

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme:

Report compiled by: Vijay Nayar

Date of visit: 17/05/2017

## Visiting Team

<b>Educational Roles</b>	<b>Name</b>
Dr Vijay Nayar	Head of School of GP
Dr Roger Tisi	Associate GP Dean – Essex
Dr Lionel Nagle	GP TPD - Southend
Dr Daniel Daud	GP ST3 – Southend

## Programme/Trust Team

<b>Educational Roles</b>	<b>Name</b>
Dr Sanjana Banka	GP Training Programme Director
Dr Olivia Headon	GP Training Programme Director (Interim)
Dr Celia Skinner	Medical Director
Dr Johnson Samuel	Director of Medical Education
Ms Debbie Mullaly	Medical Training Manager

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## 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

The programme is rated highly by the trainees with good support from the TPDs and a well-structured half day release programme. The TPDs report that attendance at the HDR has improved since they moved the timing to Wednesday mornings. The TPDs have good links with the hospital supervisors. The trainees and hospital supervisors are very complimentary about the GPST administrator Lorraine Bell who acts as the conduit for hospital supervisors if there are issues with hospital based trainees. ST3 trainees facilitated training for ST1/2s in the simulation centre and this was well received by all those involved and is commended. Concerns related to the psychiatry posts with SEPT highlighted at the previous visit have been addressed and no concerns were raised by the trainees at this visit.

### Concerns / Areas for development

There remain problems with clinical supervision in some of the hospital posts and engagement with the e portfolio and review of trainee log entries. The TPDs are arranging quarterly faculty development meetings with tutors of hospital posts which have GP trainees with the aim of addressing this and other training issues . TPDs have offered individual training for hospital clinical supervisors with regards to the e portfolio and WBPA Basildon and Southend GPST programmes are in early stages of considering a merger for the 2018 intake.

### Significant Concerns

None

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## Requirements

See action plan

## Recommendations

See action plan

<b>Timeframes:</b>	<b>Action Plan to be received by:</b>	21 <sup>st</sup> July 2017
	<b>Revisit:</b>	The need for and timing of the next visit will be determined by the level of risk identified by HEE to the quality of training in General Practice placements in the Trust.

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## Progress on previous objectives – TPD/Trust report

As above

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## 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
Paediatrics	5	ST1 and ST2	B	<p>Trainees report a 'mixed' experience but mostly positive. Generally, they receive good clinical experience but some have concerns over their rota, with up to 50% of their attachment spent in neonatal care. Good experience in the PAU. Departmental induction has improved but some still felt that more attention needs to be spent on neonatal resuscitation – it was acknowledged that middle grade cover had improved in this regard, with a registrar being crash-called simultaneously</p> <p>Trainees report good support from the paediatric consultants generally but also sense a "them and us" culture with the Paediatric STs.</p> <p>Some issues with completing WPBAs and with persuading their clinical supervisors to read and validate their log diary entries</p>	Paediatric tutor to check GP trainee rota and ensure an appropriate time is spent in neonatal care.
Obstetrics and Gynaecology	4	ST1 and ST2	A	<p>Trainees report a positive culture within the department "Like a family". They have appreciated specific interest that has been shown to them as GP trainees but mentioned the recent departure of a consultant who had been one of the main drivers of this.</p> <p>They would welcome more Outpatient experience but recognise the service demands on the department</p>	
Emergency Medicine	5	ST1 and ST2	B	<p>Trainees report good clinical supervision and that their supervisors take care to provide them with advice and feedback on their clinical management, (particularly from the unit consultants). There is some concern about the department's reliance on Trust grade doctors. Educational supervision is more problematic and trainees report difficulty in completing WPBAs. Their rota also makes</p>	

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				it difficult for them to attend their GP teaching at times.	
Medicine	15	ST1 and ST2	B	<p>Feedback is generally positive. Rotations either involve 6 months in elderly medicine or rotations involving stroke medicine, haematology and palliative care. Trainees felt that the balance of these rotations could be improved, in particular to allow more time in palliative care. They believe the haematology post to be of limited utility.</p> <p>There is praise for the departmental teaching and for ad-hoc teaching and clinical supervision that occurs whilst on call. They report being made to feel a full part of the team and report good relations with their consultants and middle grade medical colleagues.</p> <p>Previous problems related to ward handover have improved following recent changes in process.</p> <p>They report that they are usually able to complete their WPBAs but that this is often dependent on enlisting their registrars to perform them</p>	TPDs may wish to review medical rotations and increase the amount of time spent in palliative care and reduce the time in the haematology post
Psychiatry	5	ST1 and ST2	B	<p>By and large, trainees did not report the concerns mentioned at the last visit and they describe a positive experience with a mixture of community and inpatient exposure. They did not describe any significant issues related to senior cover or to patient handover (which had been identified as concerns previously)</p> <p>They feel that the departmental induction is well considered and that departmental teaching also takes their needs into account.</p>	
GP	12	ST3	A	<p>Trainees report good experience in practices, well supported and good balance of workload and education.</p> <p>OOH provider is IC24 and trainees report they get written feedback from them.</p> <p>Some trainees report at times there are difficulties booking shifts but other trainees report no issues.</p>	

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## Compliance with generic training standards Yes / Partially met / Not met

<b>1. Patient Safety - Do all trainees</b>	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			
Is there a local protocol for immediately addressing any concerns about patient safety arising from the training of doctors?	y			
<b>2. Quality Assurance</b>	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			
<b>3. Equality &amp; Diversity</b>	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			No experience of any such behaviour in the interview cohort
<b>4. Recruitment</b>	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			
<b>5. Curriculum &amp; Assessment Do all trainees have:</b>	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?	y			
Adequate opportunities for workplace based assessments?		p		See above – trainees report some general difficulty in Trust posts

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Regular feedback on their performance?	y			
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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			
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			

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			
Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?	Y			
Have all Educational supervisors received training and updates (including Equality & Diversity training) for their educational role?	Y			

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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			
Do all trainees have sufficient access to the library & internet?	Y			

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			TPDs analyse results and this feeds into training programme
How are trainees encouraged to participate in GMC and LETB surveys?	Y			By TPDs
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		More on an informal basis

## 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, TPD self-assessment, GMC and BOS surveys	Issues highlighted above discussed.	See action plan



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## Action Plan for the next year 2017 - 2018

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
Engagement of some hospital Clinical Supervisors with the e portfolio, review of trainee log entries and completion of WBPA			
TPDs to arrange quarterly faculty development meetings with tutors of hospital posts which have GP trainees			
Merger of Basildon and Southend GPST programmes for the 2018 intake.			
Review of medical rotations to increase the amount of time spent in palliative care and reduce the time in the haematology post			
Review of the paediatric posts to ensure an appropriate balance of time is spent in neonatal care by GP trainees.			

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

Report prepared by: Dr V Nayar

Signature by GP Dean:



Date: 17.5.17

Acknowledgments to GMC and NACT UK.