

Cambridge University Hospitals NHS Foundation Trust

RCPCH Tutor Annual Report (September 2012- August 2014)

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Postgraduate
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Introduction

It is my pleasure, to introduce the third Royal College of Paediatrics and Child Health (RCPCH) tutor annual report and is another step towards improving the excellence of training at Cambridge University Hospitals NHS Foundation Trust. Due to various time constraints we were unable to produce an annual report for the 2012/13 so this report will cover the period from September 2012 to August 2014.

During this period we have achieved many of the aims we set in the 2011-2012 RCPCH tutor annual report, including successful delivery of the mock MRCPCH clinical exam during last two years consecutively.

Addenbrookes Hospital provides a range of emergency, surgical and medical services. Addenbrookes is now a flagship hospital having achieved NHS Foundation Trust status in July 2004. It is also working in partnership with the Cambridge University and their research partners (the MRC and CRUK) to make the Cambridge Biomedical Campus an internationally leading centre for biomedical and translational research.

Cambridge University Hospitals was delighted and proud to welcome Her Majesty The Queen accompanied by His Royal Highness The Duke of Edinburgh to open the new Rosie Hospital. Over £3.5 million was raised by the hospital's dedicated charity, Addenbrooke's Charitable Trust. The new perinatal build was opened in September 2012. This includes an expanded midwife led birth centre and large regional fetal medicine department. The new neonatal unit has 38 cots and was built with the capacity to open up to 54 cots which make it one of the largest in the UK.

The paediatric department at Addenbrooke's is housed in the main building. Inpatient care is carried out on 3 wards with a total of 64 beds. There is a fully staffed children's observation unit in F3 ward which has 12 beds.

The department offers comprehensive general and neonatal paediatric service and is the tertiary referral centre in Neonatology, Oncology/Haematology, Endocrinology/Diabetes, Neurology, Respiratory, Gastroenterology, Intensive Care and Paediatric Surgery for the East Anglian region. We are also a national referral centre for Severe Insulin Resistance. There is a busy child development centre with excellent training opportunities. There is also a dedicated community paediatric team and two lead consultants in safeguarding.

In June 2014 we have hosted informal RCPCH visit with positive feedback and some areas for development were suggested. Details are included in the report.

We are very grateful to all the support given by the Cambridge University Hospital's Paediatric Education and Training Group (CUHPETG) in maintaining the high quality for education we are able to offer trainees in their time at Addenbrookes

Dr Nadeem Abdullah

*RCPCH Tutor, Cambridge University Hospitals NHS Trust
September 2014*



Dr Nadeem Abdullah
Consultant Paediatrician
RCPCH Tutor

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Achievements: 2013-2014

1. We have now obtained training numbers for all the current training posts
2. Successful delivery of MRCPCH mock clinical examination
3. 100% response rate from the GMC survey over consecutive 2 years
4. We have maintained top 3 ranking in the East of England in the GMC survey - page 4
5. Improvements in the facilities in the paediatric hand over room
6. ACF posts: we have secured 2 posts in 2013 and 2 further posts in 2014
7. Implementation of SBAR during morning handover
8. Almost 100% delivery of Paediatric Training and Academic Meeting
9. 100% delivery of MRCPCH Master Course Sessions
10. Further increase in the training opportunities
11. Increase in the duration of MRCPCH evening teaching to a 8 week block
12. Regular and robust supervision of trainees e-portfolio to allow prompt support
13. Improved attendance of NICU trainees in the PTALTM sessions
14. Easy access to mentorship and career advice for trainees
15. Changes in the trainees rota to allow better service delivery and training–page 6
16. Publication of comprehensive annual report
17. Arrangements to host MRCPCH clinical examination in 2014
18. Changes in the induction programme to be more time efficient – appendix 1

RCPCH Visit – June 2014

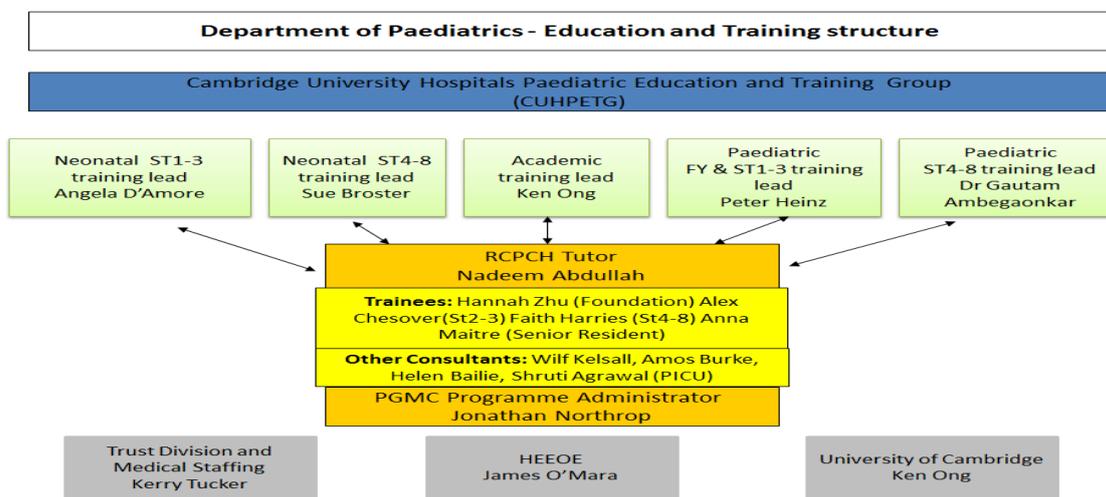
Administrative members of the RCPCH visited the Paediatric and Neonatal departments on 9th June 2014. This was informal visit and the members acknowledged that the trainees feel supported and value the opportunities to learn and develop. The following feedback was provided:

The team felt that the trainees have the opportunities for learning that adds value and helps them to grow as leaders. The team was generally pleased with the morning handover structure and college tutor administrator role was acknowledged. The RCPCH team requested college tutor to share the lessons learned and the progress made at Addenbrookes Hospital at RCPCH college tutor day. Dr N Abdullah has accepted the offer and would lead the workshop for new tutors during RCPCH tutor day in October 2014.

