

From: Kelly Roisin
Sent: 10 December 2004 14:32
To: Mills Hugh
Cc: MacSherry Eavan
Subject: PQ - IV Fluid

Importance: High



PQ IV FLUID.DOC

Please find PQ below for your information/comments.

Thanks
Roisin

-----Original Message-----

From: Kelly Roisin
Sent: 10 December 2004 14:30
To: Kettyle Jenny
Subject: FW: FAO Dr Cody
Importance: High


Dr Cody,

Please find attached a copy of Mr Fee's proposed answer to this question. As you will note Dr O'Donohoe has responded to this, however we have been given the chance to provide a Trust response to this question rather than use the text below.

I would be grateful if you could provide me with any amendments as soon as possible. The department are already late in responding to this question but are holding for our response.

Thanks
Roisin

-----Original Message-----

From: Wallace, Christopher [mailto:Christopher.Wallace@
Sent: 10 December 2004 11:17
To: Kelly Roisin
Subject: Parliamentary Question
Importance: High

Roisin,

As discussed - attached is a copy of a Parliamentary Question:

Tabled By: Iris Robinson

QUESTION IN FULL: To ask the Secretary of State for Northern Ireland, whether the topic of fluid management is taught in induction training to all junior doctors who commence posts in paediatric medicine in the Province. 202047

Initially the Northern Ireland Medical & Dental Training was asked to provide input and as part of that process the Agency obtained input from Paediatric Units - I am therefore attaching a copy of Dr O'Donohoe's input to that process.

I should be grateful if you would confirm the position as described in Dr O'Donohoe's e-mail and arrange to provide formal Trust input to this PQ.

An urgent response would be appreciated.

Many thanks.

Chris Wallace
Workforce Development Unit

-----Original Message-----

From: O'Donohoe Jarlath [mailto:JODonohoe@
Sent: 09 December 2004 10:49
To: gillian.diffin@
Cc: Jarlath.McAloon@ Nethercott Raymond; Cody Diana
Subject: RE: FW: FW: URGENT Parliamentary Question No. 3778/04 - To ask the Secretary of State for Northern Ireland, whether the topic of fluid management is taught in induction training to all junior doctors who commence posts in paediatric med

This message is bound by the disclaimer below.

To: Gillian Diffin, Northern Ireland Medical and Dental Training Authority

Thank you for your phone call on the parliamentary question about SHO training in fluid prescription. I had received an e-mail from Dr McAloon this morning and had started to draft a reply to him. I have completed this at very short notice and I hope that I have not overlooked any major issues in my haste.

Technically the named person for training would be Dr R Nethercott but since he is currently away, the time scale is so very short and since I was involved in putting most of the current arrangements in place I am sending this reply. I will send copies of this to Dr Nethercott, Dr McAloon and Dr Cody the current Medical Director here.

re: Erne Hospital, Enniskillen.

Fluid administration is taught on the induction course for SHOs starting in paediatrics for the past few years, approximately 4 or 5. It is based on the standard rates of fluid administration. Every set of notes filled in for each admission has the formula and the usual fluid type in it and it is asked that when IV fluids are started that the calculation be made in the notes and any deviations from it explained.

There is still an issue when there are locums required and when an SHO starts at times other than the usual e.g. due to long term sick leave or maternity leave. The total amount of time allotted for induction here is the first 3 full days, followed by the mornings of the next week and at least three of the afternoons. It is at times extremely difficult to ensure there is enough people not being inducted to ensure that the day to day work is being done. This is increasingly difficult in view of the EU working time regulations. It is very difficult for someone to extract themselves to have this amount of time whenever a new doctor starts out of sequence. We have no way of verifying that locums have had adequate training in all the potentially difficult areas before they start here particularly when someone is required at short notice.

I should add that virtually all the new SHOs starting at the Erne Hospital are from overseas and come from background where different calculations, different types of fluids and attitudes to fluids may prevail. In most cases such staff will have no previous experience of working in this part of the

world before joining us.

It might be appropriate to raise the issue of recruitment of SHOs - at the moment we interview and offer appointments without having any way of knowing how many SHOs will finally accept posts. This can result in finding a shortage at the time of the start of the new SHO contracts. In practical terms one may have to accept whoever is available at the time just to keep the service ticking over. Some review of the output of doctors in Northern Ireland should be made to try to establish if one could increase the percentage of locally trained doctors working in hospitals like ours, this would mean that there would be some return on any effort put into training medical students. Some effort might be worthwhile in looking into why it is so difficult to recruit medical staff of all grades for units like ours (and maybe others in Northern Ireland). As you may be aware it took us 5 years to recruit a consultant following retirement despite a number of efforts and we have at times found it impossible to recruit to staff grade posts. It is of course impossible to run effective induction and training programmes when you are unable to recruit to the posts to be filled by those who should be doing the training.

I think the issue should be looked at in a broader way. For example nurses supervising fluid administration should be au fait with standard working practices. The focus should not only be in IV fluids but issues which have long been neglected locally such as Oral Rehydration Therapy.

In summary: our hope and ambition is to ensure that all new SHOs starting here will have had induction on a range of potentially difficult topics. The limiting factors in the delivery of this are difficulties in recruitment of staff both SHO and other grades to ensure that there is time available to do what we would all wish to see happening.

Sincerely,

Dr J M O'Donohoe

Chris Wallace
Workforce Development Unit

Administration in IV fluids has been included in SHO induction training for paediatric medicine for the last number of years. Training is based on the standard protocols for the prescribing, administering and monitoring of fluid regimes. Such induction training does need to take account of the doctors' previous background and experience. The opportunity to include all doctors in induction is sometimes limited where locum cover is required for sickness or other short-term absences.

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