Health Education East of England

School of Surgery Visit to The Princess Alexandra Hospital NHS Trust Visit Report Tuesday 5 April 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 Mark Bowditch** - Training Programme Director, Trauma and Orthopaedics Specialist Training Committee **Mr Andreas Hilger** – Training Programme Director, Otolaryngology Specialist Training Committee **Mr Raymond Marlborough** - Regional Coordinator, The Royal College of Surgeons of England **Ms Susan Agger** - Senior Quality Improvement Manager
Trust representatives :	**Mr Phil Morley –** Chief Executive **Professor Nancy Fontaine** - Chief Nurse and Deputy CEO **Mr Jonathan Refson -** Director of Medical Education **Mrs Margaret Short –** Medical Education Manager
Number of trainees & grades who were met:	**4 Trainees were met:** **3 Core –CT2 (2) T&O; CT1 (1) Gen Surg** **1 Higher – ST3 Gen Surg**

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 Princess Alexandra Hospital 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

The establishment of 2 emergency surgeons works well and contributes to continuity within the Department. The emergency surgeons deliver appropriate training.

Areas for Development:

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

- There are instances of a lack of consultant ownership of core surgical trainees and they do not feel part of the team it was hoped that a new rota arrangement would improve this situation
- Staff vacancies and the attendant gaps have resulted in a generally disorganized rota
- Trainees are often asked to provide cross cover across a range of specialties which has implications for them meeting training needs
- Trainees feel obliged to help when asked to carry the "on-call" bleep at very short notice which can potentially take them away from training opportunities.
- There were reports of trainees attending Breast clinics without adequate consultant supervision
- There is not always a consultant present at evening handover and the venue where handover is held is not appropriate
- The use of out dated terminology to describe doctors in training and rotas 'SHO'. This could lead to confusion about the expected level of competence of the doctor in training and concerns regarding supervision and patient and trainee safety, especially when sharing on-call commitments.

Significant concerns:

There were no areas of significant concern

Requirements:

1. A review of the rota is undertaken to ensure that the number of gaps are minimised and 'on call' doesn't impinge of the delivery of training.
2. Core surgical rainees are included as part of the team
3. 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.
4. The use of the term SHO should cease to be used and if in breach rotas and documentation should be updated accordingly. The expected level of competence of different junior tier grades should also be communicated more clearly to the wider team
5. Alternative arrangements should be made for the current handover facilities

Recommendations:
There were no further recommendations

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

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