The team also provided feedback on some of the areas for development. The trainees did not know a lot about the RCPCH and how to get involved in various activities other than their experience in examination related activities. The team felt that there were disruptions during the morning handover and the room was small and the set up could have been better. The areas for leadership developments were also discussed and the team offered further support and guidance from the college.

Cambridge University Hospital's Paediatric Education and Training Group (CUHPETG)

We have continued to have trainee input into the CUHPETG with representatives from ST1-3, ST4-8 as well as the Chief Resident. For the first time we have had a foundation trainee as an active member of the group for 4 months while the trainee was in a paediatric post. From 15th July 2013 Dr Gautam Ambegaonkar has taken over the role of ST4-8 Training Lead. We welcome Dr Shazia Hoodbhoy who has joined the CUHPETG in September 2014. The structure of the CUHPETG for 2013/2014 is below.



GMC Survey - 2014

We were able to achieve 100% completion of GMC survey in 2013 & 2014 for trainees in our department. The survey now generates a unique code which trainees need to provide during their ARCP assessment. Compared with the reasonably larger units in the region we now hold top position in the region.

Trust / Board	Year	Mean	National Mean
Hinchingbrooke Health Care NHS Trust	2014	96.00	82.49
Bedford Hospital NHS Trust	2014	91.20	82.49
Cambridge University Hospitals NHS Foundation Trust	2014	89.11	82.49
West Hertfordshire Hospitals NHS Trust	2014	88.42	82.49
West Suffolk NHS Foundation Trust	2014	87.08	82.49
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	2014	86.46	82.49
Colchester Hospital University NHS Foundation Trust	2014	86.32	82.49
Peterborough and Stamford Hospitals NHS Foundation Trust	2014	83.43	82.49
Luton and Dunstable University Hospital NHS Foundation Trust	2014	82.24	82.49
Ipswich Hospital NHS Trust	2014	82.11	82.49
Basildon and Thurrock University Hospitals NHS Foundation Trust	2014	81.26	82.49
Norfolk and Norwich University Hospitals NHS Foundation Trust	2014	80.96	82.49
James Paget University Hospitals NHS Foundation Trust	2014	80.00	82.49
Southend University Hospital NHS Foundation Trust	2014	78.75	82.49
Mid Essex Hospital Services NHS Trust	2014	76.00	82.49
East and North Hertfordshire NHS Trust	2014	72.00	82.49
The Princess Alexandra Hospital NHS Trust	2014	62.77	82.49

Training Posts

There are currently 51 posts with training approval in paediatric specialities at Addenbrooke's. From September 2015 there will be FY posts reorganisation and the FY2 post will be moved out of paediatrics, to provide more requirements in psychiatry as per national initiative.

	Deanery Post Number	Description
1	EAN/RGT00/002/LEC/101	Lecturer 1
2	EAN/RGT00/002/SPR/001	NICU 1
3	EAN/RGT00/002/SPR/002	NICU 2
4	EAN/RGT00/002/SPR/003	NICU 3
5	EAN/RGT00/002/SPR/004	NICU 4
6	EAN/RGT00/002/SPR/005	NICU 5
7	EAN/RGT00/002/SPR/006	NICU 6
8	EAN/RGT00/002/SPR/007	NICU 7
9	EAN/RGT00/002/SPR/008	NICU 8
10	EAN/RGT00/002/STR/706	NICU 9
11	EAN/RGT00/002/STR/707	NICU 10
12	EAN/RGT00/002/STR/710	ANTS 1
13	EAN/RGT00/002/STR/711	ANTS 2
14	EAN/5JH00/002/SPR/005	Community 1
15	EAN/5JH00/002/SPR/006	Community 2
16	EAN/RGT00/002/SPR/009	Neurology Specialist
17	EAN/RGT00/002/SPR/010	Neurology / CDC
18	EAN/RGT00/002/SPR/011	PICU 1
19	EAN/RGT00/002/SPR/012	PICU 2
20	EAN/RGT00/002/SPR/013	PICU 3
21	EAN/RGT00/002/SPR/014	PICU 4
22	EAN/RGT00/002/SPR/015	PICU 5
23	EAN/RGT00/002/SPR/016	Oncology Specialist
24	EAN/RGT00/002/SPR/017	Oncology 2
25	EAN/RGT00/002/SPR/018	Oncology 3
26	EAN/RGT00/002/SPR/019	General / Endocrine
27	EAN/RGT00/002/SPR/020	General / Metabolic Now General / Ambulatory
28	EAN/RGT00/002/SPR/021	General / Resp / Gastro
29	EAN/RGT00/002/STR/708	General / Respiratory
30	EAN/RGT00/002/STR/709	General / Gastro
31	EAN/RGT00/002/STR/001	ST 2-3 NICU
32	EAN/RGT00/002/STR/002	ST 2-3 NICU
33	EAN/RGT00/002/STR/003	ST 2-3 NICU
34	EAN/RGT00/002/STR/004	ST 2-3 NICU
35	EAN/RGT00/002/STR/005	ST 2-3 NICU
36	EAN/RGT00/002/STR/006	ST 2-3 NICU
37	EAN/RGT00/002/STR/007	ST 2-3 NICU
38	EAN/RGT00/002/STR/008	ST 2-3 NICU
39	EAN/RGT00/002/STR/009	ST 2-3 NICU
40	EAN/RGT00/002/STR/010	ST 2 -3 Paeds
41	EAN/RGT00/002/STR/701	ST 2 -3 Paeds
42	EAN/RGT00/002/STR/702	ST 2 -3 Paeds
43	EAN/RGT00/002/STR/703	ST 2 -3 Paeds
44	EAN/RGT00/002/STR/704	ST 2 -3 Paeds
45	EAN/RGT00/002/STR/705	ST 2 -3 Paeds
46	EAN/RDE00/002/GPSTR/001	ST GPVTs 1
47	EAN/RDE00/002/GPSTR/002	ST GPVTs 2
48	EAN/RGT00/002/FY2/001	FY2
49	EAN/RGT00/002/FY2/002	FY2
50	EOE/RGT00/002/FY2/003	FY2
51	EOE/RGT00/002/FY2/701	FY2

