

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Colchester & Tendring

Report compiled by: Dr Kate Wishart

Date of visit: 23<sup>rd</sup> March 2016

## Visiting Team

Educational Roles	Name
Deputy GP Dean, Head of GP School	Dr Kate Wishart
Associate GP Dean Essex	Dr Roger Tisi
Training Programme Director Basildon	Dr Sanjana Banka
GPST3 from Basildon	Dr Salman Uddin

## Programme/Trust Team

Educational Roles	Name
GP Training Programme Director	Dr Cyrus Ferndandes
GP Training Programme Director	Dr Elizabeth Hornung
GP Training Programme Director	Dr Asif Omar
Chief Executive	Mr Frank Sims
Medical Director	Angela Tillett
Director of Medical Education	Dr Peter Bishop
Education and Development Manager	Sharon Wyatt
GPST Administrator	Linda Watson

## 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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- Significant changes to the way the GP Programme is organised and run has led to very high trainee satisfaction with the whole team, and the teaching – both written and verbal on the day of the visit. Trainees are very complimentary of the TPD team.
- Paediatric posts: trainees used the word ‘amazing’ to describe their experiences in these posts. Support, teaching and a feeling of being valued were praised.
- O&G and ENT posts are also valued by the trainees.
- Trainees in general practice placements were very happy with their training, and feel that allocations to practices are fair.
- There have been improvements in the rotas in ED and CoE with small effects, but noticed by the trainees
- Hospital at night appears to be working.

## Concerns / Areas for development

- The TPDs are working with one specific general practice to address some concerns about workload.
- Trainees talked about low morale in the trust, with all colleagues (including nurses) appearing overstretched at times.
- In two departments, ED and CoE, the trainees described a lack of leadership and a culture where service was emphasised over training to the detriment of their ability to learn. Some seniors do not respond to requests for help, and in ED the senior is often a locum. In these departments some trainees had little or no contact with their clinical supervisors, and found it difficult to get workplace assessments completed.
- The trainees perceive a difference in treatment between core trainees and themselves.
- The trainees did state that one CoE ward was different and the way it was run made it a much better place to work – this was Tiptree Ward.

## Significant Concerns

- Lack of middle grade or senior cover at times in ED, and difficulties trainees have in getting advice and help when they request it from some seniors
- Lack of release of GP Trainees to GP Teaching from ED
- A trainee who raised a patient safety issue in ED was subsequently reprimanded for doing so by a middle grade supervisor. This is one example of an undermining culture.
- GP Trainees in CoE are sometimes rostered for acute take in addition to routine ward work. The staff on the ward, and consultants were not aware that the trainee was covering acute take despite this being on the rota. In addition the trainees found they were unable to complete their ward work when the take is busy, and there is no-one else rostered to do it.

## Requirements

See action plan below

## Recommendations

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- TPDs to continue to monitor one general practice for workload issues
- The trust should consider ways to improve leadership and morale in ED an CoE, perhaps by sharing good practice on wards and in departments where trainees feel valued and supported.
- The trust should consider how to ensure that the balance of service provision to training allows trainees to learn and progress
- Preferential treatment of some trainees above others should be discouraged

<b>Timeframes:</b>	<b>Action Plan to be received by:</b>	31 July 2016
	<b>Revisit:</b>	

Head of School: Dr Kate Wishart

Date: 24/03/2016

## Progress on previous objectives – TPD/Trust report

Handover in medicine has improved  
Rotas have been changed, with trainees seeing some improvement, but perhaps not much in ED and CoE

## 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	3	A	Trainees felt valued, supported and challenged, with good teaching and supervision	
O&G	2	1	B	Trainees want to spend less time in theatre and more in clinics. Stated a good post with good teaching, support and experience	
Psychiatry	2	2	B		
Palliative CAre	1	1	B		
ENT	1	0	B	Several trainees in attendance had previously done t his post, and gave positive feedback	

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Oncology	1	1	B		
Ophthalmology	1	1	B		
CoTE	7	3	C	See action plan and recommendations	
A&E	3	3	C	See action plan and recommendations	
GP	26	15	A	Some minor concerns about one practice being investigated	

## 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?		x		In ED and CoE support is not always forthcoming when requested. Other departments are reported as being very supportive, and help always accessible.
Take consent appropriately?		x		Now and then in hospital posts. Trainees have challenged and significant events have been raised as a result.
Have a well-organised handover of patient care at the beginning and end of each duty period?	x			During debrief. One practice has handover between GP on call in morning and evening. OOH forms for terminally ill with plans
Is there a local protocol for immediately addressing any concerns about patient safety arising from the training of doctors?	x			

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?	x			
All posts comply with the Working Time Directive?	x			Some have long days but time in lieu, others different arrangements OOH rests given
Doctors are released for Quality inspection visits and complete Local/GMC/Specialty Questionnaires?	x			

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?	x			The trainees talked about an undermining culture in A+E but no examples of frank bullying or discriminatory behaviour. However there is a shared feeling that other specialty trainees' needs are prioritised over those of GP trainees The trainees stated A&E senior nurses are capable and very busy and can ignore or make demeaning requests or comments to GP trainees who are new in the department.

