### Purpose of visit:

This was a GMC Enhanced Monitoring re-visit to the Clinical Pharmacology and Therapeutics Programme in the east of England, following a GMC Enhanced Monitoring Visit on 19\textsuperscript{th} March 2014, which had identified serious concerns about the quality of education, patient safety and undermining in the Department. Following this visit, the Department provided a comprehensive action plan which appeared to address all of the requirements contained in the visit report.

However, the 2015 GMC Trainee Survey identified ongoing concerns with training in the Department, with the following negative outliers: overall satisfaction, clinical supervision, adequate experience, supportive environment and local teaching.

This visit was therefore focussed on exploring the concerns raised in the GMC survey and also on reviewing the Trust’s progress with addressing the concerns reported following the visit on 19\textsuperscript{th} March 2014 and, specifically, the following requirements:

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**HEE (East of England Office) representatives:**
- Bill Irish - Postgraduate Dean
- Ian Barton - Head of School of Medicine
- Sue Agger – Senior Quality Improvement Manager
- Ross Brekenridge – Chair of CPT Specialist Advisory Committee
- Nigel Langford – TPD for CPT, HEE, East Midlands Office
- Jessica Lichtenstein – GMC Head of Quality Assurance, Education & Standards Directorate
- Alistair McLellan - GMC Enhanced Monitoring Associate
- Wendy Kingston – Patient & Public Voice Partner (lay representative)
- Vass Vassiliou – Trainee Representative
- Catherine Moulsher – Quality Improvement Administrator

**Trust representatives:**
- Richard Miller, Deputy Medical Director
- Pamela Todd, Clinical Tutor and Deputy Director of PGME
- Kevin O’Shaughnessy, TPD for CPT, HEE, eoe Office
- Edwin Chilvers, Director of CATO
- Madhavi Vindlacheruvu, College Tutor
- Colin Mason, RCP Tutor
- Mary Archibald, Manager of PGMC
- Sue East, Deputy Manager of PGMC
- Zoe Searle, Medical Workforce Manager

**Number of trainees & grades who were met:**
- ST3+: 4 (plus a written submission from a fifth trainee)
- Clinical Fellow: 1
• The new TPD should develop a structured training programme which clearly demonstrates how trainees will meet all of the curriculum requirements; this should include a formal programme of Regional Training Days (potentially linking with other nearby LETBs as well, or with training days organised by the British Pharmacological Society)

• The new TPD should map the proposed joint curriculum in dermatology/CPT against the CPT curriculum in order to clearly demonstrate how the CPT curriculum requirements are being met; the proposed joint curriculum should be submitted to the CPT SAC in time for it to be considered at its next meeting

• In future, all proposed dual programmes should be approved prospectively by HEEoE and the JRCPTB (via the relevant SACs) prior to advertisement of the posts

• All advertisements for dual programmes should clearly state the specialities involved; there should be representatives from both specialities on the short-listing and appointments committees

• All trainees should receive departmental induction within one week of joining the Programme; for trainees on dual programmes, this should cover both CPT and the second speciality

• All trainees should be allocated an educational supervisor within one week of joining the Programme; where trainees are dually accrediting, the trainee should be allocated an educational supervisor from one speciality and a named clinical supervisor for the second speciality

• All educational supervisors should be appropriately selected, have the HEEoE School of Medicine’s educational supervisor job description, meet the educational supervisor person specification (including undergoing training to meet areas 1 to 7 of the AoME’s Framework for the Professional Development of Postgraduate Medical Supervisors) and be assessed in their educational roles as part of the annual appraisal process

• All named clinical supervisors should be appropriately selected, have the HEEoE School of Medicine’s named clinical supervisor job description, meet the clinical supervisor person specification (including undergoing training to meet areas 1 to 4 and 7 of the AoME’s Framework for the Professional Development of Postgraduate Medical Supervisors) and be assessed in their educational roles as part of the annual appraisal process

• There should be a consultant on-call rota which clearly identifies the consultant responsible for providing sessional supervision to the trainees

• No trainees in the CPT programme should be required to attend clinics without consultant supervision

• No trainees in the CPT programme should be required to make requests for investigations on patients whom they have never seen, particularly where these investigations involve the use of ionising radiation

• No trainees in the CPT programme should be required to provide support to research projects, (for example PATHWAY) with which they have no direct involvement and which are of limited educational value

• No trainees in the CPT programme should be required to attend clinics which do not provide training which is clearly relevant to their training programme; for example, it is not appropriate to ask a trainee who is dually accrediting in specialties other than renal medicine, cardiovascular diseases or endocrinology to attend specialist hypertension clinics

• No trainees in the CPT programme should be required to attend clinics in the Department when they have taken time out of programme for research (particularly when they are not counting any of their research time towards clinical training) or when they are in placements outside the department

• All behaviours by trainers which might be perceived by trainees as undermining should cease and all consultant members of the CPT department should be required to attend appropriate training to prevent further undermining. This will be closely monitored.
Strengths:

- The Department has made significant progress with addressing many of the concerns identified in the previous visit.
- Those trainees who had been in the Department prior to the last visit felt that there had been a considerable improvement in the learning environment in the Department.
- The trainers in the Department have shown great resilience in a time of internal difficulties.
- The Department has a very strong academic base with good opportunities for academic training.
- The presence of three pharmaceutical companies on site gives exceptional access to a range of outstanding training opportunities.
- The consultants are all very knowledgeable, approachable and supportive.
- The Department has succeeded in recruiting additional junior staff in recent years which has improved the balance of service to training.
- Overall, the Department has the learning opportunities on site which give it the potential to be among the best training sites for CPT in the UK.

