

DR SHIELA SHRIBMAN, SEPTEMBER 9 2004

Dr Shribman would you just like to explain to us just exactly what the Royal College's role whenever they was some sort of an issue within a Trust within a hospital and how you deal with it?

Fine. Yes we're approached quite often by hospitals, by Boards, by Health Authorities for recommendations to provide us with the names of experts to help them if they have a problem. It may be all sorts of different of problems and we would answer to the paediatricians if we were to put them in touch and they can then arrange to undertake something depending on what the issue is. We would suggest names of paediatricians, usually two, sometimes there's a need to meet with others such as nurses, and we would suggest an agreed terms of reference they could use so that everybody knows what they need to do.

What sort of issues are we generally talking about?

There could be a very wide range of things. It could be clinical issues, it could be a Service Confederation issue, it could be anything where people feel the Royal College might be able to assist.

So this could be about one paediatrician being concerned about the abilities of another?

It would be issues that a Trust or a Hospital thinks are important. We're not usually approached by individual paediatricians, so the hospital approaches us and it could be about anything.

So what is the format of your role. What happens then?

I would be the person approached. I would just know a very brief amount of information what this is about and I would then from a list we keep of experienced and wise paediatricians recommend a couple of names and then the Trust, the Hospital and those paediatricians would discuss what they were going to do next. They would agree a time frame, they would agree visits involved, discussions with people involved, what they need to be doing and then usually a written report would be produced or something like that.

And how long does that process generally take?

Well it would take certainly a few weeks. Sometimes a few months and clearly we try to be as prompt as we can but people have to be freed up from their duties to do this so we usually would start within a few weeks.

Would they speak to the people and if there was a protagonist involved they would speak to people and try to elicit what exactly the story was and what was going on?

Yes they would and obviously in order to form an opinion they need to decide who they needed to speak to and usually the Trust would facilitate that and we would come to some agreement and have that process done.

So when the report is actually finalized and complete what onus is on the people who have directed the report, what do they do with it?

Clearly they have been commissioned by the Trust to provide advice and they will provide their report to the hospital, to the Trust who had asked for it and then they would have completed their job subject to any questions that the hospital requested after having received the report, so the business is then finally completed. We would not have a copy of that. The College is only to facilitate the provisions of the experts to guide them.

What is in it for the College?

Well the College is as you know a professional body with interests and particularly in the education and training of paediatricians. We have a wide range of roles and through the College we wish to help, help within the NHS, we wish to provide expertise and advice and we have people who can do this sort of thing, so the College would undoubtedly be willing to help.

And generally is it important that the people you provide are outside the area of the hospital?

Yes. That would be the usual approach. We would certainly want to keep away from our local people who may already be involved in whatever the issue might be, so yes we would normally look at someone who is a bit further afield.

And that's important to maintain that integrity?

Yes, that's the approach we would normally take. One has to be pragmatic and look at the available but yes that would be our general approach.

If you go in and you do find something of concern what onus is on you then in terms of what do you do with that concern. Are you under, do you raise that further with the GMC or

I would raise it with the paediatrician and to my paediatricians that were involved in providing those experts. You have D2000 profession that you need to fulfil so you will clearly raise any concerns that you had with the appropriate authorities and one would always start with the people who have asked for your advice and you need to know what was happening, so yes it would be very appropriate to raise any concerns that we had.

What advice would you give to a paediatrician in the hospital in the UK who had concerns about the abilities of another of his clients?

This would be a different issue from the D types but perhaps someone who's not in a general enquiry. I would find out a little bit about the position and I would clearly try to ensure that all the local avenues for addressing any concerns had been taken. Sometimes people don't know what to do and you need to advise them that they should raise any concerns they have perhaps with their Clinical Director or the Medical Director or look at the arrangements within that hospital for raising any concerns and start there, and that's the right place to start, but clearly there are other avenues that we could take depending on the issue.

I suppose it also depends on the seriousness of the concerns, but if you were a paediatrician and you were aware or you had a concern about a paediatrician on your ward, I mean what do you see as your first avenue?

Well you have a duty and I would expect the avenue to be within your organization through the head of that department or if it happened to be the head of department clearly to the Medical Director or the next person in line and that's the place to start, and there are procedures and guidance that cover those eventualities.

And where do you see the GMC coming in?

Well the GMC has a special regulatory remit and if there are serious concerns there is a necessity to involve the GMC but that depends on the individual issue and the seriousness of it of course.

What can you tell us about the investigations that were carried out by the College at the Erne Hospital in Enniskillen?

Well my understanding is that we did provide names of experts, but of course as I explained earlier the work is confidential and the reports are provided to the Trusts so the hospital would be the people to approach if you required that information but we don't hold a record at the College about the outcome because that's not our business. Our business is to provide suitable people with expertise to give advice.

And how many times did you get involved at the Erne Hospital over the period 2000 to 2002?

I am given to understand that they asked twice for advice.

And if you were asked twice for advice generally speaking you would produce a report?

Usually it is a written report. It could initially be verbal advice. It really does depend on the issue and the ward would use that report within an agreed time frame.

And you would expect the Trust obviously to send word back down to the people who had actually maybe raised the concerns at the very start. Would it be up to the College to tell the person who had raised the concerns or is it up to the Trust?

Well I think the role of the College Advisor is to give that advice and then the Trust must take the necessary or appropriate action. That's the way the process works but clearly I can't comment on any specific situations, so I can't help you much there.

And you can't tell us any more information then about what actually happened at the Erne Hospital?

No, I can't.

Do you think that you would like to have more teeth in these investigations. Do you think that the Royal College would like to be able to go in and actually investigate and learn from whatever has happened in the hospitals concerned?

No, I don't think teeth is the right word. We have a natural interest of course. Paediatric care throughout the UK is an interesting international work but we're not a regulatory body. We're about education and training and training paediatricians for the future but we are interested of course in standards and services, but no I don't want us to have more teeth in that sense. We do have teeth in relation to internal inspections. ~~Sometimes we need to use these but this isn't really, how would you put it, from the teeth in.~~ There are other bodies that have responsibilities. We have the Health Care Commission who also have an inspection role so we need to avoid duplication and over-reacting and concentrate on what we're supposed to do.

Finally, how many of the visits would you be doing approximately a year now over the last four or five years?

It's very variable. For the individual pieces of advice we would be asked quite often but perhaps we would have organized four or five in the last year.

You don't do very many of those?

Not very large numbers in actual visits but we provide advice and generally most of the time they are borderline issues.

Given the number of the hospitals and the paediatricians in the UK why do you think that is. Why do you think you only do four or five a year?

Well I think it's the nature of life. There are many different sources of advice out there and as I've said most issues and problems are sorted out locally and they don't need anyone on the national scale to look at anything, that's how it is.

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