Table 1: Training posts in paediatrics at Addenbrooke's Hospital. In addition to the posts above there are also two National Grid Trainees in NICU and one in Neurology.

Less than Full Time Training

Addenbrooke's continues to support less than full time trainees and over the past year 2 posts (see below) have accommodated 4 trainees.

Fellowships

In addition to the above training posts (table 1) there are several fellow (clinical/research) posts in various specialities (Endocrine/Diabetes, Haematology/Oncology, Gastroenterology, Allergy, PICU and in NICU).

NICU: 2 junior and 4 middle grade clinical fellows

Other Specialties: exact number of the fellows in other specialties is currently not known to the tutor

These posts add value to our training programme and help our trainees to share experiences with talented and experienced fellows. Currently we do not hold data base for these posts and educational supervision is provided by the lead of the individual specialties.

Examinations

We are continuing to run 'MRCPCH Evening Bedside Teaching' sessions in advance of the MRCPCH examination. Where possible we have been offering an 8 week block (2-3 sessions per week, 17:30-1900 hours) teaching prior to the examination.

In January 2013 & January 2014 we have been able to offer MRCPCH mock clinical examination advance of the February examination. This has been very well received by trainees with improved success rates in the MRCPCH examination. In October 2014 we are due to host the MRCPCH clinical examination for the first time. This will be delivered in the David Dunn Suite & Board Room under the leadership Dr Amos Burke.

Recent Changes in the Paediatric and PICU Trainees Rota

The changes in the PICU and General Paediatric rota are good examples on how service deliver and teaching/training can be improved together.

PICU

From September 2014 there will be 2 long day registrars and 2 night registrars during the week days. These changes have been accommodated after close consultation with the trainees and the feedback provided by them.

There will now be a dedicated teaching day every 2 months to improve the educational component. The provisional teaching programme would include consultant teaching, trainee's teaching, case-based discussion, M+M, audit presentation/review, and journal club. We also aim to have a theme for each of the training day and the other specialty trainees would also be encouraged to participate.

General paediatrics

From September 2014 there will be inclusion of additional cover in the rota for Paediatric Surgery during week days from 17:30 to 23:30 and during weekends 11:00 to 23:30. This will increase the banding of the rota from a 1B (40%) to a 1A (50%).

The compliance of the proposed rota has been checked through MRM, the agreed mechanism for the Trust and this will be tested with a formal monitoring exercise in October 2014. The changes in the rota were also agreed by the LNC and the BMA.

It was also felt that exposure to surgery patients would be an additional training opportunity for the trainees.

Educational Supervision

Educational supervision is provided by almost all Paediatric Consultants. The paediatric programme administrator checks supervision meeting attendance on e-portfolio and provides feedback to trainees and educational supervisors. Every three months, we offer trainee feedback sessions providing the opportunity to the trainees in expressing any difficulties and how the department can provide further help.

We also encourage trainees to contact the college tutor or paediatric programme administrator to discuss any sensitive issues privately. We are continuing to use the additional checklist for educational supervisors to discuss with trainees during appraisal meetings. These are detailed below:

Check List for Educational Supervisors

1. Attendance at the 'Paediatric Training and Academic Lunch Time Meetings' (trainees are expected to attend at least 50% of these sessions)
2. Attendance at the clinics regularly? If they have not attended the clinics regularly please discuss the issues and how to facilitate this activity.
3. Work Placed Based Assessments (WPBA)
 - i. Are these assessments spread out fairly evenly?
 - ii. The trainee experiencing any problems with their WPBA
 - iii. If a trainee is bunching WPBA, explore the reasons
 - iv. For number of compulsory assessments – see appendix 2
4. Audit - Make sure before final assessment meeting trainee has completed the audit, the audit trail form has been signed by the consultant and approved by the audit department
5. Curriculum - The specific curriculum requirements for trainees are set out in the RCPCH curriculum guidance. Please ensure that you complete all the procedures necessary for each level of training.
6. Where possible please review any prescribing errors and follow 'Green Pen' policy
7. Please confirm compliance with mandatory safeguarding training, NLS and APLS
8. Please update e-Portfolio either during the meeting or promptly afterwards
9. Identify trainee in difficulty as early as possible and if necessary discuss with college tutor

Learning Opportunities

An average of 4 hours protected training time per week is recommended by Health Education, East of England. I am very pleased to confirm that our trainees in paediatrics have on an average 4 hours training/teaching time per week. To some extent it depends on the trainees on how they get the best out of the opportunities to make sure they spend 4 hours per week for their training/teaching.

There are many training opportunities and these are collated and circulated on a monthly basis in the Addenbrooke's Paediatric and Neonatal Activity Timetable, which includes all education and training meetings taking place in the various departments at Addenbrooke's (appendix 3). The activity timetable is circulated to all paediatric & Neonatal trainees and consultants.

