Witness Statement Ref. No. 027/2

NAME OF CHILD: RAYCHEL FERGUSON

Name: Joe Devlin

Title: Doctor

Present position and institution:
GP,
Abbey Medical,
Abbey Street,
Derry

Previous position and institution: Junior House Officer, Surgery, Altnagelvin Hospital
[As at the time of the child's death]

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since your Witness Statement dated 1st July 2005]

None

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death since your Witness Statement dated 1st July 2005]

No other statement made.

OFFICIAL USE:
List of previous statements, depositions and reports:

Ref:	Date:	
027/1	01.07.2005	Inquiry Witness Statement

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached

I. QUERIES IN RELATION TO YOUR MEDICAL QUALIFICATIONS, EXPERIENCE, TRAINING AND RESPONSIBILITIES

(1) Please provide the following information:

(a) State your medical qualifications as of the 8th June 2001.

MB BCH

(b) State the date you qualified as a medical doctor.

July 2000

(c) State the date of your appointment to Altnagelvin Hospital, and the role to which you were appointed.

Aug 2000 as a Junior House Officer.

(d) Describe your career history before you were appointed to Altnagelvin Hospital.

Medical student 1995-2000 in Queens University Belfast.

(e) Describe your work commitments to the Altnagelvin Hospital from the date of your appointment to the 8th June 2001, stating the locations in which you worked and the periods of time in each department/location.

Worked as a medical JHO from Aug 2000 – Feb 2001. Then as a surgical JHO from Feb 2001 – Aug 2001.

Some of the duties of a JHO at that time was to clerk in new patients (i.e. write up admission notes for patients) and suggest treatment plans then to liaise with the Senior House officer who would also see the patient and approve the plan. Duties also of a JHO included re-writing Kardexes, administering first doses of IV antibiotics, chasing up radiology results, writing discharge letters, changing venflons and catheters, doing ECGs if required. Accompanying senior staff on ward rounds and writing the ward round notes

JHO is a pre-registration year and most of work done is checked by senior staff.

(f) Describe your duties as Junior House Officer at Altnagelvin Hospital on the 8th June 2001.

Mostly as described above. I can't remember the specific duties I may have had that day.

(g) How much experience did you have as part of the surgical team at Altnagelvin Hospital by the 8th June 2001?

About 4 months.

(h) How much experience did you have of working on a paediatric ward by the 8th June 2001?

I had no specific paediatric postgraduate training at that time. As a surgical JHO, one would have sometimes been on the paediatric ward as part of the surgical team only. Much less time would be spent on paediatric wards than general surgical wards.

(2) At the time of your appointment to Altnagelvin Hospital were you provided with training or induction and if so,

(a) Describe the training or induction which you received.

There was an induction session I believe.

I think induction day was just general things like where the canteen was, how the bleepers worked, where we would be living, how we were paid. No specific medical training.

I had some experience of being in Altnagelvin as part of work shadowing when I was a medical student.

(b) State the date or the approximate date when you received any training or induction.

Just before taking up the post in Aug 2000.

(c) Identify the person(s) who delivered this training or induction.

I can't remember. I think the medical director at time gave part of the talk.

(d) Indicate if you received any documentation at this training or induction.

Apart from a copy of our contract of employment, I don't believe so.

(3) Provide full details of any advice, training or instruction which was provided to you at Altnagelvin Hospital in order to inform you about any of the following matters

- Hyponatraemia

No specific training in this area.

- Post-Operative Fluid Management

  In relation to adult fluid management, as well as undergraduate training, many of the skills were learned on the job. In relation to children, again we were taught basic fluid management during our paediatric undergraduate training. As far as I can recollect JHOs did not write up fluids for children and I cannot recall any specific training offered by Altnagelvin in this regard,

- Record keeping regarding fluid management

  I don't believe there was specific training re: record keeping regarding fluid management by Altnagelvin. My understanding was that Nurses kept these records, re: input and output, as well as the vital signs.

And address the following -

(a) Who provided this advice, training or instruction to you?

No specific formal training in these areas.

(b) When was it provided?

As above – no specific training.

(c) What form did it take?

N/A

(d) What information were you given?

N/A

(e) In particular what information were you given in relation to the allocation of responsibility for prescribing intravenous fluids for post-operative children?

