

**School of Postgraduate Surgery Visit to
Southend University Hospital NHS Foundation Trust
Visit Report
27th June 2014**

HEEoE representatives:	<p>Mr Neville Jamieson – Head of Postgraduate School of Surgery and Associate Dean Mr Raaj Praseedom – Programme Director, EoE General Surgery Training Committee Mr Sandeep Kapur – Chair, EoE Core Surgery Training Committee Ms Fiona Myint – Programme Director, North East London General Surgery Training Committee Mr Raymond Marlborough – Regional Co-ordinator, The Royal College of Surgeons Ms Susan Agger – HEEoE Senior Quality Improvement Manager Ms Michelle Turner – Quality and Visits Officer, Pan-London Quality and Regulation Unit Mr Ryan Wood – Trainee Representative</p>
Trust representatives :	<p>Ms Jacqueline Totterdell - Chief Executive Mr Neil Rothnie - Medical Director Professor John Kinnear - Director of Medical Education Miss Emma Gray – College Tutor for Surgery Mrs Katie Palmer – Postgraduate Medical Education Manager and representative consultants from the Surgery Department</p>
Number of trainees & grades who were met:	<p>9 Trainees were met: 3 Core –CT1 x1; CT2 x2 6 Higher – 1x ENT; 1x T&O; 3x General Surgery (incl. x1LAT); 1x Vascular Surgery</p>

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 Southend University Hospital NHS Foundation Trust on 27th June 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 happy and received valuable access to training opportunities. The core trainees interviewed reported a supportive department and had an appropriate departmental induction. All the trainees had a named educational supervisor and the delivery of educational supervision was good. Trainees were able to complete work-place based assessments [WPBAs].

The delivery of training for the higher General Surgery trainees was reported as very good. All were receiving adequate experience to meet curriculum targets. The rota was described as busy but manageable. The delivery of training in both ENT and T&O was also reported as being very good. Both the trainees who met the visiting team, felt that their posts were suitable for ST3 level trainees to gain a good grounding in the respective specialties. The trainees in both specialties were getting a good balance of theatre and clinic experience and were able to achieve the logbook numbers. The experience available in the vascular post was thought to be suitable for the new vascular curriculum.

Areas for Development:

Although all seems to be progressing well 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 T&O trainees. When constructing the rota consideration needs to be given to allowing for trainees to meet the SMART criteria.

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.

The delivery of the training for the current vascular trainee does not take into account the necessity to meet the requirements of the General Surgery curriculum. The rota as configured is suitable for a pure vascular trainee, but it does not provide enough access to emergency laparotomies for the current group of trainees who are following the general surgical curriculum with a vascular interest. These trainees need to meet all of the curriculum targets for general surgical emergencies. In addition, the vascular trainee does not get sufficient exposure to endo vascular work, as this is primarily undertaken by Radiologists.

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 is needed.

3. The delivery of training for the current Vascular trainee needs to be reviewed to ensure there is sufficient General Surgery and Endo vascular experience

Recommendations:

There were no recommendations.

Action Plan to Health Education East of England by:

31st October 2014

Revisit: June 2017

Visit Lead: Mr Neville Jamieson

Date: 27th June 2014