

School of Postgraduate Surgery Visit to Peterborough and Stamford Hospital NHS Foundation Trust Focused visit to the training programme in Otolaryngology Visit Report 26th January 2015		
HEEoE and SAC representatives:	Mr Neville Jamieson Mr Andreas Hilger Mr Andy Bath Mr Andrew Parker Mr Raymond Marlborough	Head of Postgraduate School of Surgery and Associate Dean Programme Director, EoE Otolaryngology (ENT) Training Committee Chairman, EoE Otolaryngology (ENT) Training Committee RCS SAC liaison officer, EoE Otolaryngology (ENT) Training Committee Regional Co-ordinator, The Royal College of Surgeons
Trust representatives :	Mr Steven Graves Mr John Randall Mr Bruce Ramsey Mr Andrew McKee Mrs Barbara Petrie and representative consultants from the ENT Surgery Department	Chief Executive Medical Director Director of Medical Education College Tutor for Surgery Medical Education Manager
Number of trainees & grades met:	5 core and higher trainees, previous and current, were met either on site or off site prior to the visit	

Purpose of visit and background :

In accordance with the review of the delivery of surgical training in all Trusts in the East of England, a visit was undertaken by the School of Surgery to Peterborough and Stamford Hospitals NHS Foundation Trust on 21 February 2014 where significant concerns were raised with regard to the delivery of training in the ENT department. A focussed visit was proposed with external representation from the ENT SAC. HEEoE has also since been approached by trainees in the ENT training programme to express their concerns about the training environment at Peterborough and to describe behaviours which could be regarded as undermining.

The GMC trainee survey 2014 showed that there were negative ('red') outliers in ENT for overall satisfaction, handover, adequate experience and regional teaching. There was one positive ('green') outlier for workload. No patient safety concerns or undermining were reported in the survey for ENT.

This focussed visit on 26 January 2015, planned by the ENT training programme and School of Surgery, provided the opportunity to review the delivery of both core and higher surgical training in Otolaryngology within the Trust. As the number of trainees based at the Trust is small, in order that a wider view of trainees was gained by the visiting team a meeting at HEEoE was arranged on the morning of the visit to which previous trainees were invited.

The ENT training programme in HEEoE currently has some flexibility in where trainees are placed on a year by year basis, which has given the trainees an element of choice in placements. The department has previously had three higher trainees allocated each year. Although one trainee was placed at Peterborough this year by the previous TPD, no trainees had specifically chosen to come to Peterborough, perhaps reflecting perceptions about the reputation of the department as a training unit.

There had been significant movement in the department in the past year with one consultant “retiring and returning” to more limited sessions and two new appointments being made. One of the newly appointed consultants has taken on the role of AES for the trainees.

The SAC and JCST requirements for ENT trainees are a total of 2000 cases over the 6 year training period (with a possible expectation of a higher proportion of cases in the early years and possibly less of the more complex procedures in later years within this overall numerical envelope) This translates into a minimum average of 335 cases per year per trainee with a rule of thumb suggesting that the unit needed to be performing a minimum of approx. 500 cases per year per trainee if this total was to be achieved. Thus the unit’s capacity can be reasonably gauged by these criteria The practice of doubling up trainees on a single case to increase numbers is also not felt to be appropriate by the SAC.

Strengths/Areas of Improvement :

- The current trainees were positive about their training experience and reported benefitting from bespoke timetables addressing their specific training needs using components drawn from all of the training opportunities previously shared by three registrars. The new AES is to be commended for implementing this initiative.
- Some outstanding training and role modelling was reported from Mr Pfleiderer, who is now working limited sessions.
- As a consequence of both new appointments accompanied by additional theatre list access and a change in priority within the hospital the cancellations reported by the previous trainees are now rare.
- The issue of the number of cases going through the department was discussed with the consultants with a view to ensuring that the trainees receive adequate exposure to the required number of cases per year (a minimum of 500) including an allowance for the presence of a core trainee if this trainee was also to be given adequate exposure and experience. It was confirmed that this is currently what is being delivered, although the visitors noted that some concerns have been expressed by previous trainees about the capacity of the unit for training.

Areas for Development:

- Although the present bespoke timetables are working well and providing good training, it is suggested by the visiting team that there is scope to expand this approach to accommodate a second SpR alongside the core trainee and the training committee will explore this option for the coming training year.
- It should be noted that there is a larger ENT programme review being conducted in association with the SAC to examine the current and potential future shape of training in the East of England and that this review will also be examining the distribution of trainees amongst the units based on their ability to deliver the training curriculum in terms both of experience and the quality of training environment.

Significant concerns:

- Through the meetings with both trainees and Trust representatives the visiting team identified significant concerns with regard to the culture and behaviours within the department.
- In meeting with a cohort of ENT trainees based either previously or currently at Peterborough, some trainees described difficulty in interacting with one individual and possibly a second, describing themselves as feeling “watched” and a feeling that trainers were “waiting for them to make a mistake”.
- Specifically trainees described experiencing or observing behaviours which they felt were undermining.
- Trainees also described concerns about clinical practice which they had raised internally at Peterborough.
- Trainees felt hesitant to come forward and described concerns about their views being made public because of worries about the likely response of one of their trainers.

Requirements:

- The issue of undermining and the concerns of the trainees about the training environment need to be addressed and will be the subject of a separate communication with the Chief Executive. The Trust is reminded that HEEoE has a zero tolerance policy with regard to undermining behaviours and that this is also in accordance with the GMC requirements.

Recommendations:

- The Trust should embed and sustain the approach of bespoke training timetables.
- The Trust should review with the ENT Training Committee the scope to accommodate a second SpR alongside the core trainee.
- It is recommended that the Trust monitors training capacity through trainees' log books.
- The Trust is encouraged to cease the practice of doubling up trainees on a single case.

Action Plan to Health Education East of England by:

31st March 2015

Revisit: In line with planned School visit in late 2016

Visit Lead: Mr Neville Jamieson, Head of School of Surgery

Date: 2 February 2015