

**School of Postgraduate Paediatrics Visit to  
 East and North Hertfordshire NHS Trust  
 Visit Report  
 Thursday 28<sup>th</sup> August 2014**

<b>HEEoE representatives:</b>	Dr Wilf Kelsall, Head of School of Paediatrics Dr Matthew James, Training Programme Director Mrs Liz Houghton, Lay representative Dr Kristina Marshall, Trainee representative – ST3 Dr Sadia Rao, Trainee representative – ST6 Dr Amr Hadoura, Trainee representative – ST8
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**Purpose of visit:**

In accordance with the review of the delivery of training in all Trusts in HEEoE, a re-visit to the department on 28<sup>th</sup> August.

The re-visit followed on from the last school visit of the 2<sup>nd</sup> December 2013 to review progress made since then. That visit had highlighted difficulties in the department and consultant feedback had raised concerns that the school was favouring trainees and not listening to departmental concerns. Consultants had also raised general concerns about the quality of individual paediatric trainees from Health Education East of England with concerns expressed about their engagement and the School’s engagement with training. We were able to review GMC trainee survey results, the Trust Action Plan to the GMC survey, and progress on the Action Plan following the December visit.

**Feedback from the Paediatric Tutor – Dr Kandala**

Dr Kandala updated the visiting team with developments in the department with respect to recent and pending consultant appointments and new working arrangements for consultants. He highlighted the Trust’s response to the GMC survey noting feedback from both paediatric and General Practice trainees. He described plans that he had put in place to meet with trainees on a weekly basis to facilitate the completion of workplace based assessments. He reported that he met regularly with the senior trainee and that education and training issues were discussed more formally at consultant meetings. The department had addressed issues relating to ‘bullying and harassment’. He was confident that the induction process particularly for new trainees on the neonatal unit had been improved and they were better supervised. We were made aware of significant developments in the postgraduate centre to improve access to educational resources.

#### Meeting with trainees:

We met a representative group of trainees from General Practice, Foundation, and Paediatrics. We also received feedback from trainees who had recently been in the department. A core Trust Doctor also attended. The trainees had previously met as a group to highlight their training issues. As a group they all felt that there was excellent training potential in the East and North Herts Trust as it was a busy department where a large number of children were seen. It is clear that there is a good working relationship between trainees and the nursing staff. They confirmed that there had been progress in the handovers which were more focused, better organised, and less intimidating. Handovers tended to start more punctually and finish on time. They indicated that the teaching programme remained problematic with challenges in attendance. They highlighted great variability amongst the consultants in terms of the completion of workplace based assessments. They highlighted that there were a number of positive consultant role models but generally the relationship between across the consultant body was poor. Consultants had different approaches to delivering care which made it difficult for trainees to make management plans which would not be challenged. They highlighted the issues around staffing shortages and how this particularly affected the paediatric department and children's assessment unit. They felt that they were left to answer complaints and critical incidents with limited consultant input.

#### Conclusions:

1. East and North Herts is a busy unit with excellent training potential in the paediatric wards, children's assessment unit, neonatal service, and community departments.
2. There is an excellent supportive relationship between all the trainees and all the nurses.
3. There are some very supportive consultants who care about the trainees.
4. A senior trainee has been identified who meets with the other trainees and reports to the tutor directly. The trainee is also able to attend consultant meetings.
5. The induction process has been improved with better resuscitation and safeguarding training.
6. Better library facilities will soon be available in the education centre which can be accessed 24 hours a day.
7. The Neonatal unit and community services are organised with excellent consultant leadership.

#### Recommendations:

1. The department should continue to develop the role of the senior trainee. The senior trainee should meet with the paediatric tutor and should be encouraged to attend consultant faculty group meetings.
2. The paediatric tutor should attend consultant paediatric meetings to strengthen paediatric faculty groups and ensure that training issues are properly addressed and minuted in the department. The feedback from the trainees over the last year and the results of the GMC trainees survey confirm that there are challenges in

the department which need to be addressed. Trainees feel that they have come up with a number of suggestions to improve the clinical service and training. These are discussed but never appear to be taken forward and actioned which is disappointing.

3. Educational Supervision: The department needs to review the roles of educational and clinical supervisors. It would appear that there are some consultants who enjoy this role and support trainees. It is not necessary for all consultants to be educational supervisors. All will be clinical supervisors. This is something that needs to be considered by the Trust education department and in job planning.
4. Completion of workplace based assessments is difficult. There are new processes in the e-portfolio which allow consultants to invite trainees to complete assessments following discussions on ward rounds or in meetings. Locally the safeguarding meeting for example would be an excellent way of completing a safeguarding CBD efficiently after a trainee presentation and discussion. The current suggestion of completing workplace based assessments once a week is not workable. Trainees and the department need to work together to address this.
5. Staffing vacancies: These obviously cause problems for the rotas at all levels. These impinge not only on training but also on service delivery. Some vacancies will be inevitable given the nature of the paediatric workforce. The department has successfully extended the role of senior nurses. This should be explored further. The availability of more midwives to undertake routine baby checks would also help the clinical service and training.
6. Management of patient complaints and critical incidents: trainees should have experience of these important areas of clinical governance. They must be supervised and supported by consultants. How the department conducts this needs urgent review.
7. Organisation of the department: the neonatal unit is well-run with good consultant leadership. The paediatric ward and children's assessment unit are more problematic. There still appears to be a problem with consultant cover on CAU. This leads to problems in the supervision of trainees. There needs to be more robust consultant oversight of all patients even if a particular patient may not be known to an individual consultant.
8. Organisation of the department and consultant leadership: This is the responsibility of the Trust and not the School of Paediatrics. However the current working relationship between the consultants significantly impinges on the quality of training delivered in the department, the safety of the clinical service, and the experience of patients. Trainees describe hating the thought of coming to work and train. One description of the department was that it is hellish. This affects morale. A review of the department is currently underway with decisions likely to be made over the next few months.
9. Appointment of a new paediatric tutor: I am grateful for the work that Dr Kandala has done over many years. It is imperative that a new tutor is identified. A number of consultants have expressed an interest. Mr Khan and Christine Crick will co-ordinate the application process locally and we will arrange a formal joint interview as soon as possible to ensure a strong replacement. The new tutor must be a positive role model, wish to take on this role and care about trainees. They will need to work with trainees to streamline the local teaching programme and develop more MRCPCH and bedside teaching.

10. East and North Herts is an important piece of the jigsaw for training in the East of England with a significant number of paediatric trainees particularly at core level. Sadly, as things stand at present most of the trainees we met would still not recommend training in East and North Herts. The core trainees feel that it would be very difficult to be a junior level 2 (registrar) in the department.
  
11. The department should endeavour to increase its profile within the schools of paediatrics in the East of England and within London. The tutor (or deputy) should attend the STC and participate in ARCPs and recruitment

**Action Plan and further visits:**

It is important that the department acts on the recommendations made in this visit and that of December 2013. There are clear challenges for the department. The School of Paediatrics is reviewing the placement of all trainees. East and North Herts has pro rata more level one trainees than many other hospitals across HEEoE. Training posts will be withdrawn if there is no improvement in the training environment. I would like written feedback on departmental progress in six months and we will re-visit the department in the summer of 2015 prior to the changeover of paediatric trainees.

**Revisit:** Summer 2015

**Visit Lead:** Dr Wilf Kelsall, Head of School of Paediatrics **Date:** 10 October 2014

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