This task was done by more senior staff (i.e. SHOs/Reg/Consultants). I have no recollection of prescribing fluids for post op children.

II. QUERIES ARISING OUT OF YOUR INITIAL STATEMENT TO THE INQUIRY (WS-027/1)

(4) *"I have a vague memory only of being requested to prescribe an anti-emetic for Raychel. I was told that she was less than 24 hours post appendectomy. She had apparently vomited on a few occasions that afternoon but had been drinking fluids earlier in the day."* (WS-027/1 Page 2)

(a) On the afternoon of the 8 June 2001 which doctor on the surgical team had responsibility for Raychel's care?

I do not recall. However upon reading the records I believe it was Mr.Zafar who was SHO on call, Mr Bhalla the Registrar, and Mr. Gilliland was the consultant in charge of her care.

(b) In 2001 what arrangements were in place for the purposes of enabling nursing staff to contact members of the surgical team about a surgical patient?

Usually just bleeped Dr. on call.

Sometimes if a Dr. was on the ward they would approach them directly.

(c) How did nursing staff contact you in relation to Raychel?

I was on the ward seeing a different patient and a Nurse asked me to give Raychel an iv injection of Zofran for sickness.

(d) At any time on the afternoon of the 8 June 2001 had you been 'bleeped' by nursing staff to attend Raychel?

I don't think so.

(e) In 2001, in what circumstances would a surgical JHO on duty in Altnagelvin Hospital have turned his bleeper off?

I don't know of any circumstances when a surgical JHO would turn his bleeper off.

(f) How would a nurse be able to make contact with a surgical JHO if they are not responding to their bleeper?

I don't know. Maybe ask switch board to ring the common room or the Junior Dr. house. The on call room if after 5pm.

(g) Had you come to Ward 6 specifically in order to see Raychel, or for some other purpose?

I was seeing another patient when a nurse asked me to give Raychel an anti-emetic before leaving the ward.

(h) Identify the name of the person who asked you to prescribe the anti-emetic?

I can see from the records it was a Nurse Rice.

(i) Apart from the person who asked you to prescribe the anti-emetic, identify any other nurse or doctor with whom you had dealings in relation to Raychel on the 8th June 2001?

I don't think I had discussed Raychel's case with any other Dr. or Nurse.

(j) At what time (approximately) did you attend with Raychel?

Late afternoon 5-6pm I believe.

(k) How long did you spend with Raychel (approximately)?

A few minutes.

(l) Who was present with Raychel when you arrived with her?

I think her mum was there and maybe other family too .

(m) You have described what you can recall of what you were told about Raychel. Identify the person who gave you this history?

Again I presume it was Nurse Rice.

(n) Apart from the history you have set out, were you provided with any other information about Raychel's history or condition, whether orally or in a document?

I can't remember. It would be my usual practice to look at the obs chart at the bottom of the bed.

(o) Did you make any other inquiries about Raychel's history or condition after being provided with the history you have described, whether from nursing staff, her parents or anyone else? If so, what were you told about her history or condition?

I can't remember. I think it would be likely I would have talked briefly to the child and maybe her mother. I don't think I asked any specific additional questions about the history or condition. This would be normal practice at the time.

(p) Did you have access to Raychel's notes and if so, did you read them? If you read the notes what did you learn about Raychel's history or condition?

I don't think I looked at Raychel's notes. I could have accessed them if I had felt necessary at the time.

(q) If you didn't consult the notes please explain why you didn't?

It would have been acceptable practice at the time to administer a child who was post op an anti-emeic if requested to do so by a nurse. This would be normal practice in this situation.

(r) When you attended with Raychel what was your understanding of each of the following matters:

(i) The duration of Raychel's vomiting;

Raychel had one vomit in the morning and two in the afternoon.

(ii) The amount of her vomiting;

From the records she had a large morning vomit and two small vomits that afternoon.

(iii) The intravenous fluids she had received and was receiving?

I knew she was on solution 18 iv fluids. I didn't check the rate.

(s) When you attended with Raychel did you take any steps to check how her fluids were being managed having regard to the following matters:

(i) The type of fluid for maintenance;

No.

(ii) The rate of fluid (80 ml/hr);

No.

(iii) The volume of fluid;

No.

(iv) The fact that she had been vomiting

No

(v) The requirement, if any, for replacement fluids, and if so, whether this requirement was being met.

