

Oxford Deanery Quality Management of Training

School of Paediatrics Visit

Authors: College Regional Advisor; Royal College
Representative; and Acting Postgraduate Dean

Trust: Oxford Radcliffe Hospital – Horton General Hospital

Date of Visit: Friday 13 November 2009

Section 1

Type of Visit : To assess training opportunities
School: Paediatrics
Trust: ORH – Horton General Hospital
Date of Visit: Friday 13 November 2009

Preface
<p>There are currently only GPVTS and FY2 posts in Paediatrics at the Horton General Hospital. There has never been training recognition for Registrar level doctors in Paediatrics. Prior to MMC there was a SHO post and a community SHO post.</p> <p>The remit of the visit on the 13 November was:</p> <ol style="list-style-type: none"> 1. To determine current training opportunities for SpR/StRs in Paediatrics according to the curriculum laid down by the RCPCH and PMETB at the Paediatric Department at the Horton Hospital, Banbury 2. To advise on possible future training opportunities for Paediatric SpRs and StRs that might occur as a result of any possible future service reconfiguration.

Brief description of Trust
<u>Eg population served, size, locality, sub-specialties/teaching hospital</u>
<p>The Oxford Radcliffe Hospitals NHS Trust is one of the largest acute teaching trusts in the UK. The Trust provides high quality general hospital services for the local population in Oxfordshire and neighbouring counties, and more specialist services for patients from a wide geographic area. The Trust is split across three large sites: John Radcliffe Hospital; Churchill Hospital; and the Horton General Hospital. The Horton General Hospital in Banbury serves the population in the north of Oxfordshire and surrounding areas. It has over 220 inpatient beds and over 20 day-case beds, and is an acute general hospital providing a wide range of services.</p> <p>The visitors were made aware that there were considerable ongoing concerns about the configuration of the Horton Hospital services in general. The visiting team have not commented on these issues as their remit was to determine current training opportunities for SpRs and StRs.</p> <p>As the nature of the future configuration of services is still being explored, the visitors have not felt able to advise on future training opportunities.</p>

Trust Representatives
Title
Deputy HR Director
Acting Clinical Tutor
Manager for Children's Services - ORH

Visiting Team
Title
College Regional Advisor
Royal College Representative
Head of School of Paediatrics, Wessex Deanery

Acting Postgraduate Dean
Lay Assessor
Trainee Representative
Deanery Quality Manager

Trust/School Staff to whom the final visit report is to be sent
Title
Acting Postgraduate Dean
Trust Medical Director
Trust Director of Medical Education
Paediatric College Tutor
ORH Paediatric Lead
Deanery Quality Lead
Head of School of Paediatrics
Deanery Business Manager
Associate Director of Workforce and Education
Director of Clinical Standards, South Central SHA

Information and reports received at the visit
Information details
Better Health Care Presentation and papers
File: information on the teaching programme and powerpoint slides relating to the various talks.

Section Two

Trainees interviewed		
Grade	Total	Specialties
F2	2	Paediatrics
GPVTS	1	Paediatrics

Middle grades interviewed		
Grade	Total	Specialties
Trust Doctor Rotating with JRH	1	Paediatrics
Speciality Doctor	1	Paediatrics
Long term locum	1	Paediatrics

Findings against PMETB/GMC Standards for Training
<p>DOMAIN 1 - PATIENT SAFETY</p> <p>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.</p>
<p>GPVTS & FY2 Trainees</p> <ol style="list-style-type: none"> 1. Trainees receive supervision from non-training middle grades and Consultants. 2. The non-training middle grades posts are often covered by locum. 3. There are strenuous efforts made by the Consultants to ensure patient safety and we are impressed by their ready availability to cover at any time. They are routinely in the hospital beyond 9pm. 4. The trainees felt well supported. 5. Handover arrangements appear strong. 6. Induction was felt to be good by the trainees. 7. The trainees are not being asked to undertake procedures unsupervised for which they are not trained. 8. Trainees are not regularly involved in clinical governance. For example, the critical incidents are reviewed at the management meetings which trainees do not attend.
<p>Middle grades [non-training]</p> <ol style="list-style-type: none"> 1. The 3, recently appointed, middle grades that we interviewed were very senior and exceptionally experienced, having 44 years Paediatric experience between them. 2. Their induction was ad hoc. 3. They have had no formal feedback or assessment of their performance.
<p>DME, department clinical lead and educational supervisors</p> <ol style="list-style-type: none"> 1. The visitors were told this is a quiet unit and serious illness is uncommon. This has caused staff, on occasions, to feel apprehensive and vulnerable in emergency situations. 2. In the original report, concerns were expressed about the current service being provided by very junior doctors and locums, and mechanisms for ensuring compliance of EWTD.
Findings against PMETB/GMC Standards for Training
<p>DOMAIN 2- QUALITY ASSURANCE, REVIEW AND EVALUATION</p> <p>Postgraduate training must be quality managed locally by deaneries, working with others as appropriate but within an overall delivery system for postgraduate medical education for which Deans are responsible</p>
<p>PMETB survey results were reviewed and responses from trainees were reassuring in relation to areas which had been highlighted as concern, except for mid-point supervision [see domain 8].</p>