Paediatrics:

- We hold a weekly Paediatric Training and Academic Lunch Time Meeting (PTALM) every Monday between 12.30 and 13.30. The meeting is open to all neonatal and paediatric trainees and consultants. The programme is emailed to all staff on a regular basis. Attendance in these meetings is logged and we obtain feedback for all these sessions. Trainees are expected to attend at least 50% of these sessions. The format of these meetings is detailed below:

Format of Paediatric Training and Academic Meetings

Trainees feedback sessions, 3 monthly (30 min) – 1st Monday

Trainee presentation, 3 monthly (30 min) - 1st Monday

Academic sessions every other month X 45 minute - 2nd Monday

Research opportunities X 15 minute – 2nd Monday

MRCPCH Master Course every month – 3rd Monday

Pathology sessions x 2

Psychiatry sessions x 2

Management sessions x 4

Safeguarding sessions x 4

Audit sessions x 4

Speciality sessions x 5 – two presentations per slot X 30 minute each

- We now offer ‘Speciality Sessions’ presentations during PTALTM. Currently we offer five sessions a year with each speciality given half a session to present. Trainees are encouraged to present during these sessions.
- Trainees are made aware of any courses and training opportunities, within the region that may be suitable to them via e-mail from the paediatric programme administrator.
- In addition to above there are several other training opportunities as listed below.

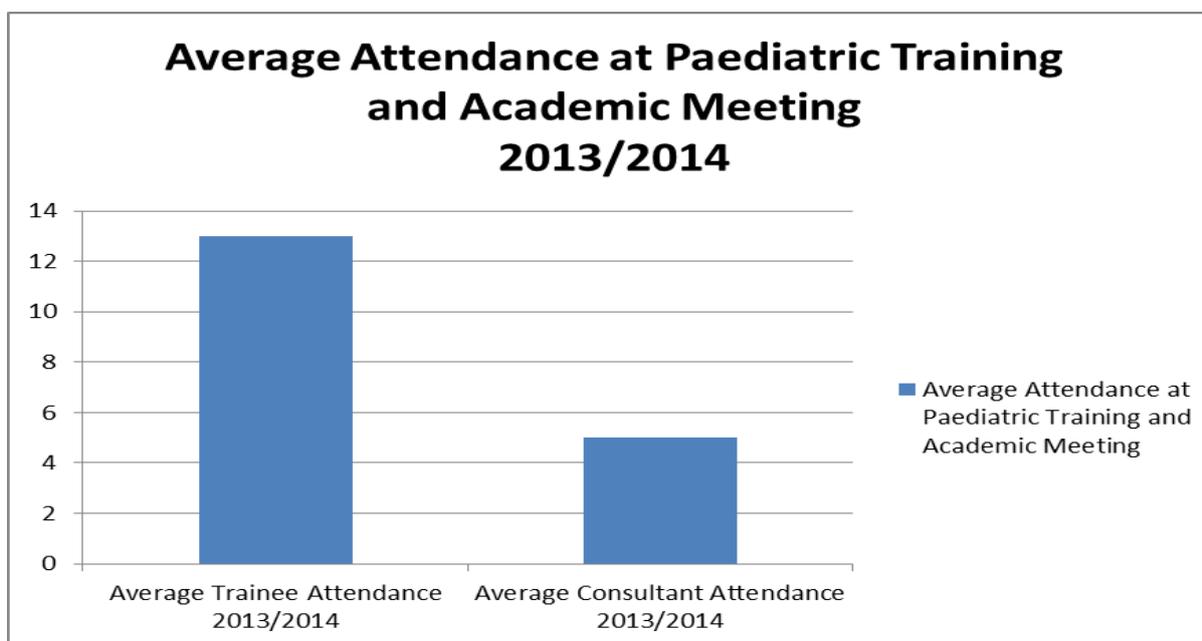
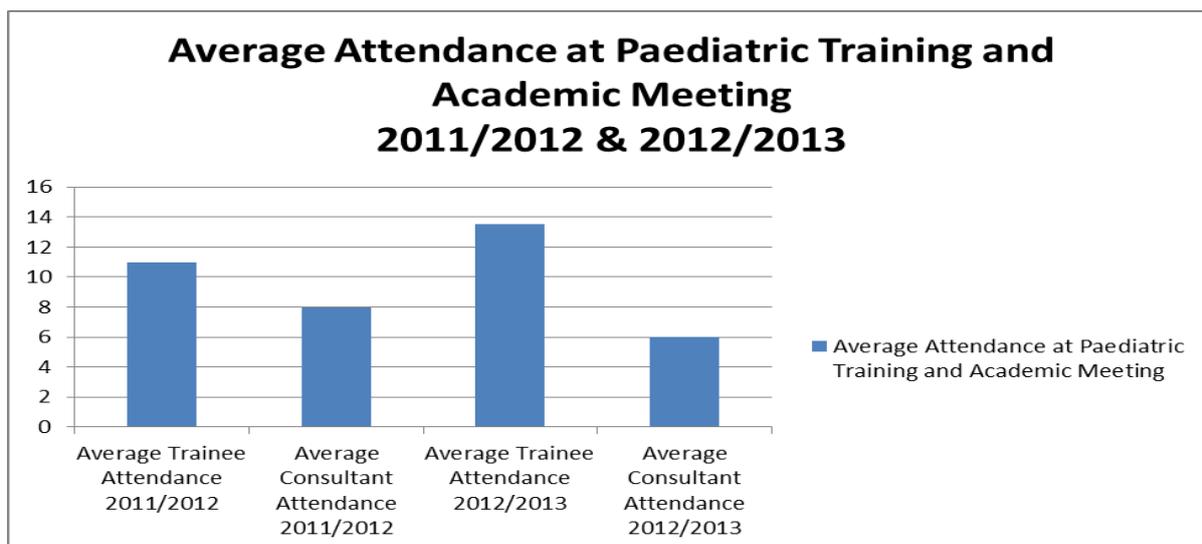
Other Training opportunities
• Daily teaching programme after morning hand over
• Neurology teaching programme – circulated every month
• Diabetes/endocrine weekly lectures
• Dedicated time to attend the clinics
• Teaching during ward rounds
• MRCPCH evening sessions
• Management seminars & attendance at divisional updates
• ST 1-3 & ST 4-5 compulsory training days
• Monthly skills drill/simulation resuscitation training
• Opportunity to attend x-ray meeting with radiology colleagues
• Senior trainees are encouraged to attend APCP and other meetings
• Annual attendance at School of Paediatrics Study Day