JHOs were not responsible for writing up fluids for children. I knew Raychel was on sol. 18 iv fluids but I didn't look at how much.

(t) If you did check how Raychel's fluids were being managed in respect of any of the above matters, did you identify any concerns, and if so, did you take any steps to address those concerns?

I didn't check on Raychel's fluid management. See response at 4 (s) (v) above.

(u) After receiving the history referred to above, did you examine Raychel? If so, please outline the nature of the examinations that you carried out and any findings that you made.

I did not examine Raychel as I didn't feel it was necessary. I felt the vomiting was consistent with her recent operation and anaesthetic and that the request by the nurse to give an anti-emetic was reasonable.

(v) If you did not examine Raychel, please explain why you didn't?

As above.

(w) Did you consider why Raychel was vomiting and if so, did you make any diagnosis in relation to the cause of her vomiting?

I thought that the vomiting was likely due to the recent operation and anaesthetic Raychel had received.

(x) Did you consider and reach any conclusion about the significance of Raychel's vomiting?

As above.

(y) Did you consider having Raychel's electrolytes checked? If you did not give any consideration to this please explain why you didn't.

I didn't think to check Raychel's electrolytes. I didn't think her vomiting was that bad at that time. There was no protocol at that time in relation to checking electrolytes.

(z) Which members of the surgical team were on duty at the time you attended Raychel on the 8th June 2001?

I don't remember but from the records the SHO was Mr. Zafar, the Reg was Mr. Bhalla and Mr. Gilliland the Consultant.

(aa) Did you consider seeking advice from a more senior doctor in the surgical team? If you did not give any consideration to this please explain why you didn't.

I didn't feel Raychel's vomiting was significant enough to contact more senior doctors. I did ask the nurse to recontact the surgical doctor on call if the injection didn't work.

(bb) What factors did you take into account when deciding to prescribe IV Zofran?

IV Zofran was a common used anti-emetic in post operative nausea. I gave it by way of IV as I thought that Raychel could vomit up a tablet.

(cc) Why did you think it was appropriate to prescribe IV Zofran?

It was a commonly prescribed anti-emetic for post operative nausea.

(dd) What was your objective in prescribing IV Zofran?

To stop the vomiting.

(5) *"When I saw Raychel she was vomiting. She did not appear to be dehydrated or distressed. I felt it was reasonable for a child to vomit within 24 hours of surgery. I felt i.v. Zofran was an appropriate teatment."* (WS-027/1 Page 2)

(a) Was Raychel vomiting into any form of receptacle when you saw her?

I think she was vomiting into a kidney dish.

(b) What was the duration of the vomiting that you observed?

I can't remember, at this far remove.

(c) Had the vomiting ceased when you left Raychel's bedside?

I can't remember, at this far remove.

(d) If you examined the vomit, describe its nature and its volume. If you did not examine the vomit, please say why you did not do so.

I cannot remember what the vomit looked like.

(e) Identify any nurse or doctor who was present when you saw Raychel vomiting.

I cannot recall if there was anyone with me, at this far remove.

(f) Did you report the vomiting to any nurse or doctor and if so,

(i) Identify who you reported it to;

I don't recall reporting the vomiting at this far remove.

(ii) Describe any discussion which you may have had in relation to it.

I don't recall a discussion in relation to the vomit at this far remove.

(g) What steps did you take to establish that Raychel wasn't dehydrated?

Raychel did not appear dehydrated. I don't remember her being pale or having a dry mouth or sunken eyes.

(h) Why did you think it was appropriate to prescribe IV Zofran?

Answered already - see 4 (cc) above

(i) What was your objective in prescribing IV Zofran?

Answered already. - see 4 (dd) above

(j) Did you make any note in relation to any of the following matters, and if so, please describe or indicate the document in which you made the note:

(i) The vomiting which you witnessed;

No

(ii) Any history which you received;

No

(iii) Raychel's condition when you saw her;

No

(iv) Any examination which you may have carried out;

No examination was carried out.

(v) Any findings or (differenital) disgnosis you may have made;

I thought the vomiting was due to post operative nausea.

(vi) Your reasons for precribing an anti-emetic;

To treat the post operative nausea.

(vii) The administration of the anti-emetic and the time of the administration;

It was administered between 5- 6pm. (see the Kardex recording sheet)

(viii) Any plan for folow up.

