The Royal College of Anaesthetists

Educating, Training and Setting Standards in Anaesthesia, Critical Care and Pain Medicine

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Mrs M E Voisin
Her Majesty's Senior Coroner for the Area of Avon
The Coroner's Court
The Courthouse
Old Weston Road
Flax Bourton
BS48 1UL

29th August 2014

Ref: [redacted] – Gerald Trevor WERRETT

Dear Mrs Voisin,

Further to my letter of 11th August 2014, regarding the death of Mr G T Werrett and the Regulation 28 Report; I have now investigated training and education aspects of chest drain insertion for anaesthetists. Please note the following information together with a summary of appropriate actions taken or planned.

Training and trainees – chest drain insertion is covered at several stages of the anaesthesia training curriculum. Initial insertion techniques are assessed at the basic level of training and management responsibilities for the procedure then progress through training, and across increasingly complex environments. Subsequent training and work-place based assessment advances to the longer term management of patients with chest drains and dealing with emergency patients and trauma situations. These areas of training are under annual review by our Training Committee and we will ensure particular attention is attached to correct site location at the next review.

Further to general anaesthesia requirements for training in chest drain insertion, additional training and assessment takes place in several sub-specialty areas e.g. paediatrics, obstetrics and intensive care. This may take place in the advanced or higher levels of training and/or subsequent to gaining entry to the Specialist Register of the GMC and progressing into sub-specialty interest areas.

Career grade education – for anaesthetists who are entered on the specialist register, or for those who opt-out of advanced training at the Specialty Doctor level, there is an ongoing need to maintain competence in all areas of clinical practice. This is a requirement of revalidation and necessary to maintain a licence to practice with the General Medical Council. This competence may be achieved by sub-specialty development, engagement on courses such as Advanced Life Support (ALS) or workplace experience coupled with attendance at events and conferences which are quality assessed and recognised for Continuous Professional Development (CPD) points by the College.

Several past professional CPD events have been identified where the use of chest drains, particularly with the inclusion of chest ultrasound, has been covered. We can find no similar planned events in

our calendar for the immediate future; however, when this occurs we will highlight the need to emphasise further safe practice at insertion. In addition, we have also identified this is a frequent topic for events managed by colleagues at the Intensive Care Society and have highlighted to them a need to stress safe practice and double checking the correct site before insertion. Actions to highlight the issue to other providers of events earning anaesthesia CPD credit will be progressed through our safety network as below.

General aspects - The College was alerted to a specific chest drain insertion problem earlier this year which led to notification to our safety network in March 2014. The initial notification and subsequent alert were completely anonymised; however, from the detail you have provided we now believe this was the same incident you now highlight and our ongoing work with colleagues will focus on lessons to be learned and shared from this situation.

You would wish to be aware of an alert issued by the National Patient Safety Agency (NPSA) in May 2008 regarding chest drains (http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59887) and this is still a key point of reference for anaesthetists and others in their safe use. Despite the closure of the NPSA we believe the responsibility for these alerts continues through the safety department within NHS England and we have advised them of this death, with anonymised detail, and requested they review the alert and consider its re-issue.

I have reminded each of the directors in the College, with responsibility for training and education, about the need to continue to stress the importance of correct chest drain insertion techniques at all stages of professional development and beyond this into continuing practice. As stated in my previous letter, I have also issued an alert to our network of senior anaesthetists, risk managers and clinical directors (approximately 800 healthcare staff across the UK) about the need to check local policy and procedures to ensure ongoing vigilance where chest drains are to be used. Finally, through our Safe Anaesthesia Liaison Group we will now ask for reports related to chest drain insertion incidents to be forwarded to us as soon as they occur so we may monitor any incidence of problems more closely and take remedial action where necessary.

I hope this provides reassurance of the gravity we attach to this incident and the steps we are taking to learn from it to avoid recurrence.

Yours sincerely,

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Deputy Chief Executive and Director of Clinical Quality