Neonatal Intensive Care Unit (NICU):

- On NICU there is a daily consultant led teaching programme after the morning handover. There are weekly skills drills which include equipment training and resuscitation scenarios.
- There is a weekly grand round where interesting cases are discussed. There are also weekly MDT meetings with the surgical team and a weekly perinatal meeting where audits, external speakers and obstetric topics are presented.
- There are opportunities to learn to perform cranial ultrasound scans. There is an in house NLS course to which all trainees are prioritised. Cambridge Perinatal Group runs several integrated courses which the trainees attend. These include ventilation and cranial ultrasound courses.

Attendance Record at PTALTM

The following graphs show Consultant and Trainee attendance from September 2012- July 2014



The graphs above show that the number of trainees attending the sessions is fairly constant however there has been a slight decrease in consultant attendance at these meetings.

Overall Average Attendance at Paediatric Training and Academic Lunch Time Meeting

	2011 / 2012	2012 / 2013	2013 / 2014
No. of consultants attended session	8	6	5
No. of trainee attended session	11	13	13
Total	19	19	18

Research activity

There is a large amount of clinical research activity within the Women's and Children's Directorate. There is also a strong translational research agenda on the Addenbrooke's campus, which is often focussed on the genetic/environmental determinants of common and rare childhood diseases.

Professor David Dunger (Chair, Paediatric Research Working Group) has developed a report covering the years 2012-2013. This document provides an overview of current research activity (diabetes & endocrinology, neonatology, neurology, oncology & haematology, PICU, respiratory, allergy and general paediatrics) and provides a benchmark as we move forwards with a planned Biomedical Research Centre cross-cutting theme in paediatrics.

The document is available at <http://paediatrics.medschl.cam.ac.uk/paediatric-research-at-addenbrookes/paediatric-research-report-2012-2013/>.

Trainees in Difficulty

Early recognition and appropriate intervention, coupled with effective feedback and appropriate support for trainee and trainer are essential if trainees in difficulty are to be managed effectively and successfully. We respond quickly and effectively to any concerns raised. There is however lack of consistency in approach among educational supervisors and we plan to address this during next year. We recommend to follow NACT guidelines in managing trainee in difficulty and these are available from GMC website.

Work Experience Students

Department of Paediatrics actively supports students during their attachment in paediatrics. These placements are arranged through Anne Saucier, HR Advisor Work Opportunities and during last year Elena Cattaneo, ST 8 trainee helped us to organise the rotation for students. This also proved to be a good management experience for a senior trainee. The feedback from students is obtained at the end of the placement and we plan to publish the outcome in next year's annual report.

Safe Prescribing

We take prescribing errors in paediatrics very seriously. We follow our new prescribing policy 'Green Pen' governing prescribing errors. We also provide designated quiet area for trainees to prescribe safely. Trainees are also encouraged to complete RCPCH e-learning course on safe prescribing.

We deliver several teaching sessions on the subject and try to promote the culture that value 'Being Open' and promotes 'Putting Things Right'. We strongly discourage any shame or blame attached with the prescribing errors. We however encourage trainees to write a reflective note on their e-portfolio.

QM1 Executive Report

The deanery requires a Quality Management Framework to demonstrate adherence to the GMC/PMETB standards for training and trainers in postgraduate medical education. This is to ensure robust monitoring systems are in place to demonstrate that mandatory standards are met and to identify areas of improvement in the delivery of PGMDE, along with actions to deliver these improvements. This year's QM1 paediatric report to the Dean is attached in appendix 4.

