TABLE OF TRAINEE DOCTORS' TRAINING & EXPERIENCE[1]

With particular reference to hyponatraemia & record keeping

WS Ref:	Name	Qualified[2]	Employment, Date & Grade			Education, Training & Experience		Altnagelvin induction
		GMC Registration	Altnagelvin	June 2001	Current	Pre-Registration	Post-Registration (pre Raychel's admission)	
Anaesthetists:								
023	Vijay Gund CV: Ref: 317-012-001	December 1992 (Jaipur) February 2003 (full)	May 2001 SHO Anaesthesia	SHO Anaesthesia	Consultant Anaesthetist	Importance of close monitoring fluid input and output emphasised at undergraduate level. 3 year post-graduate training in anaesthesia. Emphasis on intra-operative fluid management and risk of hyponatraemia. UK training & education on electrolyte and fluid balance during attachment with PICU, Birmingham Children's Hospital.	2 years experience as SHO in anaesthesia prior to his post at Altnagelvin. For the first month at Altnagelvin he was accompanied by a consultant/associate specialist. Fluid management was discussed in perioperative management on supervised lists. He had knowledge of discussion during ward round of the treatment of an adult admitted with hyponatraemia following 'water intoxication'.	Nothing formal. Tour of the hospital by Dr. Nesbitt
024	Claire Jamison CV: Ref: 317-003-001	June 1998 (Belfast) July 1998 (provisional)	August 2000 SHO Anaesthesia	SHO Anaesthesia	Consultant Anaesthetist	Under-graduate and post-graduate teaching on fluid management. 1 year JHO at the Royal (1998-1999) & 1 year SHO anaesthesia at the Ulster Hospital.	Cannot recall specific training on fluid management or hyponatraemia. General advice received – post-operative fluids to be based on patient's electrolyte measurement and *"normal practice would be to use Hartmann's solution"* – Ref: WS-024/2, p.4 Q.2(i). Unaware of the Arieff et al paper and no experience of hyponatraemia.	Nothing formal. General hospital orientation by Dr. Nesbitt and use of equipment
033	Gareth Allen	June 1998 (Belfast) July 1998 (provisional)	August 2000 SHO Anaesthesia	SHO Anaesthesia	Consultant Anaesthetist & Critical Care	Physiology of sodium and water imbalance taught at under-graduate level. Cannot recall formal instruction specifically on hyponatraemia. JHO in surgery (Aug.1998 – Jan.1999).	1 year SHO in Anaesthesia (Aug.1999-July 2000) prior to his post at Altnagelvin. Minimal experience of post-operative paediatric patients. Cannot recall receiving any information at Altnagelvin on hyponatraemia or fluid management – or being told who specifically had the responsibility for prescribing intravenous fluids post-operatively for children.	Induction morning at the Dept. of Anaesthesia. General hospital orientation and use of equipment. Led by a consultant. Cannot recall anything about fluid management

1 Save where indicated to the contrary, the information has been taken from the witnesses' Inquiry witness statements. 'Trainee doctor' is used here to refer to all those below consultant grade – see 'Nomenclature & Grading; Doctors 1948-2012' – Ref: 303-003-048

2 Dr. Michael Ledwith with Professor Sir Alan Craft have produced a Background Paper for the Inquiry: *"A Review of the Teaching of Fluid Balance and sodium management in Northern Ireland and the Republic of Ireland 1975 to 2009"* Ref: 303-046-514. It addresses the likely content of the degrees from Queen's University Belfast (ie Drs. Jamison, Allen, Johnston and Trainor and Messrs. Devlin and Curran) and from University College Dublin (ie Dr. Butler)

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							Unaware of the Arieff et al paper.	
031	Aparna Date	1992 (Mumbai) August 2001 (full)	February 2000 SHO Anaesthesia	Specialist Registrar Anaesthesia	Consultant Anaesthetist	Completed post-graduate training in 1996 at Mumbai	SHO in Anaesthesia at Altnagelvin from Feb.2000-Nov.2000. Specialist Registrar from Nov.2000 to Jun.2001 during which she rotated through theatres, ICU and the labour ward. No recollection of receiving any information at Altnagelvin on hyponatraemia or the responsibility for prescribing IV fluids in postoperative children. Departmental protocols were on post-operative fluid management and record keeping on fluid management. Unaware of the Arieff et al paper. No experience of working on a paediatric ward or of a child with hyponatraemia.	There was an induction on her appointment but she cannot now recall anything about it.
Surgeons:								
027	Joeseph Devlin CV: Ref: 317-013-001	June 2000 (Belfast) July 2000 (provisional)	August 2000 JHO Medical	JHO Surgery	GP (from 2006)	Learned at under-graduate level: "*that No. 18 solution was preferred choice in postoperative surgical paediatric cases*" - Ref: WS-027/2, p.15 Q.17(a) Medical JHO at Altnagelvin from Aug. 2000-Feb. 2001. Then surgical JHO from Feb.2001-Aug.2001. No specific training in hyponatraemia, record-keeping or post-operative fluid management. Basic fluid management was taught during post-graduate training. Unaware of the Arieff et al paper but "*would be aware of some factors that could cause electrolyte imbalance in post-operative patient. Bleeding, infection, vomiting, diarrhoea, fluid administration, hormonal response to surgery, bowel obstruction, medications could all cause electrolyte imbalance*" – Ref: WS—027/2, p.15	Did not achieve registration until after June 2001	Thinks there was an induction session taken by the Medical Director but it was general with no specific medical training.
028	Michael	July 2000	August 2000	JHO	GP	Cannot recall any teaching on fluid	Did not achieve registration until after June 2001	Does not think training or

