

GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Stevenage/ Welwyn Garden City

Report compiled by: KCW, SD

Date of visit: 29 September 2015



Health Education East of England

Visiting Team

Educational Roles	Name
Deputy GP Dean, Head of GP School	Dr Kate Wishart
Associate GP Dean for Norfolk	Dr Simon Downs
GP Trainer	Rafe Radford

Programme/Trust Team

Educational Roles	Name
GP Training Programme Director	Dr Melanie Hodgson
GP Training Programme Director	Dr Emma Salik
Chief Executive	Nick Carver
Medical Director	Jane McCue
Director of Medical Education	Dr Shahid Khan
Medical Education Manager	Christine Crick
GP Administrator	Trish Raftery

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

There has been development of new trainers and training practices with 8 new trainers/ associate trainers and 5 new training practices approved since the last GP School visit. There is dialogue between primary and secondary care educators in order to share learning. There is a Faculty group with clinical Tutors. There is focused teaching for preparation for the MRCGP Clinical Skills Assessment. There is a GP programme website. The problems in ENT and paediatric posts have been resolved, with input and help from Dr Shahid Khan. Both the TPDs and Consultants seem very responsive to problems, and willing to make changes when trainees raise concerns. The GP Half Day Release is valued by the trainees. The TPDs are enthusiastic about education and training and have a detailed knowledge of the trainees in their programme.

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Concerns / Areas for development

Website: there needs to be a system for updating the website on a regular basis.
None of the trainees interviewed had completed a LETB survey, and there were very few responses for the programme in the last survey. Trainees should be encouraged to participate in giving feedback of this kind.
At present the TPDs are Educational Supervisors for all trainees in hospital posts. Consider the benefits of sharing this with the trainers now you have more of them.
Encourage Associate Trainers to work towards becoming full trainers.
Meet at least annually with OOH provider to ensure that they provide a service to trainees appropriately.
Maintain links with Foundation PD and knowledge of placements – perhaps consider formalising the existing relationship.
Continue with developing Named Clinical Supervisor role particularly with regard to reading and commenting on portfolio log entries.

Significant Concerns

Endocrine post
We heard that because there is no handover, sometimes trainees are unaware of patients admitted. They see this as a risk to patient safety. The Medical Director is aware of this, and has already taken action to remedy the situation. However, in this post the trainees do not get teaching and are not learning. This is unacceptable in a training post.

Requirements

The TPDs and DME to submit an action plan to resolve the issues in the GP Endocrinology post by the middle of November 2015.

Recommendations

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Timeframes:	Action Plan to be received by: 15/11/15	
	Revisit:	

Head of School: Dr Kate Wishart

Date: 1/10/2014

Progress on previous objectives – TPD/Trust report

 <p>3. TPD Self Assessment Questionnaire 20</p>
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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
Emergency Medicine	4	ST1, ST2	B		
Medicine/ Care of elderly	6	ST1, ST2	C1	Lack of teaching, handover and learning in Endocrinology. Respiratory post valued highly with excellent teaching and support	To be submitted
O&G	2	ST2	B	No concerns	
Paeds	3	ST2	B		

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Psych/Pall Care	2	ST1, ST2	B	All Innovative posts valued highly by trainees	
GUM.Pall care/ dermatology	1	ST1	B		
Gyane/FP/ GUM	1	ST2	B		
Comm paed/rheumatology/GUM	1	ST1	B		

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			
Take consent appropriately?	x			
Have a well-organised handover of patient care at the beginning and end of each duty period?		x		<p>No definite time for handover in A&E. told by consultant not to rely on person doing handover – always check the patient and review the case. Consultant always available, and very supportive. Has now improved with formal handover every morning.</p> <p>No formal handover in endocrine. Trainees on the ward wouldn't know about the patients admitted off their shift. Definitely a patient safety risk – worse during busy period over the winter.</p> <p>Main medical handover happens.</p>
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		Where there are staffing shortages, trainees have to stay beyond their shift end time. Mainly in A&E, paediatrics and Medicine. Not all trainees had the same experience.

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Doctors are released for Quality inspection visits and complete Local/GMC/Specialty Questionnaires?		x		None had completed LETB survey. All had done GMC survey

3. Equality & Diversity	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
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The number of reports of bullying or racial, gender, disability, age or part-time discrimination is zero?		x		One trainee had an issue with bullying, raised it and it has been resolved to their satisfaction. Similar situation in A&E – several trainees– one consultant. Issue was addressed and the consultant changed.
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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?				No local recruitment
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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.
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Sufficient clinical & practical experience to cover their curriculum?		x		Most getting good experience and good teaching. Endocrine – no teaching, no clinics.
A timetable that ensures appropriate access to the prescribed training events / courses etc?	x			
Adequate opportunities for workplace based assessments?	x			No problems getting assessments done. Except in paed – SPRs ok, but consultants difficult Very easy in practice
Regular feedback on their performance?		x		Not in endocrine – not reading logs Some CS read and comment on log entries, others do not.

6. Support - Do all trainees :-	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
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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		None in endocrine post
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		Not in endocrine post
Sign a training/learning agreement at the start of each post?	x			

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Have a relevant & up to date learning Portfolio?	x			
Know about the study leave policy & have reasonable access to study leave?	x			
Have adequate funding for required courses?	x			
Have access to career advice & counselling if required?	x			
Do all new (ST1) doctors to the Programme attend the LETB Induction day?	x			
Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?	x			
Have a work load that is appropriate for their learning (neither too heavy nor too light)?		x		Workload can be high where there are staffing problems: A&E, Paediatrics, Medicine. However, the trainees felt they were learning a lot, except in the endocrine post.

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			
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			

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.
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How is trainee progression data e.g. Assessments and Exam results analysed and how does this impact on Programme development?	x		CSA focused teaching developed since last visit Results for MRCGP good
How are trainees encouraged to participate in GMC and LETB surveys?		x	BOS survey (LETB) not completed by many
Are there documented responses by the Programme educators to GMC and LETB surveys?	X		
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?		x	Some remain in touch – no formal system. Local faculty plan to invite to provost dinner each year – to find out what's happening to them.

Friends: 80% yes Family: depends on dept.

TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
<i>For example: Discussions with TPDs, GMC Survey Results, BOS Survey results</i>		
<i>TPD Report</i>	Comprehensive report	
<i>GMC Survey</i>	Improved in 2015.	TPDs have an action plan for GMC outliers
<i>BOS Survey</i>	Very few respondents	No action taken

Action Plan for the next year 2014 - 2015

Exception reports only

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
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	TPDs to submit action plan by mid November 2015 with the help of the DME	16/11/2015	TPDs with DME
Endocrine: Lack of handover, teaching and learning.			

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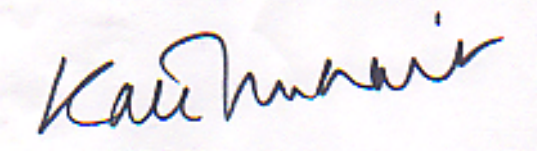
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This report is a true and accurate reflection of the GP SP Training Programme at: Stevenage (East & North Herts)

Report prepared by: Kate Wishart

Signature by GP Dean:  _____ Date: 30/9/2015

Acknowledgments to GMC and NACT UK.