

**Postgraduate School of Paediatrics Visit to
Norfolk and Norwich University Hospitals NHS Foundation Trust
Visit Report
Thursday 13th July 2015**

HEEoE Representatives:	Visiting Team: Dr Wilf Kelsall, Head of School of Paediatrics Dr Andrea Turner, Training Programme Director (ST3 to ST5) Dr Nancy Bostock, Trainee Representative (RCPCH Trainee Representative for HEEOE) Dr Amy Russell, Trainee Representative
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Purpose of visit:

The purpose of the visit was to review the progress made in the department since the last visit by the Head of School in July 2014 and to review issues raised by two trainees in the recent GMC survey raising concerns about bullying and intimidation. This survey had also highlighted Norwich as a red outlier for overall satisfaction and a supportive environment. In the survey, Norwich ranked 16th out of 17 units in the East of England for overall satisfaction by Paediatric trainees.

Meeting with trainees :

We met with a representative group of Foundation, General Practice and Paediatric trainees. The Paediatric trainees were from all levels of training in both the general Paediatric department and Neonatal Intensive Care Unit. Importantly the senior trainee in Paediatrics had met with his peers and was able to present a joint response from all the Paediatric trainees regarding the strengths and challenges around training. We were aware that Dr Roy had asked the Neonatal trainees in the week prior to our visit to write to him asking for information about the strengths and weaknesses of training in the Neonatal service. There had been no joint meeting amongst the Neonatal trainees independent of Dr Roy. In our discussions with the trainees we were keen to explore the impacts of placing additional trainees in Norwich over the last one to two years.

All the trainees felt Norwich provided them with excellent clinical experience; they all felt that service and commitment impacted negatively on their training. They felt that there was an excellent working relationship between the Paediatric trainees at all levels fostering a supportive training environment.

General Paediatric

The general Paediatric rota for trainees is tight making access to study leave very difficult. There remained an imbalance in the rota with the number of personnel available varying significantly from day to day. We were disheartened to hear that there has been no progress made in allowing the core trainees opportunities to gain experience in paediatric surgery during their daytime duties. Two of the General Practice trainees remain unbanded limiting their experience, causing unbalanced rotas and restricting the training opportunities of the other trainees. In both Paediatrics and Neonatology, trainees find it very difficult to complete workplace based assessments with

consultants.

Neonatal intensive care

The more junior trainees really struggled when they first came to work on the unit often made to feel inadequate in terms of their procedural skills. They describe the environment as oppressive with two of them seriously considering whether or not they wish to continue their training in Paediatrics. It is clear that there are challenges between the nurse practitioners and the trainees. This is most apparent with the level 2/3 trainees. There are concerns around how the rota is organised and duties are shared across the service. Trainees also report that their decision making can be undermined or criticised. Handovers remain challenging and intimidating for the most junior trainees where management decisions made overnight can be criticised.

Meeting with Paediatrics Tutor – Dr Roy:

Dr Roy presented feedback from trainees regarding their experience in the department. He also presented a review of progress made over the last year in the department following the allocation of more trainees. We discussed the outcome of recommendations made following my last visit. These recommendations had been shared with the department. We were also able to discuss specific issues arising from the 2015 GMC Training Survey.

Conclusion/Strengths

1. We met a highly motivated group of trainees who are keen to develop training opportunities in Norwich.
2. Trainees gain excellent clinical experience in the Paediatric and Neonatal departments.
3. There is a good supportive working relationship between all tiers of paediatric trainees.
4. Individually the consultants are all reported to be approachable and are always willing to discuss the management of the patients.
5. Trainees have found it easier to attend the regional training days.
6. The NPEG meeting remains innovative and has been rolled out to a number of trusts across the East of England.
7. With respect to the rota the provision for trainees to take their lieu days has improved. The introduction of flexi weeks into the rota has been very well received by the level 1 trainees in paediatrics allowing them to access different areas of training.
8. Trainees were very positive about Dr Booth and Dr Morris and their leadership of the department. They felt that their ideas were listened to and could lead to change in the future.

