Health Education East of England

School of Postgraduate Surgery Visit to West Hertfordshire Hospitals NHS Trust Visit Report 15th November 2013	
Deanery representatives:	**Mr Neville Jamieson** – Head of Postgraduate School of Surgery and Associate Dean **Dr Jonathan Waller** – Deputy Postgraduate Dean – Quality **Miss Emma Gray** – Programme Director, EoE Core Surgery Specialist Training Committee **Mr Bill Stebbings** – Chair, EoE General Surgery Specialist Training Committee **Mr Neil Russell** – Trainee Representative
Trust representatives :	**Mr Howard Borkett-Jones** – Director of Medical Education **Dr Ratna Makker –** Clinical Tutor **Dr Arla Ogilvie –** Deputy Clinical Tutor **Mr Ben Rudge** – College Tutor for Surgery **and representatives from Urology and General Surgery Depts.**
Number of trainees & grades who were met:	**9 Trainees were met:** **2 Core – CT1 (1); CT2 (1)** **6 Higher – Urol (1); T&O (4); Gen Surg (1);**

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 West Hertfordshire Hospitals NHS Trust on 15th November 2013.

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

Strengths:

Core Surgery:

The Core Surgical trainees were happy and received a good mix of experience, although there was an issue with the differentiation of core trainees from FY2 trainees in the "SHO role" in T&O. In this setting, it is important that the educational needs of the Core Trainees are understood to be different from those of the FY doctors. There is a need to alter the timetable for the CTs so that it is clearly understood that it is a training requirement for the Core Trainees to attend theatre for operative experience and also clinics – preferably to include fracture clinic exposure. This issue aside, the trainees all felt the jobs were structured appropriately and provided training opportunities that meet the requirements necessary to be competitive for ST3+ posts.

Higher Trainees:

Urology - The Urology HST reported good surgical experience.

T&O - The Trauma and Orthopaedic HSTs reported good surgical experience in a supportive department with opportunity to achieve logbook targets.

General Surgery – The trainees reported good experience in a busy but supportive department and there is plenty of access to both theatre and clinic experience. In GI surgery, there is a clear need to provide training in upper and lower GI endoscopy (depending on the trainee's needs) and this is recognised by the department. However, the trainee we met seemed unclear about how he was going to access this – local plans for delivery of this training need to be clarified.

Trust Structure:

The multi site nature of the trust has the potential to create difficulties with trainers and trainees attending different sites on different days. Nevertheless, the practical solutions that have been developed seem to work well and the presence of an elective site, with protected operating, seems to offer significant advantages in terms of operative experience. There is a cost involved in this, however, (from the trainees' perspective) as they cannot follow patients personally in the post operative period when working on another site.

Areas for Development:

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

1. Restructuring of the CT timetables in T&O to allow them to attend clinics and fracture clinics and differentiating their role more clearly from the FY doctors with whom they share a tier on the rota. It was noted by the visitors that a scheme to address this had already been devised by the review meeting at the end of the visit!

2. Clarification of the arrangements for endoscopy training for the GI trainees for whom this is relevant.

3. It was also noted that a large number of the CTs' WBAs were being carried out by non consultants – it should be emphasised that 50% consultant based WBAs is the requirement and this can, of course, be higher.

Significant concerns:

There were no significant concerns.

Requirements:
1. The structure of the rota for the T&O CST needs to be addressed to allow clinic exposure and clarify the different roles of the CT trainees. 2. Formalise the arrangements for endoscopy training for GI trainees. 3. Increase percentage of WBAs by consultants.

Recommendations:
There were no further recommendations.

Action Plan to Health Education East of England by:	
An action plan is required by February 2014.	
Revisit:	**November 2016**

Visit Lead: Mr Neville Jamieson **Date: 18 Nov 2013**