

GP School Quality Monitoring Visits to GPSPT Programmes and Trusts



GPST Programme:

Report compiled by: Dr Rebecca Viney

Date of visit: 5th November 2014

Health Education East of England

Visiting Team

Educational Roles	Name
GP Deputy Dean	Dr Rebecca Viney
Associate GP Dean	Dr Roger Tisi
Training Programme Director	Dr Sanjana Banka
GPST3	Dr Tutu Adewole

Programme/Trust Team

Educational Roles	Name
GPST Programme Director	Dr Jeremy Spurr
GPST Programme Director	Dr Saadet Lauble
GPST Programme Director	Dr Bassej Okon
GP Tutor	Dr John Guy
CEO	Paul Forden
Dr Ronan Fenton	Chief Medical Officer
Dr Hywel Jones	Director of Medical Education
Cathy Lee	Head of Learning & Development
Hannah Clark	GPST Administrator

Executive Summary

Comment specifically on processes of delivery, assessment and evaluation. The summary should identify level of risk where appropriate and associated action plan.

Strengths and achievements / Progress on previous objectives

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Strengths

- Generally excellent and supportive supervision from the consultant body, with ENT, gynaecology and some psychiatry posts being considered exceptional.
- Despite GP and the Trust being under strain with high workload and reduced resources, which brings with it the ensuing difficult balance between service and education, there is a genuine commitment by the Trust and practices to education.
- The TPDs were highly praised, both for their support and for the quality of the half day release.
- An incident of undermining was fast and effectively resolved.
- Some named Clinical Supervisors in General Practices were noted to be exemplars in helping trainees to address their end of training learning needs.

Progress on previous objectives

- The local patch Deans worked with the TPDs to achieve most of the actions in the 2011-2012 exception report, see below. Some are resolved beyond expectation, for example improvements in clinical supervision.
- The release for GP teaching is greatly improved except in A and E.
- The Trust have greatly improved clinical supervision; evidence is collected of number and quality of e-portfolio entries and comments by trainees and clinical supervisors, and the figures are published and fed back to the departments. The e-portfolio is promoted to all. Clinical supervisors now have teaching in their job plan, so that it is now in paid time. The educators have agreed a minimum standard for their own CPD, to be policed at their appraisal. There is a new and effective Faculty group run twice a year which is attended by 50% of consultants, and is highly valued.
- The Director of medical education, Dr Hywel Jones, interviews GP trainees for feedback individually and recurrently.
- All trainees now receive a departmental induction, and this is centrally monitored.
- The trainers group is now predominantly self directed and has been refreshed.
- The trainees report that the experience in obstetrics and gynaecology and A and E is good and they are well supported.
- Dedicated CSA training is in place and appreciated and valued by trainees.
- 4 new training places created for 2015.

Concerns / Areas for development

- A&E rotas need reviewing, release for half day increased and a buddy system put in place if attendance at the half day release is not possible due to staff shortage.
- Paediatrics is overall a very good experience but some rotations would be enhanced by having greater experience of the general paediatrics focus and slightly less of neonatology
- The GP trainees need to be retained in the local workforce by improving career support after CCT by Tutors.
- TPDs need to continue to help trainees with careers advice, transition to Primary care Tutors and local education post CCT.

Significant Concerns

- OOH shifts are exceptionally difficult to acquire due to insufficient supervisors and sessions.
- Psychiatry posts have been changed without consultation to the detriment of the trainees. The training is now in either chronic, acute or community care and so does not gain experience across acute to chronic.
- Workload is intense and needs to be kept under review.

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Requirements

- The number of OOH shifts much match need, the patch AD will visit and confirm that there are sufficient shifts and access is improved.
- The patch AD and Deputy Dean will communicate with the North Essex Partnership Trust Medical Director.

Recommendations

- Continue upwards trajectory for supervision of trainees and development of the faculty.
- Improve psychiatry experience and learning for GP trainees.
- Tutors and TPDs together to provide career support for GP trainees as they go into transition to retain them locally and to stay in touch with them and act as a resource.

Timeframes:

Action Plan to be received by: 2 months (13.01.15)

Revisit: 3 Years

Head of School: Professor John Howard

Date: 13.11.14

Progress on previous objectives – TPD/Trust report

- Clinical supervision has been greatly improved, is a beacon of excellence.
- Inductions are now organised and monitored centrally and are almost 100%.
- The O&G experience is better since the change in rota and accommodation.
- OOH provision is difficult to access for trainees, but is good when available. A visit is to be organised soon.
- There has been some progress in the use of the Bristol online survey, and more work will be done to strongly encourage trainees to feedback.
- TPDs and ADs achieved most of the actions in the exception report; Release for the GP teaching is improved except in A and E where current staffing pressures have not made it possible.
- New CSA training organised by the TPDs is greatly appreciated by the trainees.