Areas for development

1. The whole department must reflect on the GMC Survey. Norwich is a critically important training unit to the East of England School of Paediatrics. Unless Norwich performs to the level of the other big training units we will struggle to fill training placements locally and perhaps equally importantly will struggle to recruit trainees to the East of England programme. As a school we are keen to work with Norwich to enhance the reputation of the training that is delivered.
2. There is excellent clinical experience available in Norwich but this results in a heavy service load. I think it is important that this very responsible and senior group of trainees sit down with you to look at how the rotas can be organised to ensure that service is delivered maintaining patients safety but also allowing trainees to attend the maximum number of their special interests clinics.
3. Workplace based assessments need to be completed by consultants. Every available opportunity should be utilised to deliver this.
4. The induction process across the whole unit needs to be reviewed to ensure that named individuals are available to deliver their sessions.

General paediatrics

1. The unbalanced level 1 rota needs urgent review as previously recommended. Training opportunities would be enhanced for everyone if the un banded GP's could be fully incorporated into the rota this would reduce the work load and out of hours duties for the other trainees.
2. As previously discussed the paediatric level 1 trainees should be rostered to spend some time in paediatrics surgery. This excellent service is currently underutilised as a training resource.
3. The department must review how handovers are conducted to ensure that this environment is less intimidating for all trainees particularly the more junior trainees.
4. The department must review the workload in the CAU and consider how capacity issues can be addressed and develop an escalation policy.
5. The department must work with the community service to maximise training opportunities for level 3 trainees, as Norwich is recognised for grids training in community and neurodisability it is important that trainees are able to access more than 32 training days over a period of 6 months.
6. We recognise that consultants are busy with their clinical work load but a greater consultant presence at some of the teaching events would be appreciated by trainees.

Neonatal intensive care unit

1. The working relationship between the advanced neonatal nurse practitioners and the trainees appears to be under some strain. All aspects of this need to be reviewed. A neonatal trainee should be encouraged to work with the consultant and an ANMP in running the neonatal rota. The distribution of clinical duties in the unit needs to be

reviewed; trainees must have equal access to the intensive care areas of the unit.

2. The role of trainee representative on the neonatal unit needs to be enhanced to facilitate better communication between trainees and the tutor and neonatal consultants.

Requirements

The school needs to receive updates on the following:

1. A review of all rotas to ensure that they are European Working Time Directive Compliant.
2. The organisation of the neonatal rota and delivery of service needs much greater involvement of trainees.
3. The level 1 paediatric rota needs greater involvement from a consultant to smooth the allocation of trainees on a day to day basis.
4. Level 1 trainees in paediatrics should be rostered to gain surgical experience this has been a recommendation for the last 2 years.
5. The whole department needs to develop a strategy to generate a more supportive environment reducing the trainees concerns around intimidation and bullying.
6. Consultants must develop strategies to complete more work place based assessments for trainees.
7. The department must review the role of the Paediatric Tutor. It is essential that a tutor is identified in both general paediatrics and on the neonatal unit. This has been recommended for a number of years. It is important that this is now acted on. The experience from other big training units is that this gives greater leadership and enhances training.
8. The department should develop regular meetings between the Tutor and trainees to develop training.

Action Plan and further visits:

An action plan is required regarding these recommendations by the **15th September 2015**. The School will formally visit again in 12 months' time. If progress is not made, trainees will be re-deployed to more suitable training environments.

Revisit: 12 months (July2016).

Report dictated by Dr Wilf Kelsall July 2015.

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

The conclusions and recommendations from the visit were fed back to the Trust, departmental consultants, to Dr Smith and the Education Manager from NANIME and the report has been agreed by all members of the visiting team.

CC:

Mr Richard Parker, Acting Chief Executive

Mr Richard Smith, Director of Medical Education, NNUH

Dr David Booth, Clinical Director of Paediatrics, NNUH

Mr Peter Chapman, Medical Director

Dr Rahul Roy, College Tutor, Paediatrics

Dr Marianne Morris, Paediatric Consultant

Ms Monica Little, Medical Education Manager

Karen Crockett, Deputy Medical Education Manager