

**School of Postgraduate Surgery Visit to
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Visit Report
6th December 2013**

HEEoE LETB representatives:	<p>Mr Bill Stebbings - Visit Lead & Chair, EoE General Surgery Specialist Training Committee Mr Sandeep Kapur - Chair, EoE Core Surgery Specialist Training Committee Mr Mark Bowditch - Training Programme Director, EoE Trauma and Orthopaedics Specialist Training Committee Ms Susan Agger - Quality Improvement Manager</p>
Trust representatives :	<p>Dr Mark Blunt, Joint Medical Director Dr Andrew Douds, Clinical Director for Medical Education Mr Jonathan Easterbrook, College Tutor for Surgery Mr David Stonehouse, Director of Finance Mrs Jeannette Richardson, Medical Education Manager Mrs Heather Slater, Medical Education Administrator and representatives from Trauma & Orthopaedics and General Surgery Depts.</p>
Number of trainees & grades who were met:	<p>6 Trainees were met: 6 Higher –T&O (3); Gen Surg (2); Vascular (1)</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 Queen Elizabeth Hospital King's Lynn NHS Foundation Trust on 6th December 2013.

This visit, planned by the School of Surgery, provided the chance to review the delivery of higher surgical training in the various surgical specialities throughout the Trust.

Strengths:

In General Surgery, Vascular and Trauma and Orthopaedics training the trainees were happy and received good access to training opportunities including clinics and, generally, theatre sessions. Consultants were supportive and pleased to teach. Trainees could complete workplace based assessments (WPBAs) and departmental induction was good. Attendance at regional teaching was not an issue and study leave was available.

Areas for Development:

All seems to be progressing well in general terms. However the following areas were highlighted:

1. Increased access for the trainee to theatre experience on the colorectal firm needs to be addressed
2. There were issues with the rota co-ordination, in particular discrepancies among firms re: access to theatre and training sessions. It is suggested that consultant involvement with the rota design to maximise training opportunities, with trainee input, be considered.
3. There was no pattern to the working week for general surgery trainees with consequent effects on the delivery of training and continuity of patient care. A suggestion from the trainees was for an 8.00 am start so they could attend the post-take ward round.
4. It is essential that the vascular trainee gets enough "open surgery exposure".
5. There is no room available for the General Surgery, Vascular trainees, it might be appropriate for the trainees to share the T&O room.

Significant concerns:

There were no significant concerns.

Requirements:

1. The structure of the rota for the general surgical trainees needs to be addressed to allow sufficient theatre experience
2. The working pattern needs to be addressed within 6 months of receipt of the report to allow for effective training and continuity of care
3. The administration of the rota co-ordination in general needs to be examined

Recommendations:

More trainee access to the new fracture clinic would be welcomed. It was noted that trainees can be supervised by the SAS doctor in this clinic.

Action Plan to Health Education East of England by:

An action plan is required by the end of April 2014.

Revisit: November 2016

Visit Lead: Mr Bill Stebbings Date: 6 December 2013