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	Curran CV: Ref: 317-011-001	(Belfast) July 2000 (provisional)	JHO Surgery	Medical	(from 2007)	management or hyponatraemia at undergraduate level. Would have learned about fluid prescription as a JHO. Surgical JHO at Altnagelvin from Aug. 2000-Feb. 2001. Then medical JHO from Feb.2001-Aug.2001. Attended some paediatric patients during his surgical rotation. Cannot recall any specific training in hyponatraemia or post-operative fluid management. JHO steep learning curve and much was accumulated 'on the job' from the SHOs. Unaware of the Arieff et al paper. No previous experience of a child with hyponatraemia.		education on management was provided in any induction programme.
022	Ragai Makar CV: Ref: 317-006-001	December 1988 (Cairo) April 2002 (full)	August 2000 SHO Surgery	SHO Surgery	Registrar Transplant Surgery	Training at under-graduate and post-graduate level on electrolye imbalance, ADH and the risk of hyponatraemia. Had previously seen children with hyponatraemia as a medical student at Ain Shams University Hospital (Cairo), albeit not occurring post-operatively. They were treated with normal saline or dehydration WHO solutions	4 years surgical rotation at the Coptic Hospital (Cairo). Then 2years surgical registrar training at the Anglo-American Hospital (Cairo). 10months surgical SHO training Belfast City & Ulster Hospitals during Apr.1999-Aug.2000. Cannot recall any information on out-of-hours surgery. No specific advice given on hyponatraemia. Consultant surgeons discussed fluid and nutritional requirements of patients during 'grand rounds'. Maintenance fluid management for paediatric patients based on advice and guidance from paediatric doctors. However: *"common practice that the immediate post-operative fluid was written by the anaesthetic doctors … because it depended on the intra-operative fluid given and whether there has been an estimated deficit or overload"* – Ref: WS-022/2, p.5 Q.4(e) Record keeping was advised by supervising consultants and the surgical directorate as part of the 'teaching ward rounds'. Unaware of the Arieff et al paper but was aware of	Cannot recall details of the induction which was on the first day. Does not think fluid management and hyponatraemia was included

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							the risk of IV fluids inducing electrolyte imbalance in surgical patients including hyper and hyponatraemia	
025	Muhammad Zafar CV: Ref: 317-010-001	1985 (Krasnodar) July 1996 (full)	February 2001 SHO Surgery	SHO Surgery	Clinical Research Physician	Informal education and training on fluid management (in particular hyponatraemia) would have been given at post-graduate level	Unaware of the Arrieff et al paper but was aware that an electrolyte imbalance in a post-surgical paediatric patient could be caused by: *"vomiting, ileus"* – Ref: WS-025/2, p.20 Q.27 Cannot now recall the extent of his experience with paediatric hyponatraemia prior to Raychel but he considered that appropriate treatment for prolonged post-surgical vomiting in a child in receipt of hypotonic IV fluids was: *"Careful IV fluid and Blood test (U/E)"* – Ref: WS-025/2, p.21 Q.28	Did not receive an induction programme dealing with fluid management (in particular hyponatraemia) or record keeping
314	Waldemar Zawislak	1987 (Krakow) November 1997 (full)	February 1999 Staff Grade (Locum)	Registrar – Staff Grade Surgery (Locum)	Associate Specialist		Ran a dedicated elective surgical unit single-handed, which only dealt with elective and mainly day cases. Cooperated with surgical consultant in relation to the patients under his care.	
034	Nareesh Bhalla	1976 (Varanasi) August 2002 (full)	August 2000	Specialist Registrar Surgery	Associate Specialist Surgery	Had lectures on fluid management and the management of fluid imbalance at undergraduate and postgraduate levels. 3 years junior residency in surgery (Aug. 1976-Jul.1979), of which about 9months involved children	20 years of surgical experience (India, Saudi Arabia & Republic of Ireland), which included neonates and children. No advice, training or instruction was provided to her at Altnagelvin in relation to hyponatraemia, post-operative fluid management or record-keeping. Unaware of the Arieff et al paper but was aware of factors causing electrolyte imbalance in a post-surgical paediatric patient: *"including vomiting … medical and surgical conditions causing loss, retention and imbalance of electrolytes; and improper/inadequate fluid replacements of fluid and electrolytes"* – Ref: WS-034/2, p.15 Q.26. Had experience of treating children with minor hyponatraemia none of whom developed severe hyponatraemia or had an adverse outcome	Half day induction but does not recall the details
Paediatricians:								
026	Mary Butler	1998 (Dublin)	August 1999 SHO	SHO Paediatrics	GP (from 2003)	Cannot recall any specific education in training at undergraduate or postgraduate	SHO training at Altnagelvin in A&E including minor surgical procedures (Aug.1999-Jan.2000) and in	Induction at the beginning of August 1999, which