The following requirements have been fully met:

- The new TPD should map the proposed joint curriculum in dermatology/CPT against the CPT curriculum in order to clearly demonstrate how the CPT curriculum requirements are being met; the proposed joint curriculum should be submitted to the CPT SAC in time for it to be considered at its next meeting: This was submitted on 20th September 2013 and subsequently approved.
- In future, all proposed dual programmes should be approved prospectively by HEEoE and the JRCPTB (via the relevant SACs) prior to advertisement of the posts: This requirement was followed prior to the appointment of a trainee to a dual programme of CPT and allergy and the trainers fully understand the need to follow this process for future new dual programmes.
- All advertisements for dual programmes should clearly state the specialities involved; there should be representatives from both specialities on the short-listing and appointments committees: The trainers are meeting this requirement and this has been confirmed by the HEE EoE Office’s Recruitment Team.
- All trainees should be allocated an educational supervisor within one week of joining the Programme; where trainees are dually accrediting, the trainee should be allocated an educational supervisor from one speciality and a named clinical supervisor for the second speciality: All trainees had been allocated supervisors.
- All educational supervisors should be appropriately selected, have the HEEoE School of Medicine’s educational supervisor job description, meet the educational supervisor person specification (including undergoing training to meet areas 1 to 7 of the AoME’s Framework for the Professional Development of Postgraduate Medical Supervisors) and be assessed in their educational roles as part of the annual appraisal process. This was confirmed by the TPD and the trainers.
- All named clinical supervisors should be appropriately selected, have the HEEoE School of Medicine’s named clinical supervisor job description, meet the clinical supervisor person specification (including undergoing training to meet areas 1 to 4 and 7 of the AoME’s Framework for the Professional Development of Postgraduate Medical Supervisors) and be assessed in their educational roles as part of the annual appraisal process. This was confirmed by the TPD and the trainers.
- No trainees in the CPT programme should be required to attend clinics without consultant supervision. The trainees confirmed that they were well supervised in clinics.
- No trainees in the CPT programme should be required to make requests for investigations on patients whom they have never seen, particularly where these investigations involve the use of ionising radiation. This is no longer occurring (as the consultant who was requiring this is no longer a trainer in the Department).
- No trainees in the CPT programme should be required to provide support to research projects, (for example PATHWAY) with which they have no direct involvement and which are of limited educational value. **This is no longer occurring (as the consultant who was requiring this is no longer a trainer in the Department)**
- No trainees in the CPT programme should be required to attend clinics in the Department when they have taken time out of programme for research (particularly when they are not counting any of their research time towards clinical training) or when they are in placements outside the department. **This is no longer occurring (as the consultant who was requiring this is no longer a trainer in the Department)**
- No trainees in the CPT programme should be required to attend clinics which do not provide training which is clearly relevant to their training programme; for example, it is not appropriate to ask a trainee who is dually accrediting in specialties other than renal medicine, cardiovascular diseases or endocrinology to attend specialist hypertension clinics.
  - Trainees are no longer attending specialist hypertension clinics **(as the consultant who was requiring this is no longer a trainer in the Department)**
  - Trainees who are dually accrediting in other specialties are still attending general hypertension clinics. **This is appropriate as these clinics provide training in large parts of the curriculum relevant to all clinical pharmacologists regardless of their other specialist interests, including management of chronic diseases, polypharmacy, adverse drug reactions, literature interpretation etc.**
- All behaviours by trainers which might be perceived by trainees as undermining should cease and all consultant members of the CPT department should be required to attend appropriate training to prevent further undermining. **This will be closely monitored. All the current trainers in the Department have undergone equality and diversity training. All the trainees reported no undermining behaviours by any of the trainers currently working in the department.**

### Areas for Development:

**The following requirements has been partially met:**

- There should be a consultant on-call rota which clearly identifies the consultant responsible for providing sessional supervision to the trainees. **Although there is an on-call rota, it is not always easily accessible by the trainees**
- All trainees should receive departmental induction within one week of joining the Programme; for trainees on dual programmes, this should cover both CPT and the second speciality. **It was reported that in August 2015, there was a departmental induction, but this was delivered by a trainee rather than a consultant**

### Significant concerns:

**The following requirement has not been met**

- The new TPD should develop a structured training programme which clearly demonstrates how trainees will meet all of the curriculum requirements; this should include a formal programme of Regional Training Days (potentially linking with other nearby LETBs as well, or with training days organised by the British Pharmacological Society).
  - There is a formal monthly local teaching session, which is reported to be of a high standard. The Department should be congratulated on this
  - Trainees now have a formal weekly timetable outlining their commitments
  - This includes weeks during which one of the trainees carries an on-call bleep and is expected to attend one or two clinics. Because a fast response is sometimes expected when the trainees are bleeped, they feel unable to engage in some other types of activities of educational value while carrying the bleep (e.g. attending meetings with regulatory bodies such as NICE and the MHRA or doing research which involves direct patient contact)
The average number of calls in an on-call week is only about four or five, in part, because the CPT Department no longer has its own inpatient beds. The resultant light workload limits the learning opportunities available.