Update on Last Year's Targets for 2011/2012

1. We are planning to arrange a mock MRCPCH clinical examination in January and aim to host MRCPCH examination towards the end of 2014.
 - *We have successfully delivered MRCPCH Mock Clinical exam in January 2013 and in 2014 lead by Dr Nadeem Abdullah & Dr Rajiv Chaudhary.*
2. Completion of new policy governing prescribing errors focussing on clinical governance as a training issue
 - *The policy is now in place and provisional data suggest reduction in the number of prescribing errors. This policy was led by Dr Meredith Robertson in conjunction with the CUHPETG and supported by the Pharmacy team.*
3. Improved delivery of paediatric curriculum would be the focus during next year. We will provide all specialties, the relevant section of the RCPCH curriculum to facilitate delivery of the learning objectives. If any specialty fails to provide certain aspects of the curriculum, we will then try to make alternative arrangements for trainees to supplement teaching to make sure trainees are able to gain required key skills. This would also help to make educational supervision more robust.
 - *This objective is successfully delivered and feedback received from almost all paediatric specialties.*
4. Increase in the duration of MRCPCH evening teaching sessions to 8 weeks. This will allow trainees 6 months of bed side teaching exposure in a year. This would help our initiative of improved bedside teaching to increase the success rate in the MRCPCH examinations.
 - *Where possible this has been implemented.*
5. We will try to link CUHPETG with other regional PETG's to enhance the training opportunities for the trainees.
 - *This objective is still on going*
6. Academic fellow posts: We would explore on how to secure the funding to make this a reality.
 - *We secured NIHR funding and appointed outstanding candidates to 2 posts in 2013 and 2 further posts in 2014. .*
7. Encourage medical students to take their PhD in paediatrics. We will liaise with the paediatric department to provide research opportunities for medical students in paediatrics. This would attract students to peruse their career in paediatrics.
 - *Professor David Dunger (acting Head of Department) continues to encourage students to undertake PhD in paediatrics. The establishment of Academic Foundation Posts in paediatrics has been a further initiative to attract the brightest students to this speciality.*
8. There are plans for change of venue for weekly PTALTM with provision of lunch
 - *We have started to have sponsors at some meetings and we are building up a database of sponsors and will be looking to increase the frequency of sponsorship for these meetings.*
9. We need to improve the facilities for trainees in the handover seminar room. This would require securing the funding.
 - *Upgrades have been made to the C3 Resource Room*
10. Historically trainees from NICU have found it difficult to attend the PTALTM. CUHPETG will continue to peruse strategies to enable trainees to attend
 - *Attendances from NICU have improved but this is still on on-going target to improve this further*
11. To allow senior trainees to chair trainees feedback sessions
 - *These sessions are now regularly being chaired by the Chief Residents and will be chaired by Dr Anna Maitre for the current Academic Year.*

Targets for the Next Year 2014-2016

2013-14 Targets (on-going)

1. Alternate the venue for PTALTM between paediatrics and neonatal units
2. Link PTALTM through video conferencing with other regional units

2014 -2016 Targets (new)

1. Successful delivery of the MRCPCH clinical examination – Amos Burke and CUHPETG
2. Creation of grid training post in Gastroenterology - Wilf Kelsall and Robert Heuschkel
3. Creation of Grid Training post in Allergy (CUH & Lister) – WK and AC
4. Reapply for the Grid Training post in PICU (CUH & Birmingham) – Shruti Agrawal
5. Reflect on the feedback provided by the members of RCPCH – Nadeem Abdullah
6. Formalise the consistency in dealing with 'Trainee in Difficulty' - NA and WK
7. Develop trainees feedback sessions to allow anonymous feedback – NA and JN
8. Continue to deliver MRCPCH mock examination annually - NA
9. Explore the option of e-learning induction programme – Mary Archibald, NA and JN
10. Monitoring of PICU and General Paediatric changes in the rota – Zoe Searle and BU
11. Trainees satisfaction survey – NA and Jonathan Northrop
12. Completion of some of the on-going targets set in 2012 – NA and JN
13. Address consultant's attendance in the PTALTM sessions – NA and CUHPETG
14. Grouping of the educational supervisors according to the grade of training - NA and ADM
15. Formalise the set date and time for CUHPETG meetings – NA and JN
16. Continue PTALTM sessions throughout the year without break in August – NA and JN
17. Publish the feedback obtained from the work experience students - Elena Cattaneo
18. Publish the outcome of 'Green Pen' audit and follow up questionnaire - Meredith Robertson

Paediatric Training Programme Administrator Role

- The Programme administrator is the first point of contact for trainees and maintains the database of all trainees, their rotations and monitors their e-portfolio.
- Helps to organise induction programmes. There are now ten inductions a year, three for foundation trainees (April, August & December), three for GPSTR trainees (February, June & November), two Inductions for the new four monthly rotations of the ST2-3 trainees (January & May) for both paediatrics and Neonates and the two for the main department change overs for both paediatrics and the neonates (March & September).
- Co-ordinates with RCPCH Tutor to invite speakers for the weekly PTALTM and maintains the record of attendances for the teaching and collates feedback for all the sessions.
- The Administrator organises evening teaching sessions for trainees in preparation for the MRCPCH clinical exams and arranges quarterly CUHPETG meetings and circulates the minutes.

Acknowledgements

We would like to acknowledge the contribution of those who have assisted in the training and delivery of paediatric education programme:

- Professor David Dunger, Acting head of the Department of Paediatric, University of Cambridge, Cambridge.
- Dr Wilf Kelsall, Head of school of Paediatrics, East of England Professional Deanery
- The members of the CUHPETG (Angela D'Amore, Sue Broster, Peter Heinz, Ken Ong, Shruti Agrawal, Helen Bailie, Amos Burke)
- Dr Robert Heuschkel for his support towards the training programme and in arranging funding to upgrade C3 resource room. He also arranges the management training sessions during PTALTM.
- Dr Rajiv Chaudhry for his assistance in making the MRCPCH Mock Clinical Exam a success
- Birgit Ulbrich, Associate Specialist in Paediatrics, for her contributions in assisting induction programmes, taking a lead for paediatric junior doctor's rota, co-ordination with medical personnel in arranging locums and other alternative arrangements for gaps in the acute on call covers. She also helps in arranging educational supervisors for all trainees.
- Trainees (Meredith Robertson, Anna Maitre, Elena Cattaneo, Faith Harries, Alex Chesover)
- All those who have contributed in the MRCPCH Evening Teaching Sessions
- Ricardo Garcia Branco, in helping all the changes in the PICU rota and reorganisation of teaching sessions.
- Zoe Searle, Medical Workforce Manager and Anne Saucier, HR Advisor Work Opportunities
- Mrs Mary Archibald, Postgraduate Medical Education Manager
- Jonathan Northrop, PGMC Programme Administrator
- This document has been supported by RCPCH but not reviewed by the college