<p>Findings against PMETB/GMC Standards for Training</p>
<p>DOMAIN 3 - EQUALITY, DIVERSITY AND OPPORTUNITY</p> <p>Postgraduate training must be fair and based on principles of equality</p>
<p>Trainees [GPVTS & FY2] and middle grades [non-training]</p> <ol style="list-style-type: none"> 1. There were no concerns raised. 2. There were no reports of bullying or pressure to maintain service delivery from either the trainees or the middle grades. 3. The trainees and middle grades were very positive about the working environment.
<p>Findings against PMETB/GMC Standards for Training</p>
<p>DOMAIN 4 - RECRUITMENT, SELECTION AND APPOINTMENT OF TRAINEES</p> <p>Processes for the recruitment, selection and appointment of trainees must be open, fair and effective</p>
<p><i>n/a</i></p>
<p>Findings against PMETB/GMC Standards for Training</p>
<p>DOMAIN 5 - DELIVERY OF CURRICULUM INCLUDING ASSESSMENT</p> <p>The requirements set out in the curriculum must be delivered and assessed The approved curriculum must be fit for purpose</p>
<p>Levels of Activity</p> <p>There are 14 beds on the childrens ward. The average number of paediatric medical inpatients at midnight is 4.6.</p> <p>The visitors were told:</p> <ol style="list-style-type: none"> 1. that these admissions include children with respite care needs. 2. in view of the ready availability of beds there is a low threshold for admission. 3. approximately 2 patients a month required emergency surgery. 4. potentially sick patients, who may deteriorate, are transferred to the John Radcliffe Hospital. <p>There is a level 1 SCBU with 10 cots.</p> <ol style="list-style-type: none"> 1. Singletons <32 weeks and twins <34 weeks are transferred in utero rather than delivered on site. 2. Babies are transferred if they require ongoing respiratory support, TPN etc. <p>Out Patient attendances are about 2000 a year.</p>
<p>Trainees [GPVTS & FY2]</p> <ol style="list-style-type: none"> 1. For foundation and GPVTS, there is sufficient clinical and practical experience in the placement to cover the relevant areas of the foundation curriculum and the GP curriculum. 2. They received regular bleep-free teaching, 4 hours a week, which has been designed specifically with their curriculum in mind.

3. They receive support in the completion and recording of assessments.
4. They reported that their ePortfolios were up to date.
5. We commend the practice that there is a special training clinic where trainees see new referrals and discuss these with the consultant.

Middle grades [non-training]

1. The visitors were concerned that there was no education programme for the middle grade staff.
2. None of them is attending outpatient clinics.
3. None of them is involved in clinical governance or audit.
4. They have received no formal or informal appraisal or feedback.
5. They are performing inappropriate tasks eg routine phlebotomy.
6. The visitors were concerned that the Middle Grades are performing 50% of the trainees' assessments without having any formal training in work place based assessments themselves.

Educational Supervisors

1. The programme has been appropriately designed for the GPVTS and FY2 trainees in the department.
2. The College Tutors report states that from January 2010 there will be 2 consultants working in the paediatric department at the Horton who are Paediatric School Board Members [College Tutor and Deputy College Tutor for Oxford].
3. 4 consultants have had recent training [within the last year] on educational supervision.
4. Although there is no local experience of delivering the curriculum and assessment of paediatric trainees, the consultants with joint appointments will have experience of training paediatric trainees at the John Radcliffe Hospital.
5. The number of practical procedures is adequate for GP and Foundation trainees.
6. The level of clinical activity within the department is adequate for trainees of this grade.