Follow up was left at the descretion of the Nursing staff.

(ix) Any other matter?

No

If you did not make a note in respect of any of the items referred to above, please explain why you did not do so.

At that time a note was not always made for every clinical encounter. I didn't feel it necessary to make a note. I felt Raychel had a common post operative problem. I thought the anti-emetic would stop the vomiting. I felt confident that the nursing staff would recontact the on call Dr. if problems persisted.

(6) *"I asked the nursing staff to contact the on-call team if there was any further deterioration."* (WS-027/1 Page 2)

(a) Which member(s) of the nursing team did you speak to when advising that the on call team should be contacted in the event of deterioration?

I can't remember. Maybe Nurse Rice again.

(b) When you refer to the on-call team, who are you referring to? Identify the members of the on-call team by name, seniority (eg JHO, SHO etc) and discipline (eg. Surgical, paediatrics etc.)?

Dr Curran was the Surgical JHO on call, Mr. Zafar was the Surgical SHO on call and Mr Bhalla was the Surgical Registrar. Mr. Gilliland was the Surgical Consultant in charge. I didn't know who was on call for paediatrics but from reading the notes it would appear to be Dr. Johnston paediatric SHO, Dr. Trainer, Paediatric Registrar and Dr. McCord paediatric consultant.

(c) In what circumstances would you have expected the nursing team to have contacted the on-call team?

If Raychel continued to vomit, if her parents were concerned, if the observations were abnormal, and/or if the nurses had any concerns.

(d) Did you consider making arrangements to review Raychel's condition yourself? If not, please explain why you did not do so.

I was not the Dr. on call. I didn't feel that Raychel would need review. I thought the nurses were well able to contact the Dr. on call themselves if there were any further issues.

(e) At what time (approximately) did you start duty and complete your duty on the 8th June 2001?

I think my duty started at 8.30am and was supposed to be finished at 5pm.

(f) Was there any provision for a hand-over when you went off duty, and if so, was Raychel discussed as part of any hand-over?

Sometimes patients were discussed as part of a hand over. I didn't think Raychel would need further attention so I have no recollection of discussing her case with the Dr. on call.

(g) Were you aware that your colleague Dr. Curran was asked to attend Raychel later on the evening of 8th June 2001?

Yes I became aware of this the following day, when he talked to me.

(h) Did you discuss Raychel's condition with Dr. Curran on the 8th June 2001?

I have no recollection of doing this.

III. QUERIES IN RELATION TO THE WORKING ARRANGEMENTS OF THE SURGICAL TEAM AT ALTNAGELVIN HOSPITAL IN JUNE 2001

(7) What arrangements were in place to allow you to communicate with and seek advice from more senior doctors in the surgical team such as the Consultant or the Specialist Registrar?

I would bleep the SHO first of all and he would relay any concerns to more senior Dr.s or advise me to contact the Registrar if he was busy.

(8) In what circumstances were you expected to seek further information and advice from your more senior colleagues in the surgical team?

Any cases you were concerned about or you felt you didn't have enough experience to manage.

(9) In what circumstances were you expected to report the condition of a patient to more senior colleagues in the surgical team?

Any patients you were concerned about or problems you didn't feel able to manage by yourself.

(10) What arrangements were in place for the supervision of your work as a junior house officer?

All emergency admissions were reviewed by senior staff. Most existing patients were seen on a daily ward round. For any problems which arose during the day, the SHO could be bleeped or the senior nursing staff asked for advice.

(11) Are you aware whether any steps were taken by Consultant Surgeons at Altnagelvin Hospital to ensure that you had acquired sufficient knowledge to carry out all of the duties expected of you when working without supervision? If you are aware that steps were taken,

(a) Specify to the best of your knowledge the steps that were taken.

Final medical exams and work shadowing as a 5th year medical student were expected to ensure you were able to work as a Junior House Officer.

(b) Consultant Surgeons would teach on ward rounds and there were some educational meetings during the year. Of course as JHOs we presented cases during the ward rounds and were quizzed on what we presented, so consultants would have been able to assess our history taking/examination skills and findings/proposed treatment plans then.Identify the Consultant(s) who took any particular steps to ensure that you had acquired sufficient knowledge.

No specific knowledge test or practical assessment done by any Consultant that I am aware of.

