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Our Ref. mgt/hyp/pd
Your Ref. AD-0017-08

Ms Anne Dillon (Solicitor)
Hyponatraemia Inquiry
Arthur House
41 Arthur Street
BELFAST BT1 4GB

Dear Ms Dillon

Re: Education and Training in Fluid Management and Hyponatraemia in Children

This communication is in response to your letter of 30th October 2008 in which you enquire about the training provided to postgraduates (doctors and nurses) in fluid management, with particular reference to children. You further request that this office provide details of changes in fluid management which may have occurred in the past 50 years and the extent to which the DHSSPS 2002 and 2007 publications were incorporated into training programmes.

Your request is far reaching and may indicate an insufficient understanding of how postgraduate medical education is delivered, the role of NIMDTA and it's predecessor Council and how this role has changed significantly over the last 15 years.

To facilitate your enquiry and before I address the time line you have suggested, I propose to provide some background information around the concept of postgraduate medical education and changing roles and responsibilities.

The Northern Ireland Medical and Dental Training Agency (NIMDTA)

NIMDTA was established in 2004, under the Health and Personal Social Services Act, as a Special Agency, sponsored by the DHSSPS.

In common with the other twenty one Postgraduate Deaneries, within the United Kingdom, NIMDTA has a crucial and extensive role in assuring that patient care

is delivered by doctors trained to the standards set by the Postgraduate Medical Education and Training Board (PMETB), the GMC and expected by the DHSSPS. NIMDTA has no statutory role in postgraduate education of nurses.

The Agency is responsible for commissioning, managing and delivering postgraduate medical and dental training. This represents the vast bulk of the work of the Agency and includes, recruitment, assessment, remediation, educator development and the quality assurance of Trust and General Practice based education on behalf of PMETB. There is a misconception that Deaneries (and NIMDTA) are major providers of postgraduate medical and dental education, - the vast bulk of such education and training is provided and delivered within the service provided for patients and clients - Commissioning and Quality Management are our prime functions. However when training is requested to be delivered at a regional level, for General Medical and Dental Practice, and at the request of the Chief Medical Officer (CMO)/ Chief Dental Officer (CDO), then NIMDTA endeavours to deliver.

Postgraduate Medical Education (PGME) - changing roles and responsibilities.

Training pre-Calman (pre 1995)

Prior to this date, training was accredited through the Royal Colleges; curricula were variable or undefined; there was no recognised assessment process to mark when accredited training had been achieved; the duration of training varied between specialties and indeed, was generally not well defined.
Training was driven by the various Royal Colleges through their utilisation of professional examinations and the voluntary assistance of consultants and other senior doctors. Essentially the system was inefficient, training was hit and miss and only comprehensive by dint of the large number of hours worked, the enthusiasm of trainee doctors and the good will of senior doctors. There was little by way of quality assurance and evaluation of the professional examinations revealed little evidence of fitness for purpose.

Calman training (post 1995-7)

The then Chief Medical Officer for England, Sir Kenneth Calman, developed a more structured postgraduate specialty training programme in response to a requirement to bring British PGME in line with European practice.

Structured training introduced some fundamental changes into postgraduate medical education which were largely around Royal Colleges defining the minimum duration of specialty training and setting curricula for each specialty, ensuring that the standards recommended by the Colleges were recognised by the competent authority (Specialist Training Authority – STA), and developing

assessment strategies for marking progress to achieving it. Whilst the Royal Colleges proposed standards that were agreed by the STA, the postgraduate deans were responsible for implementing them. Postgraduate Deans did not have any statutory authority to demand delivery of the various curricula, but acted as "Honest Brokers" persuading the Colleges and Service Delivery Units to work together for the benefit of patients and trainees.

The organisation and management of Postgraduate Medical Education (PGME) varied between specialties and between different Deaneries with College and Deanery functions overlapping. Not surprisingly roles and responsibilities were poorly understood by the wider HPSS.

Training following the establishment of the Postgraduate Medical Education and Training Board (PMETB) (2003)

PMETB, a non-governmental, independent regulatory body was established by *The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003* to develop a single, unifying framework for postgraduate medical education and training. The Board began operations in September 2005 and took over the responsibilities of the Specialist Training Authority, of the Medical Royal Colleges and the Joint Committee on Postgraduate General Practice Training.

PMETB is responsible for:
- certifying doctors for the GP and specialist registers;
- prospective approval of all training posts that lead to the award of a Certificate of Completion of Training (CCT);
- approving specialist training curricula and assessments which are devised and submitted to PMETB by the medical Royal Colleges;
- quality assurance and evaluation of the management of postgraduate training;
- setting the overarching principles under which selection into specialist training must operate;

Approving curricula

PMETB ensures that curricula not only meet the standards to ensure the high quality of training, but that they are consistent across all medical specialties in the UK. Between 2006-8 PMETB undertook a review of all medical specialty training curricula leading to the award of a CCT so that they adhere to the principles in *Standards for Curricula* (enclosure 1) and are relevant to, and ready for specialist training. The Deanery is responsible for ensuring that the approved curricula are delivered locally.

In 2008 PMETB developed an overarching Quality Framework, (enclosure 2), within which the Postgraduate Dean is the accountable officer for delivery of the standards and quality of PGME.