Appendix 1

StR, SpR & Clinical Fellow Induction Programme Tuesday & Wednesday		
Time	Tuesday David Dunn Suite Combined Neonatal & Paediatric Induction	All New Staff
08.30 – 09.00	Welcome from the RCPCH tutor Training & Assessments	Dr Nadeem Abdullah
09.00 – 09.30	Clinical Governance & Risk	Dr Sue Broster
09.30 - 10.00	Safeguarding	Dr Lucy Preston / Denise Dinsey
10.00 –10.30 & 10.30 – 11.00	Infection Control	Debbie Marshall Please Split into Two Groups
10.00 –10.30 & 10.30 – 11.00	Coffee	
11.00 – 13.00	Resuscitation Training	Sam O'Hara / Dr Anna Curley /Dr Rajiv Chaudhry / Dr Vidheya Venkatesh/ Dr Peter Heinz / Phil Castle / Juliette Walters
13.00	Lunch	
	Attend the induction for the specialty you are joining Time table and is provided separately	

Trainees split for their specialties
Paediatric Induction: 13:30 – 17:00 PICU Induction: 13:30 – 17:00 Neonatal induction: 13:45 – 16:45

Wednesday Time table will be provided in the relevant units
PICU Induction: 09:00 – 17:00 in PICU Neonatal induction: 08:45 – 15:30 in NICU

Appendix 2

Table of Assessments September 2013

	LEVEL 1			LEVEL 2		LEVEL 3		
	ST1	ST2	ST3	ST4	ST5	ST6	ST7	ST8
SLEs (supervised learning events) – 20 SLEs per training year (FTE) (minimum 12)								
MiniCeX & Cbd	20 per year, 12 min* Ratio of MiniCeX to Cbd 2:1			20 per year, 12 min* Ratio of MiniCeX to Cbd 1:1		20 per year, 12 min* Ratio of MiniCeX to Cbd 1:2		
DOC				5		5		
AOP (assessment of progress)								
DOPs	A minimum of 1 satisfactory AoP for the each of the compulsory procedures**			1 satisfactory AoP for each of the compulsory procedures outstanding**		A minimum of 1 satisfactory AoP for the compulsory procedures within a specific sub-specialty curriculum**		
ePaed CCF				1***		1***		
ePaed MSF	1	1	(1)	1	(1)	1	1	(1)
Other Assessments that contribute to ARCP								
START						1		
MRCPCH								
MRCPCH written exams	1-2 written papers (desirable)	2 out of 3 written papers (essential)	All written papers (essential)					
MRCPCH Clinical Exam			Essential					
Trainers Report (inc ePortfolio review)	1	1	(1)	1	(1)	1	1	(1)

- Trainees must also complete accredited neonatal and paediatric life support training during Level 1 Training
- Trainees must achieve the level 1 and 2 Intercollegiate Safeguarding Competences by the end of ST3, the majority of Level 3 competences by the end of ST5 and all Level 3 competences along with the additional paediatrician competences by the end of ST8
- Years ST3, ST5 or ST8 may not be necessary in exceptional circumstances

* In each year there must be a safeguarding Cbd, a LEADER and a HAT assessment. ACAT must be assessed each year from ST4 onwards

** Skills log to be used to demonstrate development and continued competence.

*** ePaed CCF to be used as an additional tool when required

Appendix 3

Addenbrooke's Paediatric and Neonatal Postgraduate Activities Timetable September 2014

	Monday	Tuesday	Wednesday	Thursday	Friday
08:00				11 th – 12 th Neonatal Neurology 2 day Conference For further information please contact Dr Bharat Vakharia bharat.vakharia@ldh.nhs.uk Or Dr Claudia Chetcuti-Ganado Claudia.chetcutigando@ldh.nhs.uk	Paediatric Haematology and Oncology Teaching (J3 Seminar Room) 5 th , 12 th , 19 th , 26 th For further information please contact Dr Matthew Murray matthew.murray@addenbrookes.nhs.uk
08:30	NICU StR/SpR Teaching – General Neonatology (Rosie SR 2B) 1 st , 8 th , 15 th , 22 nd , 29 th	NICU StR/SpR Teaching (Rosie SR 2B) 2 nd – Neonatal Cardiology / Molecular Neonatology 9 th – Neonatal Neurology 16 th – Neonatal Surgery 23 rd – Neonatal Journal Club 30 th – Neonatal Cardiology / Molecular Neonatology Paediatric Neurology Academic Programme – 2 nd – Neuroradiology Lecture theatre level 4 Every 1 st Tuesday of the month) 9 th Neonatal Neurology (CDC Seminar room; Every 2 nd Tuesday of the month) 16 th Neurophysiology (CDC Seminar room; Every 3 rd Tuesday of the month) 23 rd Neuropathology (Barrett Room; Every 4 th Tuesday of the month)	NICU StR/SpR Teaching – General Neonatology (Rosie SR 2A) 3 rd , 10 th , 17 th , 24 th	NICU Grand Round (Rosie SR 2B) 4 th , 11 th , 18 th , 25 th	NICU Risk Meeting (Rosie SR 2A) 5 th – Neonatal Mortality Review 12 th – Risk Meeting 19 th – Neonatal Mortality Review 26 th – Risk Meeting Paediatric Neurology Academic Programme – 19 th – Neuroradiology Lecture theatre level 4 Every 3 rd Friday of the month) 26 th – Biochemistry (CDC Seminar room; Every 4 th Friday of the month)
09:00		Paediatric StR/ SpR Teaching (C3) 2 nd , 9 th , 16 th , 23 rd , 30 th	Paediatric StR/SpR Teaching (C3) 3 rd , 10 th , 17 th , 24 th	Paediatric StR/SpR Teaching (C3) 4 th , 11 th , 18 th , 25 th	Paediatric StR/SpR Teaching (C3) 5 th , 12 th , 19 th , 26 th 19 th - BPNA – Children's Headache Training For further information please contact sara@bpna.org.uk

Actual time table include the programme for the whole month and is distributed each month.

