forden -** Chief Executive **Dr Ronan Fenton -** Medical Director **Dr Hywel Jones -** Director of Medical Education **Ms Gemma Conn –** College Tutor for Surgery **Mr David Barnes –** Deputy College Tutor for Surgery **Ms Catherine Lee –** Head of learning and development **and representative consultants from the Surgery Department**
Number of trainees & grades who were met:	**9 Trainees were met:** **4 Core –CT1 x1; CT2 x3** **5 Higher – 1x ENT; 2x T&O; 1 x General Surgery, 1x Plastic 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 Mid Essex Hospital NHS Foundation Trust on 12th December 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 generally happy and overall had adequate access to training opportunities.
The core trainees interviewed reported a supportive department and had an appropriate departmental induction.
Trainees were able to complete work-place based assessments [WPBAs] – this included the London based programme trainees with their higher target numbers of 80/year. However the exposure was variable and was more likely to be problematic in departments where the core trainees occupy the same rota as FY2 trainees and GP vocational trainees where the specific needs of the core trainees need to be addressed first before sorting out the departmental service delivery.
The delivery of training for the higher General Surgery trainees was reported as good although with limitations imposed by the on call rota in terms of routinely being a member of the team during the standard working week which diminished this exposure. The issue relating to bullying/undermining reported by some previous trainees

appears to have been dealt with effectively using local processes.
The delivery of training in ENT was reported as being good but the presence of only a single registrar who effectively is "on call" to answer bleeps and give advice every day in the absence of any other name on the published rota was unsatisfactory (there is a published "night time" rota).
T&O was also reported as being a good supportive department however both trainees reported that they were having difficulty in achieving the target numbers of procedures set by their SAC/training committee due to the volume of cases coming through exacerbated by the on call system with weeks of nights and compensatory days off (in place since 2008) which kept them away from their "home firm" for significant periods of time. The department currently has one trainer per trainee and this adds to the difficulty of number if the trainer is away when the trainee is likely to be relocated to non-operative duties.
Plastic Surgery represents a large tertiary unit with the addition of Burns, despite a full shift working pattern the training was described as busy and good with good coverage of all areas in the curriculum.

Areas for Development:

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

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 especially for the Plastic Surgery trainees. When constructing the rota consideration needs to be given to allowing for trainees to meet the SMART criteria. (These are available through the JCST/College website under the heading "Quality Indicators for Core Surgical Training".)

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 to allow them to meet their specific training requirements. It is suggested that, in order to do this, consideration is given to the introduction of a rota which doesn't include, for example, the Foundation Year 2 trainees in activities such as theatre which are a requirement for the core surgical trainees. It is accepted that there are pressures in delivering service commitment and that lack of junior manpower affects the running and organisation of rotas but 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 physicians assistants which we heard are being considered locally.

It was also noted that a number of the trainees are on rotas which include 7 consecutive nights on call. There are issues here in that in many specialties the training opportunities at night are from limited and represent a service requirement only and additionally that 7 consecutive nights might be too onerous. It was noted that in some areas a 4 + 3 system is being considered. It should be noted across the board that involvement of juniors in rota design is good practice.

Significant concerns:
There were no significant concerns.

Requirements:
1. The rota needs to be constructed so that trainees are able to meet the SMART criteria 2. Reconfiguration of the rota to differentiate between the training requirements of foundation, GP and core surgical trainees
Recommendations:
Planning for the future is essential and consideration needs to be given now to alternative routes to providing the manpower for service needs as the hope there will be additional trainees to fill service gaps is neither a viable or possible solution.

Action Plan to Health Education East of England by:	
An action plan is required by 31st March 2015	
Revisit:	**December 2017**

Visit Lead: Mr Neville Jamieson **Date: 15th December 2014**