DME

No concerns were raised by the DME [Acting Clinical Tutor] apart from the effect on trainees of the inability to fill middle grade posts.

Findings against PMETB/GMC Standards for Training

DOMAIN 6 -SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn

Support, training and effective supervision must be provided for foundation doctors

All doctors reported that this is a happy and supportive department.
There were no reported problems with bullying or undue pressure (for example to fill gaps in the rota).

Trainees [GPVTS & FY2]

1. The GPVTS and FY2 doctors reported a good induction.
2. There was no recognised neonatal resuscitation training (NLS) but in house training was provided.
3. Trainees knew their supervisors and were undertaking WPBAs and had received feedback.
4. None had had a midpost review.
5. The provision of out patient clinic experience was highly valued.
6. All reported they were involved in audit.

Middle Grades [non-training]

1. The three middle grade doctors had undergone brief ad hoc inductions.
2. None of the Middle grade staff had received feedback or undergone an appraisal.
3. They had not received any study leave or any advice on professional development.
4. Middle grade staff spent a good deal of time teaching the very inexperienced junior trainees to do practical skills such as phlebotomy and often did these tasks themselves.
5. It was noted that there is not a phlebotomy service and this task does take up a good deal of junior doctor time for outpatient and non urgent samples.

Educational supervisors

1. The trainees receive 4 hours teaching per week.
2. This is related to their curriculum needs and attendance was good.
3. The trainees underwent mini PAT assessments and WPBAs with their consultant supervisors.
4. The middle grade staff also undertook the assessments and it was noted that they had not received training in undertaking these assessments.
5. 4 consultants have undergone training in Educational Supervision in the last year.

Areas for exploration with Training Programme Directors

The TPD was not interviewed for this visit.

Findings against PMETB/GMC Standards for Training

DOMAIN 7 - MANAGEMENT OF EDUCATION AND TRAINING

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage

DME, trust management and department clinical lead.

1. The managerial team assured the visitors that the Trust as a whole existed as one although it was clear to the visitors that the Horton has a distinct identity.
2. The current trainees are the responsibility of the Foundation School and GP School , rather than the School of Paediatrics.
3. The Foundation School Director and the Head of the GP School both have good relations with the Horton Educational Supervisors.
4. The Trust has agreed to ensure that all its Educational Supervisors have been trained for their role. They have also undertaken to ensure that there is time in the Educational Supervisors workplan to ensure they have time to perform their Educational roles.
5. The major planned changes in the ORH Trust structure were shown to the Deanery the day before this visit.

Educational Supervisors

1. The Foundation Programme has just had its inspection and any recommendations will be carried out jointly by the Trust and the Foundation School Director on behalf of the Deanery.

Findings against PMETB/GMC Standards for Training
DOMAIN 8 - EDUCATIONAL RESOURCES AND CAPACITY
The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum
Trainees [GPVTS & FY2]
<ol style="list-style-type: none"> 1. The PMETB survey shows that most GP VTS and Foundation Year doctors are satisfied with the paediatric training received. 2. The teaching programme is consultant led and specifically designed to meet the needs of trainees with emphasis on core paediatric topics. 3. A folder outlining the programme with printouts of the various powerpoint talks was reviewed. 4. Trainees commented favourably on the quality of the teaching programme. 5. The trainees felt confident managing straightforward paediatric problems and performing simple procedures like phlebotomy. 6. A concern however is the low levels of clinical activity and therefore fewer opportunities for hands on experience for trainees above the level of those currently at the Horton Hospital. 7. Middle grade doctors are currently locum staff who do not contribute or participate in the teaching programme but do considerable on the job teaching. 8. The trainees reported being well supported by nursing staff. Both trainees and middle grades commented on the friendly working atmosphere and approachability of consultant staff. 9. Library and internet facilities appear sufficient as outlined in the college tutor's report.
Educational supervisors
<ol style="list-style-type: none"> 1. Four consultants have had recent training on educational supervision. 2. Consultants are allocated a study leave grant and time to attend educational sessions when possible. 3. Local training is available by both the Deanery and School of Paediatrics on various aspects of educational and clinical supervision. 4. The Terence Mortimer Postgraduate Centre at the Horton organises courses on teaching skills and leadership.
Findings against PMETB/GMC Standards for Training
DOMAIN 9 – OUTCOMES
The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards
n/a

Section 3**Areas of notable practice**

- Please identify any areas of good or best practice.
- Please note as * any exceptional examples which have good potential for wider use or development elsewhere in the NHS.