APPENDIX 4



QM1 EXECUTIVE REPORT FOR DEAN'S REPORT TO GMC 2014

Health Education East of England

TRUST:	Cambridge University Hospitals NHS Foundation Trust		
COLLEGE/SPECIALTY TUTOR:	Dr Nadeem Abdullah		
SPECIALTY:	Paediatrics		
EMAIL ADDRESS:	Nadeem.abdullah@addenbrookes.nhs.uk	DATE:	DD/MM/2014

Summary of last year's areas of concern. Please indicate how these have been addressed, providing evidence for this and outcomes. Please assign RAG statuses.

<u>Area of concern</u>	<u>Action</u>	<u>Evidence</u>	<u>Outcome</u>	<u>RAG Status</u>
Prescribing errors by trainees	Prescribing policy called 'Green Pen' was launched	Implementation of the policy confirmed in RCPCH Tutor Annual report	Significant reduction in the prescribing errors have been observed	Green
Trainees in NICU have found it difficult to attend academic lunch time meetings	Discussions with colleagues and nurses in the NICU to allow trainees to attend the meeting by making alternative arrangements to cover the rota for one hour	Attendance of the record is published in the annual report	NICU trainees attendance has now increased	Green

New areas of concern
Please report any areas of concern that have arisen since last year's report and how these were identified, including any concerns arising from the GMC National Training Survey 2014. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and assign RAG statuses.

<u>New area of concern and identification</u>	<u>Action</u>	<u>Timeframe</u>	<u>Outcome</u>	<u>RAG Status</u>
Recent RCPCH visit have highlighted that there were disruptions during the morning handover and the room was small and the set up could have been better.	Discuss in the CUHPETG meeting Raise the issue in the departmental meeting Agree with the action plan and possibility of changing the venue	August 2015	RCPCH Tutor to follow up on the action plans	Amber
Trainees Feedback: Some trainees find it difficult to agree on covering colleagues shifts on a very short notice	Discuss the concerns in the CUHPETG meeting	December 2015	Discuss the outcome and action plan in the CUHPETG meeting and agree with the action plan	Amber

Summary of last year's areas of good practice.

Please indicate how the areas of good practice have been disseminated and the evidence for this.

<u>Area of good practice</u>	<u>Method of dissemination</u>	<u>Evidence</u>	<u>Timeframe</u>
Successful delivery of the MRCPCH Mock Clinical Examination	e-mails Through college tutors within the region RCPCH website	Flyer and feedback forms RCPCH Tutor annual report	Completed
Changes in the induction programme - more time efficient	e-mails and minutes of the CUHPETG Meeting	Induction programme	Completed
Regular and robust supervision of trainees e-portfolio to allow prompt support and early identification of areas for reflection	e-mails Trainees are informed during Induction	Summary of ARCP outcome 2014	Completed and on going
Easy access to mentorship and carrier advice for trainees	RCPCH Tutor annual report	RCPCH Tutor annual report e-mails from trainees	Completed and on going
We have now obtained training numbers for all current training posts	RCPCH Tutor annual report	RCPCH Tutor annual report	Completed
100% response rate from the GMC survey over consecutive 2 years	RCPCH Tutor annual report Presentation in the departmental meeting	GMC survey	Completed
Increase in the duration of MRCPCH evening teaching to a 8 week block	e-mails	Teaching programme GMC Survey	Completed and on going
We have maintained top 3 ranking in the East of England in the GMC survey. Considering we have 51 trainees (i.e. quarter of the all the paediatric trainees in the East of England) is a big achievement.	e-mails Through college tutors within the region	Trainees feedback sessions minutes	Completed
To allow senior trainees to chair trainees feedback sessions. These sessions are now regularly being chaired by the Chief Resident	RCPCH Tutor annual report Trainees feedback sessions minutes	Audit and feedback from Pharmacist Reduction in the number of incident forms	Completed and on going
Prescribing 'Green Pen' policy has been very successful and has reduced the number of prescribing errors in paediatrics	E-mails Database of the all the errors	Will be published during next year's report	Completed and on going

New areas of good practice. Please give details of any new areas of good practice that have been identified since last year's report and the evidence for this.

<u>New area of good practice</u>	<u>Evidence</u>	<u>Dissemination</u>
Arrange the MRCPCH Clinical examination	e-mail confirming the arrangements form RCPCH	Through RCPCH RCPCH Tutor annual report
Implementation of SBAR during morning handovers	RCPCH Tutor annual report Session observed by during RCPCH visit	RCPCH Tutor annual report RCPCH Tutor annual report e-mails
Continue Paediatric Training and Academic Lunch Time Meetings throughout the year without break in August	New programme	
Changes in the trainees (General paediatrics and PICU) rota to allow better service delivery and training	Rota template	RCPCH Tutor annual report

Any other comments

It has been a successful year and all the achievement's and targets for the next year are highlighted in the annual report (available on request). As a department we continue to make progress and further evidence will be collected through trainees satisfaction survey in October 2014. We are committed to provide high quality of training to our trainees and reflect on the feedback.

I am very thankful to the Head of School of Paediatrics and all the members of the CUHPETG in making our training programme successful and raising the standards of paediatric training at Addenbrookes Hospital. It is due to the combination of all the efforts that we have now achieved top ranking in the East of England in the GMC survey when compared with the reasonably larger units in the region.