The Hyponatraemia Timeline

Training prior to November 1995;

As stated above, prior to this date, training was accredited through the Royal Colleges; curricula were variable or undefined; there was no recognised assessment process to mark when accredited training had been achieved. Essentially the system was inefficient, training was hit and miss and only comprehensive by dint of the large number of hours worked, the enthusiasm of trainee doctors and the good will of senior doctors

Training November 1995 to March 2002;

I have little evidence of any change in training during this period, presumably due to little awareness of the specific cases and the problems associated with hyponatraemia in children. It is of note that, during this time period, international best practice was still controversial and preparation of definitive protocols not possible { McAloon, J and Kottyal, R. A Study of current fluid prescribing practice and measures to prevent hyponatraemia in Northern Ireland's paediatric departments Ulster Medical Journal 2005; **(74) (2)** 93-97.}
In March 2002, the then CMO, Dr Henrietta Campbell, wrote to all Medical and Nursing Directors of Acute Trusts, and Consultant Paediatricians, General Surgeons, Neurosurgeons, Anaesthetivists/Intensivists, Plastic surgeons and Accident and Emergency Consultants advising them about "Prevention of Hyponatraemia" with enclosed guidance (enclosure 3).

I can find no record of receipt of this guidance within the records of the former Northern Ireland Postgraduate Medical and Dental Council (this Council predating the establishment of NIMDTA).

However on the 8th July 2004, Dr Campbell wrote to my predecessor, Dr J McCluggage, asking him to request that the Postgraduate Training Committees consider "Training in Fluid Administration" a priority. On 20th July 2004 ,Dr McCluggage forwarded this request to senior trainers within Paediatrics and the Medical Specialties (enclosures 4,5).

July 2005

In June 2005, the Inquiry wrote to my predecessor, but your letter of enquiry was forward to myself. I replaced Dr McCluggage, on his retirement, as CEO/Postgraduate Dean, in October 2004.

On 14th June 2005, I wrote to the following within Northern Ireland,

- ✓ All Advisers/Training Programme Directors of Specialty Training Committees
- ✓ (excluding Public Health, Occupational Health Medicine and Hospital Dentistry)
- ✓ All Postgraduate Clinical Tutors
- ✓ All Educational Co-coordinators
- ✓ Dr A McKnight (Director of Postgraduate General Practice Education)

requesting evidence about training delivered and how it had changed within the time-line described in the letter in June 2005 (enclosure 6).

In August 2005 I provided a summary of the responses from the above to the then CMO, Dr Henrietta Campbell (enclosure 7). This summary reported a positive response from the acute trusts, especially since 2003. The Paediatricians also developed a regional response to this issue. Unfortunately I had no reply from the School of Anaesthesia due to ill health of the administrator. As a practising anaesthetist I know that fluid management in adults and children is widely taught but wished to await a response supported by evidence.
I wrote back to all the responders in September 2005, thanking them for their timely reply and requesting further documentary evidence of programmes.
(The responses of the all above are held on file)

Your Inquiry was suspended in October 2005.

On 27th April 2007 , a joint letter was issued by the Chief Medical Officer, Dr M McBride, Chief Pharmaceutical Officer, Dr Norman Morrow and the Chief Nursing Officer, Mr Martin Bradley, to a wide range of senior colleagues within the HPSS, alerting them to the NPSA Patient Safety Alert 22:
Reducing the risk of Hyponatraemia when administering intravenous infusions to Children (enclosure 8).

While this Agency was not on the distribution list, I became aware of Alert 22 through my own clinical practice and through contact with Dr Maura Briscoe, Safety and Quality and Standards Directorate. Following a series of meetings I decided that NIMDTA would target certain audiences for training;

- ✓ All Foundation Doctors (those starting training in the two years following graduation)
- ✓ Paediatrics
- ✓ Anaesthesia
- ✓ GP's (during hospital practice)
- ✓ Emergency Medicine
- ✓ Surgery
- ✓ Obstetrics and Gynaecology

On 21st May 2008, I wrote to all Heads/Deputy Heads of the above Schools, advising them the National Patients' Safety Authority, Alert 22 (enclosure 9).

I enclosed the Regional Paediatric Central Fluid Therapy Chart developed by the Department of Health and also a Workforce Competence Statement developed by the National Patients' Safety Agency to guide them in implementing and imbedding training in this area.

On 30th June 2008, on my instruction, the Associate Dean for Foundation Training contacted all Foundation Doctors and their educational supervisors, advising them that completion of the BMJ learning module on Hyponatraemia was now mandatory and failure to complete the module would lead to an adverse outcome to their completion of training (enclosure 10).

To date 206/234 first year foundation doctors and 183/234 second year doctors have successfully completed the module and NIMDTA will continue to exhort the remaining to complete.

On 3rd November I received a letter informing me that your Inquiry had recommenced.

A detailed response from Paediatrics (31/01/2009) to my request in May 2008 is enclosed (enclosure 11) and I will continue to gather responses from the other postgraduate schools.

Yours sincerely

Dr T McMurray
Chief Executive/Postgraduate Dean

Enc.
(1) PMETB – Standards for curricula and assessment systems
(2) Operational Guide for the PMETB Quality Framework
(3) Correspondence from CMO – March 2002
(4) Correspondence from CMO – July 2004
(5) Correspondence from PGD – July 2004
(6) Correspondence from PGD – June 2005
(7) Summary of responses to CMO – August 2005
(8) Correspondence from CMO/CPO/CNO – April 2007 (Circular HSC (SQS) 20/2007) – Alert 22
(9) Correspondence from PGD – May 2008
(10) Email correspondence from Associate Dean FP – June 2008
(11) Correspondence from HOS Paediatrics – January 2009