

**Postgraduate School of Paediatrics Visit**

**Mid Essex Hospital Services NHS Trust**

**Tuesday 30<sup>th</sup> August 2016**

**Visit Report**

**Visiting Team:**

Dr Wilf Kelsall, Head of School of Paediatrics  
Ms Susan Agger, Senior Quality Improvement Manager  
Dr Andrea Turner, Level 2/3 Training Programme Director  
Dr Nicholas Schindler, Trainee Representative  
Dr Kwang Yang, Trainee Representative  
Dr Krishna Annam, Trainee Representative

**Trust Team:**

Dr Robert Ghosh, Medical Director  
Dr Hywel Jones, Director of Postgraduate Medical Education  
Dr Sharmila Nambiar, RCPCH College Tutor  
Ms Catherine Lee, Medical Education Manager  
Alison Cuthbertson, Co-CD for Women and Children

**Purpose of visit:**

To review the progress made in the department since the last school visit on 28<sup>th</sup> September 2015 and to discuss the 2016 GMC Trainee Survey.

**Meeting with Paediatric Tutors:**

Dr Nambiar updated on the progress in the department since the last school visit. She confirmed that there had been new consultant appointments. A consultant of the week had been recently introduced (August 2016) on the neonatal unit with the aim of providing continuity which had been highlighted as a problem in several previous visits. This consultant is rostered to work mornings only with a handover to colleagues in the afternoon. The morning paediatric and neonatal handovers have been streamlined with appropriate consultant participation. More extensive discussions with the wider consultant body occur at the weekly departmental grand round. Dr Nambiar confirmed that she had received 'exit feedback' from trainees by email as they were coming to the end of their placements. She told us that she had not held regular e.g. monthly meetings with trainees. She provides consultant oversight to the trainee rotas.

### Meeting with trainees:

The team met with a representative group of trainees that included: General Practice, foundation and all levels of paediatric trainees. They confirmed that they gained good clinical experience in the department. They were able to access a good and varied teaching programme. They confirmed that the morning handover which covered both the paediatric and neonatal units was consultant-led and generally started promptly and finished promptly, allowing trainees to leave on time. The conduct of the morning handovers had improved and they were no longer thought to be threatening or intimidating. However, they described the weekly grand round as challenging where they witnessed difficult interactions between consultants. The Night trainees are expected to attend and they regularly over-run their shift finish times. The trainees all describe the afternoon handover as more chaotic with no fixed start time. The level 1 and level 2 finish times are different. Consultant input to these handovers is variable. Consultant support out-of-hours is variable with some excellent role models who will offer more hands-on help when it is busy and are more receptive when called. As in previous visits Dr Agarwal was praised by all the trainees who are grateful for his input when the department is busy. The trainees highlighted the positive role of the rota-coordinator in trying to be flexible with working patterns. However, it was acknowledged that the rota was inflexible and this was compounded by rota gaps. The trainees were generally positive about the teaching they received particularly the five-minute bite-size teaching conducted by Dr Ottayil. They felt that bed-side teaching was lacking and needed to be developed. There were examples given of negative feedback to trainees in public situations. They also described difficulties in the way complaints were handled and the perceived role of trainees in such complaints, they did not feel supported. Sadly none of the level 2/3 trainees would recommend their placement in Chelmsford.

### Conclusions - strengths

1. Trainees feel that their Paediatric placement in Mid Essex Hospital Services NHS Trust (Broomfield) offers good clinical experience.
2. Some consultants are highlighted as positive role models and are seen as supportive, particularly Dr Aloke Agrawal and Dr Ahmed Hassan.
3. The trainees are aware of the lead trainee role and they meet with her regularly.
4. The level 1 training programme is acceptable with a varied programme and the five minute bite-sized teaching is well regarded.
5. The trainees' experience in community paediatrics has improved.
6. The introduction of a neonatal consultant of the week is a very positive development.
7. There are no patient safety issues.

### Conclusions -significant concerns:

- The mentoring and support of the Clinical Fellows/MTI trainees who join the department with little experience in the NHS is of concern. It was reported that some starters were clearly out of their depth. The department depends on these posts and needs to review how they are integrated into the rotas. The RCPCH recommends that trainees start on the level 1 rota and are carefully supervised. This does represent a potential patient safety issue for the department and does impinge on the support that level 1 (Paediatric GP and Foundation Trainees) receive.

#### Areas for Development: :

1. It is very disappointing that the department has a mixed reputation as a result it is difficult to place Paediatrics trainees in Chelmsford. The department also has a poor reputation in the local GP Training scheme. This needs to be consistently addressed; this will benefit the department in the longer term.
2. There needs to be an increased trainee voice with regular meetings with the tutor. The exit survey confirmed the areas of concern identified by the trainees at the visit today. These need to be tackled at a much earlier stage. Training issues should be discussed regularly and minuted at consultant faculty meetings.
3. The evening handover needs formalisation with an agreed start and finish time. Consultant presence needs to be consistent to improve communication, patient care and the running of the department. The current arrangements are inconsistent.
4. The weekly grand round remains problematic. Trainees often feel humiliated and embarrassed when witnessing consultant discussions. The attendance of the night-time trainees must be reviewed to allow them to leave on time.
5. Access to out-patient clinics needs careful review. The current arrangement of only one trainee attending clinics weekly is unacceptable. Trainees have insufficient opportunities to attend outpatients. When they do attend they need to be appropriately supervised by a consultant and receive feedback at the end of clinics. They cannot be left to conduct clinics alone
6. The response to complaints needs review. Trainees should be actively involved in the complaint response and be supported in how these are completed and fed-back to families. Complaints should be regarded as a 'learning opportunity'.
7. The expanded consultant body needs to work together to ensure that there is consistent consultant input and leadership in all areas of training. This includes out-of-hours support, accessibility when required to return to the hospital and the supervision of trainees in clinic.

#### Requirements :

1. The reputation of the department remains poor. It is currently ranked 16<sup>th</sup> out of 17 units in the East of England. Problems highlighted in this visit have been identified before and appear longstanding. The consultant body must work with the Clinical Director Alison Cuthbertson, the Director of Postgraduate Medical Education Dr Hywel Jones and the Medical Director Dr Robert Ghosh to address these cultural issues. There is great potential in the Paediatric Department in Chelmsford.
2. Evening handover must be formalised with agreed start and finish times and appropriate consultant input.
3. The inappropriate conduct of consultants at the weekly grand round must change
4. Access to out-patient clinics must be improved.

#### Recommendations:

1. The trainee voice should be improved and the department needs to take training issues more seriously. There have been previous discussions regarding the School of Paediatrics increasing trainee numbers at Broomfield. The feedback from this visit and the current GMC survey indicates that such an expansion would be inappropriate at present.
2. The leadership and culture within the department needs to be reviewed to improve the trainee experience. If these long-standing issues are not addressed, the School of Paediatrics will consider removing trainees from the department.
3. A process that includes active engagement and support for trainees involved in adverse events should be developed
4. The department should work with other units in Essex such as Colchester, Basildon and Southend to understand how training is delivered and positive change introduced. All these units have used school visit reports to improve the training environment and experience.

Report dictated by Dr Wilf Kelsall, Head of School of Paediatrics, and agreed with the visiting team. The findings of this report were verbally communicated to the department on the 30th August.

Action Plan and further visits:

Departmental action plan within six weeks of receipt of the report.

Action Plan	Friday 25 <sup>th</sup> November 2016
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Revisit:	July/August 2017
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