There is inequity in the amount of time each trainee spends carrying the on-call bleep. The trainees feel that there is not a clear structure to their training programme and that the learning opportunities that are available are not clearly mapped to the curriculum requirements.

The trainees can have sessions in both CPT and their dual specialty in the same week. This leads to a lack of continuity and sometimes a lack of clarity about where they should be working, both of which add to the perception of a lack of structure to their programme.

Much of the CPT training is delivered in the context of hypertension, and there are limited opportunities for CPT training to be delivered in the context of some of the current dual specialties, such as dermatology, allergy and medical oncology.

The trainees are made aware of internal (e.g. the MPhil in Translation Medicine and Therapeutics) and external (e.g. British Pharmacological Society Training Days) training opportunities; however, they find it difficult to attend these because of the need to carry the bleep and the lack of structure to their programme.

**Requirements:**

- There must be a consultant on call rota and this must be readily accessible to all the trainees in the Department (and also to staff outside the Department).
- Service needs within the Department should be equitably allocated.
- Trainees should continue to attend hypertension clinics, as the department has huge expertise in this area and these clinics provide excellent opportunities for learning about CPT in a clinical context.
- For trainees in dual programmes, the CPT core curriculum should also be delivered in the context of their second specialty wherever possible. The trainers should work with the trainees to decide how this can be achieved. Examples might include the trainees completing pharmacology-related WPBAs with the CPT trainers on patients they have encountered in their dual specialty or the trainees delivering presentations at the monthly teaching sessions about pharmacology-related issues they have encountered in their dual specialty.
- Trainees should not be expected to carry the on call bleep (although they should have the option to do so when they feel that doing so will provide good relevant learning opportunities). The bleep could be carried by the on-call consultant, the department’s nurse practitioner or the clinical fellow (who has a particular interest in hypertension).
- Trainees should have the opportunity of learning in an inpatient environment. The possibility of the CPT Department having its own inpatient beds should be explored. Alternatively, the trainees could have a role in the management of inpatients in the acute medicine department during the periods when one of the CPT trainers is working in acute medicine.
- Training should be divided into blocks during which the trainees are allocated to either CPT or their dual specialties (provided this is acceptable to the dual specialties). This is a specific trainee request and they should be consulted about how they feel this should be structured (e.g. duration of blocks and what should be the content of each block).
- There should be greater clarity about what the learning opportunities are that are available, which curriculum competences can be learnt from them and how they can be accessed. There is a School of Medicine-wide exercise currently ongoing led by the regional lead higher specialty trainee representative to do this in all specialties. The trainee representative in CPT is aware of this and
should lead on delivering this requirement

- Each trainee should have a personal development plan which gives an indication of when he or she is expected to access specific training opportunities (e.g. Pharma attachment, research, clinical trials unit, toxicology, meetings of the Joint Drug and Therapeutic Committee, NICE, MHRA, LREC etc).
- All trainees should also be allocated time to attend the MPhil in Translational Medicine and Therapeutics course in Cambridge at least once during their training programme.
- Where training in specific areas (e.g. toxicology) cannot be delivered in Cambridge, there should be easily available opportunities to access this elsewhere.
- The GIM placements of the dual CPT/GIM programme should be reviewed in order to provide a range of training opportunities; these should include placements in a specialty in Addenbrookes with a significant GIM commitment (e.g. diabetes and endocrinology) and a DGH placement in order to provide experience of ongoing care.
- The Department should set up a Faculty Group (see Trainers section of the School of Medicine pages of the website) to provide a forum where the trainers and trainees can meet to discuss any areas of concern and to continue to develop the training programme.
- A separate trainee forum should also be established to act as the “trainee voice”

Recommendations:

- The Trust should take advice from another CPT training Unit which has a track record of delivering high quality training and should consider entering into a formal buddying arrangement with that unit.

Decision of the Visiting Team:

- The Trust has made some significant progress with meeting the requirements of the previous visit.
- However, the Trust has not met all the relevant requirements of the previous visit.
- There are ongoing concerns about curriculum delivery in the Department, but no concerns about patient safety or undermining.
- The School of Medicine is only able to recommend provisional approval of the ST3+ posts in the department for a limited period of twelve months.
- The ST3+ posts in the department will remain under enhanced monitoring by the GMC at least until the next visit.

Action Plan to Health Education East of England by:

- An action plan should be provided by 29th February 2016.
- The Trust should provide HEEoE with an update of progress against the action plan at three monthly intervals thereafter.

Revisit: Provisionally December 2016 (although this may be brought forward if significant concerns are identified via the GMC trainee survey or other sources)

Visit Leads: Bill Irish and Ian Barton

December 2015