(c) Explain how you demonstrated that you had acquired sufficient knowledge to enable you to perform the duties expected of you without supervision

More senior doctors, consultants and nurses would have had first hand experience of seeing my work.

(12) Clarify whether there were any arrangements in place in 2001 to allow members of the surgical team in Altnaglevin to obtain paediatric medical advice or assistance for the care of a surgical patient?

If so, please address the following matters:

(a) Were these arrangements formal or informal?

Probably informal.

You could ask the Paediatric Reg for an opinion, if asked to do so by one of the more senior members of the surgical team.

(b) Describe the main features of those arrangements?

A letter could be sent to the paediatric registrar for an opinion or they could be bleeped if it was more urgent.

(c) Was paediatric medical advice and assistance available upon request to surgical junior house officers and surgical senior house officers caring for surgical patients on Ward 6?

Yes

If so, please address the following:

(i) How was a JHO or a SHO expected to make a request for paediatric medical advice or assistance?

A letter could be sent or the Paediatric registrar bleeped for an urgent opinion.

(ii) To whom was a request to be directed?

Usually the paediatic registrar I think.

(iii) On what matters could paediatric medical advice or assistance be requested by a JHO or SHO?

If a condition was felt to be more a medical than a surgical problem, and the attending senior surgeon felt he needed advice on management. Examples would be a bad chest infection or non-surgical causes of abdominal pain.

(iv) How was a JHO or SHO advised of the arrangements by which they could make a request for medical advice or assistance?

I think we learned it as part of work shadowing. We were possibly told how to do it by more senior members of the surgical team.

(v) Did you give any consideration to seeking input from a paediatrician in Raychel's case?

Not at the time of my assessment of her.

(d) In general, were any arrangements in place to promote good communications between the paediatric medical team and the surgical team with regard to the care of surgical patients? If so, please describe those arrangements?

I'm not aware of any such arrangements in 2001.

IV. **QUERIES ON THE ISSUE OF FLUID MANAGEMENT**

Please provide clarification and/or further information in respect of the following:

(13) In June 2001 who in Altnagelvin Hospital was responsible for organizing the structure and allocation of responsibilities for post-operative fluid management for paediatric cases?

I don't know.

(14) Prior to 8th June 2001:

(a) State your knowledge and awareness of the cases of Lucy Crawford, Claire Roberts, or Adam Strain, and the issues arising from those cases.

No knowledge of those cases at that time.

(b) State the source(s) of your knowledge and awareness and when you acquired it.

As part of this enquiry. I think I knew there were other children who had died due to hyponatraemia in 2005 at the time of my first statement.

(c) Describe how that knowledge and awareness affected your care and treatment of Raychel.

No knowledge at the time of treating Raychel.

(15) Since 8th June 2001:

(a) State your knowledge and awareness of the cases of Lucy Crawford, Claire Roberts or Adam Strain, and the issues arising from these cases.

I knew there was an issue with solution 18 and hyponatraemia in post op children around 2005.

(b) State the source(s) of your knowledge and awareness and when you acquired it.

Probably through the media.

(c) Describe how that knowledge and awareness has affected your work.

As a GP I don't prescribe IV fluids to children.

(16) Prior to Raychel's death were you aware of the literature which highlighted the dangers posed by the administration of hypotonic fluids to children during the immediate post-operative period? eg. Arieff AI, Ayus JC. British Medical Journal 1992: 304; 1218-1222. Hyponatraemia and death or permanent brain damage in healthy children, or Halberthal M, Halperin ML, Bohn D. British Medical Journal 2001: 322; 780-782. Lesson of the week: acute hyponatraemia in children admitted to hospital: retrospective analysis of factors contributing to its development and resolution.

Not aware of this research prior to Raychel's death.

(17) Describe in detail the education and training you have received in fluid management (in particular hyponatraemia) and record keeping, to include any particular training relating to fluid management in children, and provide dates and names of the relevant institutions/bodies, by reference to the following:

(a) Undergraduate level.

Learned as a medical student that No.18 solution was preferred choice in postoperative surgical paediatric cases.

Dosage was 100ml/kg/day first 10kg, then 50ml/kg/day next 10kg, then 20ml/kg/day rest body weight.

(b) Postgraduate level.

Change in policy in Altnagelvin after 2001 to use normal saline or Hartmann's solution in post op children.

Also policy that electrolyte bloods are to be checked more regularly for patients on IV fluids.

