

<p align="center">School of Surgery Visit to West Suffolk NHS Foundation Trust Visit Report Friday 11th September 2015</p>	
Deanery representatives:	<p>Mr Neville Jamieson - Head of Postgraduate School of Surgery and Associate Dean</p> <p>Mr Sandeep Kapur – Chair EoE Core Surgical Training Committee</p> <p>Mr Stephen Pryke - Chair T&O Specialist Training Committee</p> <p>Mr Szabolcs Gergely - Surgical Tutor, Hinchbrook</p> <p>Mr Raymond Marlborough - Regional Coordinator, The Royal College of Surgeons of England</p> <p>Mr Dimitri Pournaras – Trainee Representative</p>
Trust representatives :	<p>Dr Stephen Dunn – Chief Executive</p> <p>Mr Peter Harris - Director of Medical Education</p> <p>Ms Denise Pora – Medical Education Manager</p> <p>Mr Tim Justin - College Tutor for Surgery</p> <p>7 consultants in T&O, 2 consultant in General Surgery, 1 consultant in Urology and 1 consultant in ENT</p>
Number of trainees & grades who were met:	<p>7 Trainees were met:</p> <p>1 Core –CT2 ACF in Urology</p> <p>6 Higher –T&O (4) 1 x ST3 2 x ST4 and 1 x ST6; Gen Surg (2) 1 x ST3 and 1 x ST5; An ENT trainee was unable to attend but provided a timetable and report</p>

<p>Purpose of visit :</p> <p>In accordance with the review of the delivery of surgical training in all Trusts in the EoE, a visit was undertaken at West Suffolk NHS Foundation Trust on 11th September 2015.</p> <p>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.</p> <p>The visiting team were also shown around the Siklos Centre – a Simulation suite with excellent facilities including Sim Man where a simulation course was in progress</p>
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Strengths:

Higher Trainees:

Urology - The Urology HST was not able to attend but is understood to be happy with good experience and training.

T&O - The Trauma and Orthopaedic HSTs reported good surgical experience in a supportive department with opportunity to achieve logbook targets. They reported effective local teaching and an active journal club. Their workload out of hours is not excessive and the trainees are able to remain on an on call rota which they like. If anything the introduction of some IMG posts had helped training opportunities by reducing on call rota.

General Surgery – The trainees reported good experience in a supportive department. They mentioned that the breast unit had the additional advantage of still offering some thyroid and parathyroid exposure. There was good access to both theatre and clinic experience. As with the T&O trainees their workload out of hours is not excessive and the trainees are able to remain on an on call rota which they like.

ENT – the ENT trainee was not met during the visit but provided information which looks satisfactory.

The Simulation Centre is an excellent high quality facility and potentially very valuable for the trainees.

Areas for Development:

All seems to be progressing well in general terms with the HST's. T&O was working particularly well. In General Surgery most aspects are working well but local teaching / journal club appears to need a relaunch. There are however issues with the Core trainee.

Core trainee (Urology):

Since there is only one core trainee the individual is obviously identifiable however it is worth emphasising that the trainee reported that he was enjoying his time in the Urology unit and found the consultants very supportive but also reported that since the department was currently 1 consultant down (3 instead of 4 to be resolved by a new appointment due to start later in the Autumn) resulting in busy lists with reduced scope for training time + potential competition for cases with the ST. He felt this would improve when the new consultant took up post.

The visitors asked the trainee about the SMART criteria - reiterated below. These criteria are the yardstick whereby Core Training is judged.

- 1: All trainees need to spend an average of four operating sessions per week in theatre.
2. All trainees to attend at least one out patient session per week (alternatively five sessions per week of consultant supervised clinical activity).
3. All trainees to receive at least two hours of structured teaching per week.
4. All trainees must have learning agreements and an assigned educational supervisor.
5. All trainees must do one work placed based assessment per week.

At this time the trainee was not timetabled to attend any clinics, Did have access to day surgery Urology procedures and could attend main theatre lists but usually with the registrar also present and not in a structured timetabled fashion. He is on an on call rota at night covering General Surgery and T&O with FY doctors.

Significant concerns:

There were no significant concerns with the HST's other than the need to re-establish local teaching and the journal club which appears to be in hand. The situation with the Core Trainee requires attention to allow the Core training to meet the SMART criteria.

Requirements:

1. An action plan within 3 months addressing the following issues.
2. Confirmation of reintroduction of the Local Teaching programme and Journal club for the HST's
3. A timetable for the Core trainee with specific theatre time and clinic access to meet the core criteria. This might need reconsideration of the trainees role in supporting on call for other departments.

Recommendations:

There were no further recommendations

Action Plan to Health Education East of England by:

An action plan is required by January 2016

Revisit:

Autumn 2017

Visit Lead: Mr Neville Jamieson

Date: