Consultation Responses

Document Title: Consultant Working Patterns
Closing date: 23 August 2023
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Page number/ heading / general comments	Line number/ 'general' for comments	Comments Please insert each new comment in a new row.
Recommendation 5 & 7	general	It is fantastic that this document recognises the importance of specifically job planned time for Neonatal CPD, PMR involvement and discussed inclusion of recognition of specific roles within funded job planning. Unfortunately, without a recommendation on a specified PA allowance for these roles, trusts are likely to attempt to minimise the funding requirement to support these, if they support them at all. It would be helpful, particularly for LNU/SCU teams, if there was a recommendation on minimum PA allowance for some of these roles. Similarly a recommendation for specific time allocation for PMR would be helpful for neonatal consultants seeking funding as part of recognised job planning (outside of SPA).
		Thank you. This was certainly considered during the development of the report. The following addition has been made to the document:

		PA allocation for individual deaths must include time for PMR preparation, attendance, documentation and action plan development with 2 independent neonatal consultants attending. The time required to review individual cases varies and that individual consultants will have differing contribution to the PMR process. It is recommended that each death is allocated 1PA per reviewing consultant. The direct clinical relevance of the PMR process is consistent with DCC (direct clinical care) activity.

Lucy Grain, Consultant Paediatrician, Great Western Hospital l.grain@nhs.net

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	Workforce planning	The solution to workforce problems is often expansion but there needs to be clarity about numbers and time to train. The medical workforce is a fixed envelope from which each specialty recruits. Increasing the neonatal workforce may impact general paediatrics or the medical workforce as a whole. Every specialty is faced with increasing demands upon this fixed workforce. The reality is that a higher ratio of out of hours time needs to be in job plans for neonatologists. Thank you. Workforce solutions do include recruitment but also retention. Neonatology must focus on improving the working lives for those currently employed and the future workforce if we are to retain as well as attract colleagues. The report recommends that out of hours' time is acknowledged and paid for; the survey results support your comments and highlight that there is much work performed that is currently unpaid.
	Rooms for senior doctors on site	Basic comfort and free rooms close to the delivery suite/NNU would significantly improve rest and probably also availability of senior staff who would be more willing to await arrival of a preterm baby on site. – thank you we agree.

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general comments		Please insert each new comment in a new row.
14	General	Regarding rotation of staff. I am supportive of keeping staff from all levels of unit updated in changes in practice, and it may be that joining NICU ward rounds is a way of achieving this, but this may not be the most efficient way of being updated as it will depend on the case mix of the particular shift/day. Also many of the babies in NICU would not be relevant for eg a SCBU consultant to review, as they would not be providing the ongoing intensive care for these babies. The document describes “hands on” experience but I am not clear what this means. I am aware many LNU colleagues express a desire to “do an intubation”, however this would be hard to provide on demand and there is already a shortage of practical procedures for in house trainees to perform. We are looking at supporting SCU consultants in shadowing LNU consultants, and LNU consultants shadowing NICU teams, but more with the babies receiving HDU level of care, which would be more relevant experience for the babies they routinely care for. This will require time to be provided in job plans for all the teams. For the clinical skills, we run simulation sessions for LNU/SCU teams to rehearse these skills within their units-so they are using their own equipment and working in the teams they practice. This therefore maximises the learning opportunities for the time given. The BAPM framework for SCU consultants suggest a very small amount of CPD time-to achieve the above this would have to be significantly increased. **The response to this comment will be included within the report, thank you.** Joint working between units can be an opportunity to further develop team relationships and lead to a greater understanding of each other’s working environments with consequent positive effects on the care of the babies and families. This is likely to be true for consultants of all unit designations. With regard to knowledge sharing and skill development and maintenance, we believe that consultants with neonatal CCT who choose to work within LNU or SCU may benefit in terms of skill retention by formal rotation to an NICU. This would help to retain essential skills within neonatology, particularly in regard to resuscitation and early stabilisation. For all consultants there is a need to maintain and develop new skills and knowledge and simulation supports this: your simulation sessions within own unit environments sound excellent and will also allow the supporting NICU consultants to understand the LNU or SCU environment and have a greater ability to support their colleagues when they call for advice and/or when seeking a cot for a preterm or sick newborn. Other opportunities include attending another neonatal unit under an Honorary contract as an additional colleague for a set number of days and/or a service week, permitting wider learning and sharing for both knowledge, governance and practical skills than can be achieved by attending ward rounds alone. Such training needs for consultants will vary within and between Trusts and neonatal networks and should be identified at consultant appraisal and collated by Trusts for the department with subsequent liaison with the linked networks and agreement on how to support.

		Since consultant skill acquisition and maintenance may not be fully achieved by clinical rotation alone, and can compete with the training needs of existing staff, rotation should be complemented by regular ongoing training such as simulation. The LNU SCU framework for practice is currently under review and there is an opportunity to address this.

Oliver Rackham, Neonatal Consultant, Betsi Cadwaladr University Health Board, Glan Clwyd Hospital Oliver.Rackham@wales.nhs.uk

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General		Thank you for sharing the document. Obviously a lot of hard work by the group. Well done. Nice, succinct recommendations. Well designed and laid out document with good use of graphs and quotes. Percentages are good for the whole group of respondents. But should not be used for smaller numbers. And not given to decimal places. Thank you. **We will address.**
Workforce planning		Should / could a comment be made about "equivalence" of training for consultants who are not speciality registered? 22% of LNU consultants holding neonatal registration seems surprisingly high? What does this say about validity, compared to the GIRFT report findings? Thank you. We think this is outside the scope of the report as this sits with the training committee and competence development. We are mindful that LNU consultants were underrepresented in our survey, and it is possible that the survey was biased to some extent in the nature of the respondents.
Clinical service commitment		It is not feasible (nor desirable?) to have immediate availability for all units out of hours. Isn't the 30min time a travel time, not attendance? – surely it's time from getting the call to being there? Yes the 30 minutes is return to site time, from the call to attending on site. We have interpreted attending as being by the cot side. Worrying is the amount of NICU cover which is not dedicated. Unless for advice only, that is not appropriate. Key message is for "return to base" cover but also applies to those resident. We agree.
Well-being		Is the bedroom, food, etc supposed to apply to resident on-call? Or is this saying that it should be available for all? Thank you, the recommendation is for all neonatal consultants.
Career progression		Also need to include moving to dropping out of hours work where achievable to retain senior colleagues, so the NHS does not lose years of expertise. We agree. BAPM supports, irrespective of protected characteristics, the need for consultants to engage with their employer to adapt their existing job plans to support health and wellbeing. A more flexible approach to out of hours cover for older consultants is consistent with the British Medical Association document, "*Consultant workforce shortages and solutions; Now and in the future*", published in 2020: (quote) *"Employers should support older consultants who wish to withdraw from certain parts of their role, e.g. emergency/on-call work to improve retention."* https://www.bma.org.uk/media/3429/bma-consultant-workforce-shortages-and-solutions-oct-2020.pdf

Rotation of staff		Really good to include this. The recommendation from Ockenden included NICU consultant working in, or seeing work in other units to ensure that their practice remains current and up to date (not just SCU / LNU staff). This may be difficult to facilitate and may need inventive thinking – eg virtual grand rounds, in depth review of significant cases, etc – possibly with only consultants present to encourage free speech, sharing and learning? Please see comments made to the respondent above.
Learning from deaths and incidents		There must be learning from all events, not just those with death or serious harm. Reporting of all “care improvement opportunities” should be encouraged. There should also be external input into all mortality reviews – and discussion about what is deemed as “external” – eg different unit, or different network. We agree. We focussed on PMR in the report in order to be succinct and help to achieve change, but we fully support your comment that this should be extended to all events with identification of areas of excellence as well as areas for improvement and **have included the latter within the report.**

Tim van Hasselt, NIHR Doctoral Research Fellow, University of Leicester, ST7 Neonatal GRID Registrar t.vanhasselt@nhs.net

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General	General	This is an excellent document, thank you to the working group for putting this together. As a subspeciality trainee approaching consultant role it is good to see BAPM acknowledge the challenges in the job and make firm recommendations. Thank you.
Page 15: 7. Learning from deaths and incidents	General	The proportion of consultants without any time in their job plans for PMR looks extremely high, in addition to the use of already limited SPA time for those with job planned PMT, this is concerning. Is it possible to clarify if those consultants who do not have any PMR in their job plan are still undertaking PMR work (in their own time), or is it that these consultants have minimal or no contribution to PMR because others in their team fully take on the role, and that is why it is not in their job plan? Thank you, a key question which the survey did not provide the level of detail required to answer.

Tim Watts, Consultant Neonatologist, Evelina London Timothy.Watts@gstt.nhs.uk

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14	General	I understand the reasons for offering LNU & SCU consultants some type of NICU experience. Not only does this support them to manage sick babies in their own hospitals, but enhances relationships in Trusts and networks. However, I think it would be useful for the paper to suggest more detail as to how this might work. Data tells us that LNU & SCU consultants are less likely to have specialist neonatal accreditation, so they should not really be 'acting up' as a NICU consultant when they have their NICU experience time. So what does "'hands on' clinical practice opportunities" mean in this context? I think if BAPM suggests what support these consultants should have and a little more about what these 'attachments' might look like, this would be helpful for both the LNU/SCU consultants and the NICUs supporting them. – Thank you. Please see comments made to respondents above.