1. Everyone remarked how friendly the Horton hospital is to work in.
2. The training programme, the consultant supervision, the maximising of training opportunities out of the clinical activity available is satisfactory for GPVTS and FY2.
3. The support from Consultants in other departments is also highly commended.
4. The training currently offered is highly valued by the F2 and GPVTS.

Areas for development

1. Career development of the present middle grade doctors
2. Ensure there is consistent, appropriately trained, safety net cover for junior trainees.
3. Ensure clinical and educational supervision of junior trainees is carried out by those who have been trained to do so.
4. Reconstruction of the night rota as existing arrangements are of little educational benefit to trainees.

General Observations

1. There are currently only GPVTS and FY2 posts in Paediatrics at the Horton General Hospital. There has never been training recognition for Registrar level doctors in Paediatrics. Prior to MMC there was a SHO post and a community SHO post.
2. Since the Trust was last visited in 2005 and the statement from the Postgraduate Dean in 2006, there have been no changes in clinical activity or service provision that would now make the department more suitable for specialist paediatric training at any level. Indeed it was reported by the managerial team that inpatient workload was decreasing.
3. New guidelines for training produced by the Royal College of Paediatrics and Child Health recommend that the level of clinical activity which would be required to enable a trainee to be able to realistically cover the curriculum would be for that trainee to see 400 new presentations per trainee per year. If on a compliant rota of 1 in 8, this would translate to approximately 3200 acute presentations per annum in a department. As Out Patient attendances are about 2000 a year, this would not be possible at the Horton. For neonatal training, a trainee would be expected to be present at 30 deliveries and be actively involved in the care of 20 infants receiving neonatal intensive care. This would not be possible at the Horton.
4. There is a national shortage of candidates of suitable quality for existing substantive training posts particularly above ST1 where posts are very difficult to fill. The ability to fill non- training grades at middle grade level nationally is almost impossible due to an absence of suitably trained doctors at this level. Therefore any rota, which relies upon non- training grades, must be considered fragile and not sustainable. It is essential for both patient safety and training that all rotas at all levels are suitably populated with appropriately substantive appointments
5. In addition, the Department of Health has called for a 5% reduction in ST1 entrants to specialty training in 2010 and this will impact upon higher training levels in subsequent years so that there will be a reduction in the need for training posts at all levels.
6. Uncertainty about the future of the department appears to have inhibited the exploration of sustainable ways of working or models of care in units of similar clinical activity.

Section 4

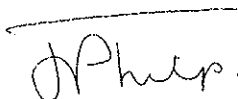
Recommendations [Mandatory requirements for approval]	Reference
The visitors recommend that this unit continues to develop its programme for Foundation and GPVTS trainees.	Domain 1,5, 6,8
<p>The visitors cannot support the introduction of specialty paediatric training at the Horton.</p> <p>A department in which new training placements in paediatrics were to be developed would need to demonstrate:</p> <ol style="list-style-type: none"> 1. that there was a requirement within the overall training programme for new placements 2. that the placements offered a unique opportunity that could not be delivered elsewhere in the programme 3. that the placement met the RCPCH guidance for clinical activity to enable trainees to cover the curriculum 4. that there was sustainable rotas at all levels 5. that the placements met all PMETB standards for training 	Domain 1,5,8

Action Required

The night work undertaken by the present training doctors needs close evaluation for its educational value.

The middle grade staff need career support including induction, teaching in assessment, appraisal and support for continuing professional development.

Signed by the Lead of the visiting team:
Dr Jo Philpot, College Regional Advisor



Date: 4 December 2009

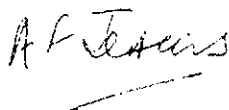
Approved by Oxford Deanery Quality Management Group

Signed by **Dr Simon Plint**
Quality Lead
Oxford Deanery



Date: 4 December 2009

Signed by **Mr. Tony Jefferis**
Acting Postgraduate Dean
Oxford Deanery



Date: 4 December 2009