Educational Grading of Posts

A: ●● Excellent B: ● Satisfactory C: Action Required (C1 ● Have fed back & being resolved C2 ● Yet to be feedback & resolved) D: ● Unsatisfactory & Immediate Action

Specialty Placements	Total no. of trainees in Specialty	Grade of doctor(s) interviewed F1/ST3 etc. & no.	Educational Grading B /C1 etc	Issue	Action Plan

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Paediatrics	4 +2 in 2015	ST1 and ST2	A	Good job- neonatal placement felt to be too great in some rotas. Trainees need to be able to attend GP half day release.
Obstetrics and Gynaecology	4 +1 in 2015	ST1 and ST2	B	In general a very good experience. To attend GP specific out patients more.
Psychiatry	4	ST1 and ST2	D	Experience very variable, The change in job plan means that trainees may only see chronic, acute or community.. It was considered to be very good before the changes.
DOME	3 +2 in 2015	ST1 and ST2	B	Stroke medicine and elderly medicine: trainees feel that too much time is being spent on administrative and repetitive ward-based tasks. There is little opportunity to attend outpatients. Concern last term about clinical supervision was swiftly resolved, keep under review. Posts which included 3 months of stroke/3 month other medical post would be ideal.
Emergency and Short Stay ward	1 +1 in 2015	ST1 and ST2	A	All well.
A&E	4	ST1 and ST2	C2	Rota needs review, release to half day GP training to be included.
Innovative	2	ST1 and ST2	B	Good in general.
ENT	2	ST1 and ST2	A	Excellent experience educationally and eportfolio Although trainees valued the post, most felt the attachment was too long for the needs of GPSTs.
Oncology	1	ST1 and ST2	A	All well.
Respiratory	1	ST1 and ST2	A	All well.

Compliance with generic training standards

Yes / Partially met / Not met

1. Patient Safety - Do all trainees	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Know who to call for help at all times & is that person accessible?	Y			
Take consent appropriately?	Y			
Have a well-organised handover of patient care at the beginning and end of each duty period?	Y			

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Is there a local protocol for immediately addressing any concerns about patient safety arising from the training of doctors?	Y			
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2. Quality Assurance	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
All doctors on arrival attend a useful Trust induction?	Y			
All posts comply with the Working Time Directive?	Y			
Doctors are released for Quality inspection visits and complete Local/GMC/Specialty Questionnaires?	Y			BOS QUESTIONNAIRES ARE NOW AN ARCP REQUIREMENT

3. Equality & Diversity	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
The number of reports of bullying or racial, gender, disability, age or part-time discrimination is zero?	Y			ONE CASE OF UNDERMINING WAS RESOLVED SWIFTLY

4. Recruitment	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Local recruitment, selection and appointment procedures should follow LETB guidelines, ensure equal opportunities and have an appeals process?	Y			

5. Curriculum & Assessment Do all trainees have:	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Sufficient clinical & practical experience to cover their curriculum?	Y			
A timetable that ensures appropriate access to the prescribed training events / courses etc?			N	RELEASE TO GP TRAINING IN A AND E NEEDS TO IMPROVE
Adequate opportunities for workplace based assessments?		P		SOME SUPERVISORS DO NOT FULLY UNDERSTAND WPBA, HOWEVER IT IS GREATLY IMPROVED
Regular feedback on their performance?		P		GREATLY IMPROVED,

6. Support - Do all trainees :-	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Have a structured, good quality verbal departmental induction to the placement, a useful induction pack with access to a job description, and a contract within a week of starting?	Y			
Know who their personal Educational Supervisor is?	Y			

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Have an initial appraisal meeting at the start of a placement and regular review appraisal meetings?	Y			
Sign a training/learning agreement at the start of each post?	Y			
Have a relevant & up to date learning Portfolio?	Y			
Know about the study leave policy & have reasonable access to study leave?	Y			
Have adequate funding for required courses?	Y			
Have access to career advice & counselling if required?	Y			
Do all new (ST1) doctors to the Programme attend the LETB Induction day?	Y			
Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?	Y			
Have a work load that is appropriate for their learning (neither too heavy nor too light)?	Y			IN CONSTRAINED TIMES THIS IS A DIFFICULT BALANCE

7. Training Management	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Do all Supervisors and tutors have a job description and clear accountability?	Y			EXCELLENT
Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?	Y			IN JOB PLAN
Have all Educational supervisors received training and updates (including Equality & Diversity training) for their educational role?	Y			
Have all those involved in assessing trainees received training in the relevant assessment tools?	Y			
Is there is a local protocol for managing Trainees in difficulty which involves a joint plan agreed with the LETB?	Y			

8. Resources	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Do Supervisors and Tutors have adequate resources to fulfil their role?	Y			

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Do all trainees have sufficient access to the library & internet?	Y			
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9. Outcomes	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
How is trainee progression data e.g. Assessments and Exam results analysed and how does this impact on Programme development?	Y			
How are trainees encouraged to participate in GMC and LETB surveys?	Y			
Are there documented responses by the Programme educators to GMC and LETB surveys?	Y			
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?		P		THIS HAS COMMENCED AND NEEDS TO CONTINUE, AS DOES SUPPORT INTO MAINSTREAM CPD

TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
<i>For example: Discussions with TPDs, GMC Survey Results, BOS Survey results</i>		
Discussion with TPDs		
GMC survey feedback received		
Self assessment by TPDs		

Action Plan for the next year 2014 - 2015

Exception reports only

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Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
OOH need reapproval and sufficient shifts to be in place	In the next 3 months this needs to be actioned.	2/15	RT
Psychiatry posts to be discussed with Medical Director of North Essex Foundation, named Clinical Tutor	Improved experience and curriculum coverage for trainees, more variety.	2/15	RV

This report is a true and accurate reflection of the GP SP Training Programme at: _____

Report prepared by: _____

Signature by GP Dean: _____ Date: _____

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Acknowledgments to GMC and NACT UK.