

Head of School of Paediatrics Meeting with Trainees
Norfolk and Norwich University Hospitals NHS Foundation Trust
Visit Report
Thursday 10th July 2014

HEEoE representatives:	Dr Wilf Kelsall, Head of School of Paediatrics
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Purpose of visit:

In accordance with the review of the delivery of training in all Trusts in the HEEoE, this meeting was undertaken on 10th July with the knowledge of the Paediatric Tutor and Director of Medical Education.

This follow up visit occurred to obtain direct feedback from trainees regarding their training in Norwich, following the results of the GMC survey, ARCP feedback, and direct email communication.

Meeting with trainees:

I met with a representative group of Foundation, General Practice, and Paediatric Trainees. The paediatric trainees were from all levels of training. Importantly the senior trainees had regularly met with their colleagues as a group and also separately fed back directly to me by email. It is clear following the allocation of two additional level two/level three training posts in Norwich that training opportunities in the department have improved over the last year. A number of trainees who have returned to Norwich after some time away commented on a significant improvement and a change in atmosphere.

- Conclusions:**
1. Norwich is a busy unit which offers high quality clinical training.
 2. The role of the senior trainee is well established, and senior trainees have been identified for the neonatal and paediatric service. These trainees meet regularly with the tutor.
 3. Significant progress has been made over the last 12 months. Trainees are very positive about all aspects of training on the neonatal unit and feel that a balance has now been struck between the requirements of trainees and the nurse practitioners. All trainees now indicate that they are able to acquire the required procedural skills. Training

opportunities and the organisation of the neonatal unit were highly praised.

4. The redeployment of clinical fellows has allowed further access to level two/level three training posts on the neonatal unit.

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. 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.
2. We have previously discussed core trainees gaining experience in paediatric surgery. Such opportunities would enhance paediatric training. Options to convert an additional trust doctor posts to GP training should be considered. Attempts to standardise OOH commitment with all trainees participating in these duties would enhance the training of core trainees. The structure of the core training programme in paediatrics should be reviewed.
3. There remain concerns regarding paediatric rotas and the requirement of trainees taking 'lieu days' to achieve compliance. It seems that this is still not being achieved. The department needs to review the rotas to determine whether or not there are sufficient personnel on them. The lieu/compensatory days need to be formally built in to the rota, the ad-hoc arrangements once again have been shown not to work.
4. There are still concerns expressed by the more junior level two (St4/5) trainees around the expectations of paediatric consultants at handovers. A number of trainees still indicate that they find some of the discussions intimidating and hostile particularly those starting middle grade posts in new roles. Previous visits have highlighted how difficult this is for some trainees particularly those who are more junior. The more senior trainees have developed strategies to cope with this. The department must reflect on this and must change the culture. It is not appropriate for trainees to be shouted at. How training and service is delivered requires flexibility and all trainees are different in how they handle feedback. Trainees need to be challenged to develop themselves. A more nurturing and caring environment needs to be fostered.
5. There still are clear discrepancies in the minds of the trainees between how training is delivered in the neonatal unit and the paediatric wards. Trainees feel more confident and better supported on NICU. The department must work hard to ensure that the two units continue to work together in a cohesive way.
6. The department suffers from having the paediatric tutor on the neonatal unit with only a limited presence in the paediatric department. Dr Roy, Mr Smith and I have discussed this. I think the department would benefit from the approach as in Luton where there is a split tutor presence across the two sites. I think it is important that they department has two tutors working side by side to develop training opportunities in Norwich. I think that this would enhance training, strengthen the department locally, and enhance the department's reputation amongst trainees in the East of England. The latest GMC survey has seen Norwich slip back in terms of popularity quite considerably. Norwich is an important training unit for the school of paediatrics. It is essential that it delivers high quality training. We depend on our bigger hospitals to ensure that we recruit high quality trainees to our programme. I would hope that the profile of Norwich would improve so that we can encourage more trainees to travel there to take advantage

of excellent training opportunities.

7. The provision of special interest training in Norwich needs further thought. There is still a problem with paediatric trainees accessing clinics with historic arrangements still in place for “mandatory” clinics. The paediatric rotas need review to improve access to specialist clinics. A stronger paediatric tutor presence in that part of the department would help to further develop training opportunities.

8. The department needs to consider whether further clinical fellow posts should be converted to formal training positions to allow additional special interest training in years 6-8. This would mean more senior trainees would be appointed to Norwich which will benefit the Department. The school would like to aim for this in Sept 2015

Action Plan and further visits:

I would suggest that the School formally revisits the department in the summer of 2015 to assess progress. That revisit will take place with the training programme directors. I would be grateful to receive a written action plan regarding progress on the issues discussed above. I will leave Dr Roy, Dr Booth, and Mr Smith to discuss the split tutor role.

Revisit: Summer 2015

Report dictated by Dr Wilf Kelsall October 2014.

Visit Lead: Dr Wilf Kelsall, Head of School of Paediatrics

CC:
Mr Richard Smith, Director of Medical Education, NNUH
Dr David Booth, Clinical Director of Paediatrics, NNUH

Chief Executive

Medical Director

TPDs