4. Recruitment	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.

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Local recruitment, selection and appointment procedures should follow LETB guidelines, ensure equal opportunities and have an appeals process?	x			
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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?	x			No problems in general practice placements – difficult areas facilitated (gender and patients) In ED departmental teaching takes precedence over GP teaching and trainees find it difficult to attend GP Teaching regularly. For posts other than Paediatrics the specific learning needs of GP Trainees are not acknowledged.
A timetable that ensures appropriate access to the prescribed training events / courses etc?	X			When rotas permit
Adequate opportunities for workplace based assessments?		x		Often difficult to arrange in ED and CoE
Regular feedback on their performance?		x		Good in general practice, paediatrics, O&G and ENT. Variable in ED and CoE

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?		x		Variable – depends on department – trainees stated induction was poor in ED.
Know who their personal Educational Supervisor is?	X			
Have an initial appraisal meeting at the start of a placement and regular review appraisal meetings?	X			
Sign a training/learning agreement at the start of each post?	X			
Have a relevant & up to date learning Portfolio?	X			
Know about the study leave policy & have reasonable access to study leave?	X			Few difficulties with getting study leave – always dependent on staffing and rotas in trust posts.
Have adequate funding for required courses?	X			
Have access to career advice & counselling if required?	X			Career sessions run during GP Teaching programme
Do all new (ST1) doctors to the Programme attend the LETB Induction day?	x			

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Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?		x		In some departments (ED and CoE) access to clinical supervisors is limited and there does not appear to be a culture of openness. Trainees report that they get good support from their TPDs if they bring concerns to them
Have a work load that is appropriate for their learning (neither too heavy nor too light)?		x		Workload high in ED and some medicine wards. Amongst ST1/2 there is a belief that the balance of service and training is too skewed to service provision. They also stated that they see more senior colleagues working very hard, and appearing 'overstretched'.

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?	X			
Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?	X			
Have all Educational supervisors received training and updates (including Equality & Diversity training) for their educational role?	X			GP TPDs have offered training to CS in hospital
Have all those involved in assessing trainees received training in the relevant assessment tools?	X			
Is there is a local protocol for managing Trainees in difficulty which involves a joint plan agreed with the LETB?	X			Need to add in higher levels of line management to the local protocol.

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

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?	X			
How are trainees encouraged to participate in GMC and LETB surveys?	X			
Are there documented responses by the Programme educators to GMC and LETB surveys?	X			

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Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?	x		Via GP Tutor – first 5 cohort
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## TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
TPD reports	The GP Programme supplied a great deal of evidence for the visit, including an Annual Report, a Strategic Plan, and the questionnaire for the visit. In addition the visitors had copies of the rotations, policies written for the programme, details of teaching and the trainers workshop sessions. This work is to be commended.	
TPD interview	There was a discussion about the funding for the programme, and how it is administered. OOH: regular meetings are being arranged with the OOH provider's medical director. There are few problems for trainees in booking shifts. Recent trainee feedback exercise about trust posts: CoE feedback has improved. There is still a problem for trainees being released to GP Teaching from ED.	

## Action Plan for the next year 2016 - 2017

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible

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<ul style="list-style-type: none"> <li>Lack of middle grade or senior cover at times in ED, and difficulties trainees have in getting advice and help when they request it from some seniors</li> <li>Lack of release of GP Trainees to GP Teaching from ED</li> <li>A trainee who raised a patient safety issue in ED was subsequently reprimanded for doing so by a middle grade supervisor. This is one example of an undermining culture.</li> </ul>	<p>The trust to investigate and if confirmed, to consider how to resolve these issues.</p>	<p>End July 2016</p>	<p>Medical Director Director Medical Education</p>
<ul style="list-style-type: none"> <li>GP Trainees in CoE are sometimes rostered for acute take in addition to routine ward work. The staff on the ward, and consultants were not aware that the trainee was covering acute take despite this being on the rota. In addition the trainees found they were unable to complete their ward work when the take is busy, and there is no-one else rostered to do it.</li> </ul>	<p>The trust to investigate and consider if rota management needs to change</p>	<p>End July 2016</p>	<p>Medical Director</p>



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

Report prepared by: \_\_\_\_\_

Signature by GP Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgments to GMC and NACT UK.