(c) Hospital induction programmes.

No training that I recall.

(d) Continuous professional development.

IV fluid management not relevant to my job as a GP.

(18) In June 2001 were you aware of the factors that could cause an electrolyte imbalance in a paediatric patient following surgery? If so, please identify the factors, and indicate whether any of those factors were present in Raychel's case at the time of your attendance with her?

In 2001 I would be aware of some factors that could cause electrolyte imbalance in postoperative patients. Bleeding, infection, vomiting, diarrhoea, fluid administration, hormonal response to surgery, bowel obstruction, medications could all cause electrolyte imbalance.

Raychel had some vomiting and was on IV fluids.

(19) In 2001, what did you regard as the appropriate way to manage a child who was still experiencing episodes of vomiting more than 12 hours after surgery, and who was in receipt of hypotonic intravenous fluids? Please set out all the steps that a JHO should have taken in those circumstances.

With my level of experience at the time I felt it was reasonable to assume that Raychel was suffering from postoperative nausea and vomiting.

I had no involvement in her fluid management but would have felt that no.18 solution was an appropriate choice as that was the guideline at the time.

I felt that giving Rachel an anti-emetic medication and asking my nursing colleagues to monitor her condition was a reasonable management decision.

(20) In 2001, what did you understand were the possible dangers for a child who was experiencing prolonged vomiting after surgery and who was in receipt of hypotonic intravenous fluids?

I wasn't aware at the time that Raychel was suffering from prolonged vomiting, as this is not what I was told. I though Raychel had been recovering well earlier in the day. Hypotonic fluids were the accepted treatment at that time for postoperative children.

(21) Prior to 8th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the:

(a) Estimated total number of such cases, together with the dates and where they took place.

No other cases

(b) Nature of your involvement.

No involvement.

(c) Outcome for the children.

Not applicable.

(22) Since 8th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the:

(a) Estimated total number of such cases, together with the dates and where they took place.

None

(b) Nature of your involvement.

No involvement

(c) Outcome for the children.

Not applicable

V GENERAL

Please address the following:

(23) The Inquiry has been provided with observation sheets in respect of Raychel for the 7th June (Ref: 020-016-031) and the 9th June 2001 (Ref: 020-016-032)? Do you know whether an observation sheet was completed for the 8th June 2001?

I don't know. I would presume so.

If an observation sheet was completed for the 8th June 2001, please address the following matters:

(a) Do you know what has become of that document?

No.

(b) Did you make any entries in that document?

I don't think so.

(c) If you did make entries in that document are you able to provide any indication of the content of those entries?

No

(24) After Raychel's death were you asked to take part in any process designed to learn lessons from the care and treatment which she received and your role in it, to include any issue about her fluid management? If so,

(a) Describe the process which you participated in.

No invitation to participate in such a process.

(b) Who conducted it?

N/A

(c) When was it conducted?

N/A

(d) What contribution did you make to it?

N/A

(e) Were you advised of any issues relating to your role in Raychel's care and treatment?

No

(f) Were you advised of the conclusions that were reached, and if so, what were they?

No conclusions about my management of Raychel's case.

(g) Describe any changes to fluid management practice that you were made aware of at Altnagelvin Hospital following Raychel's death.

No.18 solution was withdrawn from use.

Protocol for regular blood checks for all patients on fluids.

(25) Provide any further points and comments that you wish to make, together with any documents, in relation to:

(a) The care and treatment of Raychel in Altnagelvin Hospital between the 7th – 9th June 2001.

I felt my treatment of Raychel was adequate for my level of expertise and existing protocols at the time.

(b) Record keeping.

I felt my record keeping was adequate for the treatment I had provided at the time.

(c) Communications with Raychel's family about her condition, diagnosis, and care and treatment.

I don't recall any specific communication with Raychel's family at the time I administered the anti-emetic.

(d) Working arrangements within the surgical team and support for junior doctors.

I thought at the time that support was adequate for junior Dr.s in 2001.

(e) Lessons learned from Raychel's death and how that affected your practice at Altnagelvin or elsewhere.

Protocols were changed after Raychel's death in relation to administration of fluids in post-operative patients.

(f) Current Protocols and procedures.

I don't know what current Protocols in the hospital are.

(g) Any other relevant matter.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed: Joe Devlin **Dated:** 16/6/12