



Health Education East of England
Directorate of Education and Quality

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Report of the School of Paediatrics visit to NNUH 3rd July 2013

Visiting team:

Dr Wilf Kelsall	Head of School of Paediatrics
Dr Andrea Turner	Training Programme Director
Dr Matthew James	Training Programme Director
Dr Amit Gite	Trainee Representative

Introduction

Dr Rahul presented an update of developments in the department since our last visit. He outlined the current staffing and rota arrangements. He explained how training opportunities would develop with the addition of two new tie 2 and 3 trainees from September.

Meeting with Trainees

We met a representative group of trainees that included foundation, general practice and paediatric trainees from all levels. All the trainees were very positive about the department. They felt that they gained the right clinical experience. They felt well supported. They all commented on the fact that the rotas were very complicated. They indicated that it needed some work to allow them to take their rota 'lieu' days. They were grateful for all the efforts that Dr Thalange put into making the rota work. They felt that despite the complexities and limitations the current arrangements allowed flexibility on in both the paediatric and neonatal departments that maximised training opportunities.

Conclusions

Trainees were very positive about the training in Norwich. The training atmosphere is much more positive. All trainees would recommend the department to their peers. They feel that there was good team working between medical and nursing staff at all level. Establishing core trainees in their appropriate rota has been very successful and as expected had reduced a lot of the pressures on this group and improved their training. Expansion of the tier two rota has also given a greater flexibility in achieving “speciality” training.

Recommendations

1. The department should build on the role of the senior trainee and encourage him/her to act as a conduit between trainees and consultants.
2. The department must ensure that SPIN training is delivered following the appointment of additional tier 2 and 3 trainees to Norwich.
3. The department must review registrar participation in all clinics. The historic arrangements of making clinics compulsory in some specialties and not in others needs to be reviewed. There needs to be equity to ensure that all trainees can access specialist training. Of course all trainees should bear the load of supporting general clinics.
4. There needs to be clear linkage between the educational and clinical supervisors so that appropriate documentation is completed for trainees in advance of their ARCP assessments. This can be achieved by better communication between consultants
5. Like other specialist tertiary neonatal units, the department should explore the possibility of GP trainees working in the lower dependency special care areas of the unit and undertaking more of the “normal” baby checks. This would reduce some of the burden on paediatric trainees and provide a more equal training experience.
6. The department needs to continue to work with midwives to ensure that they are able to perform the vast majority of normal baby checks.
7. The department needs to continue to work to appoint more consultants, aiming for seven day week cover for the CAU. Current cover arrangements are limited which does affect the clinical service and training.
8. The training opportunities for tier one trainees in general paediatrics needs to be reviewed to perhaps give them more exposure to paediatric surgery outpatient clinics. It is important though that if this is developed that trainees do not simply provide service “clerking” pre-operative patients.
9. Given the ongoing expansion of the department with several new consultant appointments and an increasing number of trainees, the department should give thought to whether or not the tutor role should be split. It was originally envisaged that one consultant/tutor would cover general paediatrics and one consultant cover the neonatal unit. This model works well in other big units such as Luton and Cambridge. The importance of careful communication across big departments to optimise training cannot be underestimated.

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We were very pleased with the visit today. It is very clear that a great deal of progress has been made. As discussed in previous visits, Norwich is an integral part of the East of England training programme and it is critical that high quality training is delivered there and trainees are positive about their experience. This was a particularly positive group of trainees, all groups may not be like this. We need this to continue if we are going to be able to recruit high quality trainees to the East of England training programme. We may come back to the department in the fullness of time to discuss the training recognition of all clinical fellow posts. It is likely that further posts will be repatriated to the East of England from London. This will mean that we have to offer an expanded training programme within our boundary. If you are in agreement we may want to incorporate more fellow posts into the programme. This should help with the vagaries of the recruitment process.

Report dictated by Dr Kelsall - July 2013