

**School of Surgery Visit to  
Norfolk and Norwich University Hospitals NHS Foundation Trust  
Visit Report  
Tuesday 18th October 2016**

<b>Deanery representatives:</b>	<p><b>Mr Neville Jamieson</b> - Head of Postgraduate School of Surgery and Associate Dean</p> <p><b>Mr Raaj Praseedom</b> – Training Programme Director, General Surgery Specialist Training Committee and Regional Surgical Advisor</p> <p><b>Miss Emma Gray</b> - Training Programme Director, Core Surgery Specialist Training Committee</p> <p><b>Mr Mark Bowditch</b> - Training Programme Director, Trauma and Orthopaedics Specialist Training Committee</p> <p><b>Mr Raymond Marlborough</b> - Regional Coordinator, The Royal College of Surgeons of England</p> <p><b>Ms Susan Agger</b> - Senior Quality Improvement Manager</p>
<b>Trust representatives :</b>	<p><b>Mr Richard Smith, Director Medical Education</b></p> <p><b>Mr Peter Chapman, Medical Director</b></p> <p><b>Mr Phil Hopgood &amp; Mr Simon Wemyss-Holden, College Tutor</b></p> <p><b>Wendy Wood, Medical Education Manager</b></p> <p><b>Karen Crockett, Deputy Medical Education Manager</b></p> <p><b>Surgery Consultants &amp; Trainers</b></p>
<b>Number of trainees &amp; grades who were met:</b>	<p><b>24 Trainees were met:</b></p> <p><b>8 Core –CT2 (4) T&amp;O; General Surgery/Urology; Paediatric Surgery; Colorectal Surgery; CT1 (4) HDU/Thoracic/Gen Surg; HDU/Thoracic/T&amp;O; Vascular Surgery;T&amp;O</b></p> <p><b>16 Higher – ST3 (1) Gen Surg; ST4 (4) T&amp;O (2); Paediatric Surgery (2); ST5 (3) T&amp;O (2); Cardiothoracic; ST6 (1) T&amp;O; ST7 (2) T&amp;O; General Surgery/Colorectal; ST8 (5) T&amp;O (2): Breast Surgery; Colorectal; General Surgery Colorectal.</b></p> <p><b>No trainees attended from Plastic Surgery, ENT, Urology or OMFS</b></p>

**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 Norfolk & Norwich University Hospital s NHS Trust on 18 October 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
- Trainees reported supportive consultant staff who were keen to teach and support trainees
- The support provided by T&O nurse Practitioners is of continuing benefit to the delivery of T&O education and training.

**Areas for Development:**

All seems to be progressing well in general terms however the following areas were highlighted for improvement:

- The general surgery trainees reported that cross cover with the vascular trainees was unfair. The general surgery trainees provide support with ward work and take the bleep when it could be reasonably expected that the vascular trainees could take it. It was noted that the general surgery trainees are taking vascular tertiary referral calls which they do not feel confident to advise on. It is not an equal arrangement as the vascular trainees do not provide support for the general surgery trainees.
- Except for T&O, the nature of the core surgery rota is such that core surgical trainees do not feel part of a team leading to a lack of continuity and the potential for patient safety to be compromised.
- The current core surgical rota limits the surgical procedures the trainees are exposed to
- The arrangements for covering 'on call' are unstructured and core trainees do not know who comprises the 'on call' team
- There is a lack of formal teaching for the core trainees
- Trainees on ITU/HDU have difficulties obtaining WPBAs as it doesn't appear that there is anyone registered to be an assessor.
- Communication from Emergency Medicine Department to T&O could be improved
- Rota issues make it difficult for higher trainees to attend the Friday afternoon teaching in T&O.
- Due to the associated high workload, the value of the training opportunities available to 1 higher trainee covering 5 consultants in Spine was raised.

**Significant concerns:**

It is disappointing that the visitors did not meet any of the trainees from Plastic Surgery, ENT, Urology or OMFS. It would have been informative to have met trainee representatives from these specialities.

**Requirements:**

1. Alternative arrangements must be investigated to alleviate the burden on General Surgery trainees to provide cover for the delivery vascular surgery.
2. Measures must be put in place in order that Core surgical trainees are included as part of the team
3. A review of core surgical trainee rotas to be undertaken to ensure that the exposure to surgical procedures is maximised
4. The arrangements for covering 'on call' must be reviewed in order that core trainees know who comprises the 'on call' team.
5. The local arrangements for the delivery of formal teaching to core trainees must be revised
6. Assessors must be identified and registered to allow trainees placed on ITU/HDU to complete WPBAs.
7. A review of the rota to be undertaken to allow higher trainees to attend the Friday afternoon T&O teaching.
8. Steps should be taken to improve the communication between the Emergency Medicine Department and T&O.
9. The value of the training opportunities available to the higher trainee in Spine should be examined.
10. 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.

**Recommendations:**

There were no further recommendations

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

An action plan is required by April 2017

**Revisit:**

**2019**

**Visit Lead: Mr Neville Jamieson**

**Date:**