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	CV: Ref: 317-001-001	August 1999 (full)	(2-year training scheme)			level in fluid management in children and record keeping related to fluid management. 1 year JHO medical & surgical (Aug.1998-Jul.1999) at the Ulster Hospital	paediatrics (Feb.2001-Aug.2001) – as part of the 2-year Altnagelvin Area Hospital Scheme for training SHOs in general practice. Unaware of receiving advice, training or instruction on hyponatraemia, post-operative fluid management but was aware from teaching on ward rounds: "*that urea and electrolytes needed checked daily on paediatric patients on ongoing intravenous fluids and recorded and acted on if necessary*" – Ref: WS-026/2, p.4 Q.4 Unaware of the Arieff et al paper and: "*In 2001 I was unaware of the danger of hyponatraemia in children having prolonged vomiting after surgery in receipt of hypotonic intravenous fluids*" – Ref: WS-026/2, p.11	included resuscitation training & advanced life support – Ref: WS-026/2, p.23 Induction booklet for medical paediatrics, which does not include any medical training information – Ref: WS-026/2, p.19
029	Jeremy Johnston	July 1997 (Belfast) July 1997 (provisional)	August 1997 JHO	SHO Paediatrics	Consultant A&E Medicine	1 year JHO (Aug.1997-Jul.1998) at the Altnagelvin Hospital. Informal training from more senior doctors on general fluid management but "*no specific training on hyponatraemia or post operative fluid management in children*" – Ref: WS-029/2, p.15 Q.21	SHO rotations included 6months in General Surgery at the Mater Hospital, 6months in fractures and orthopaedics at the Royal & Musgrave Park, 6 months General Medicine at Craigavon Hospital and 1 year in Emergency Medicine with 6 months being at Altnagelvin Hospital and 6months at the Royal. Also, he had been working for 4months in paediatrics at the time of Raychel's admission (Feb.2001-Jun.2001). Cannot recall receiving any advice, training or instruction on hyponatraemia, post-operative fluid management, or record keeping regarding fluid management. No information was given on the allocation of responsibility for prescribing intravenous fluids for post-operative children but his understanding was: "*the surgical paediatric patients were fully managed by the surgical team of doctors in all aspects of their care, including fluid management*" – Ref: WS-029/2, p.5 Unaware of the Arieff et al paper	Departmental induction programme in the first week of his paediatric attachment (Feb.2001), included teaching on paediatric medical conditions and neonatal resuscitation.
030	Bernie Trainor	July 1996 (Belfast) July 1996 (provisional)	August 2000 SHO	SHO Paediatrics	Consultant Paediatrician	Fluid management was discussed at under-graduate level as part of physiology teaching and: "*I had knowledge of hyponatraemia from my medical training at*	2 year SHO rotation at RBHSC (Aug.1998-Aug.2000), which included 6months at the Cupar St. Clinic and covering A&E, paediatric surgery ward, neurology & genetics in Belfast City Hospital.	Attended the hospital and paediatric induction when she started at Altnagelvin but cannot recall what was

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						Queen's university" – Ref: WS-030/1, p.3 Q.2.	Had worked 10months at Altnagelvin prior to Raychel's admission as a middle grade paediatric SHO. Unable to recall any training provided at Altanagelvin on hyponatraemia or record-keeping relating to fluid management. Although not directly responsible for post-operative fluid management (a matter for the surgical team), aware of how to prescribe fluids and that: *"children on fluids needed at least once daily electrolytes"* – Ref: WS-030/2, p.3 Q.3 Unaware of the Arieff et al paper. Some experience of treating children with hyponatraemia but cannot recall the number and none were as low as 118mmol/L.	covered.