

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: CAMBRIDGE

Date of visit: 17/04/2013

Report compiled by: Dr Krish Radhakrishnan

(on behalf of the visiting team)



Health Education East of England

## Directors, Tutors, Admin Staff & GPST Registrars visited

Educational Roles	Name	Present Yes / No	Contact number
<i>GPST Programme Director</i>	<i>Dr Judith Lindeck</i>		
<i>GPST Programme Director</i>	<i>Dr Tony Cole</i>		
<i>GPST Programme Director</i>	<i>Dr Paul Sackin</i>		
<i>Interim Chief Executive</i>	<i>Dr Keith McNeil</i>		
<i>Medical Director</i>	<i>Dr Jag Ahluwalia</i>		
<i>Director of Postgraduate Medical Education</i>	<i>Dr Arun Gupta</i>		
<i>Deputy Director of Postgraduate Medical Education &amp; Director of Postgraduate Medical Education</i>	<i>Dr Pamela Todd</i>		
<i>Postgraduate Centre Manager</i>	<i>Mrs Mary Archibald</i>		
<i>GPST Assistant</i>	<i>Ms Carole Mills</i>		

## Visitors

Educational Roles	Name	Present Yes / No	Contact number
<i>GP Associate Dean</i>	<i>Dr Krish Radhakrishnan</i>		
<i>GP Associate Dean</i>	<i>Dr Vijay Nayar</i>		
<i>GPST Programme Director</i>	<i>Dr Pauline Foreman</i>		
<i>GPST3</i>	<i>Dr Elizabeth Babatunde</i>		

## Discussion with TPDs, Director of Medical Education and PGMC Manager

There is excellent relationship between the Director of Postgraduate Medical Educations, the Administrators in Postgraduate Medical Education Unit, Trust HR and the Consultants for GP training at Addenbrookes Hospital. Carole Mills been praised by the TPDs and the GPStRs for her support and the knowledge of the GP rotations.

The TPDs have continued to do terrific job in maintaining good relationship with the Acute Trust, Director of Postgraduate Medical Educations, local trainers & GP School. The trainees complemented their support, guidance and enthusiasm.

The GMC Survey and Deanery BOS questionnaire survey highlighted lots of positive feedback from the learners.

The GP School thanked the team for their enthusiasm, support and commitment for offering excellent training environment.

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However there are few areas need further development;

- Attendance at the annual mandatory GPSTP 24 hour Residential Course is patchy. Some of the Acute Trust Specialities are not releasing the GPStRs. This is partially due the trainees not submitting their application in timely manner, however as the residential course is held in August/ September there may be problems for the new recruits to submit their application forms. It is agreed that Carole Mills (STP Administrator) sends the dates to the HR Manager and all the specialty departments in advance to make sure that the GPStRs are freed for those days. But GPStRs would be reminded to submit the official application form as soon as possible.
- There had been lack of engagement of the Trust Clinical Supervisors with the learners' e-Portfolio. It is important to have comments & guidance on the learners' Learning Log entries and entries of concerns/progress report in the Educator's Notes section of the e-Portfolio. The Acute Trust & the Director of Postgraduate Medical Educations are holding educational sessions for the Clinical Supervisors and Dr Judith Lindeck, the TPD, would be happy to attend these sessions to facilitate to better the engagement.
- The GP training would be a standing agenda item on the MEG meetings. The GP STP TPDs will endeavour to attend these meetings to improve the working relationship of all involved with training.
- There is pressure from the DoH to increase GP training capacity; though Addenbrookes is a tertiary referral centre, they still have the DGH responsibilities to the local community, hence there are opportunities to offer adequate learning opportunities for GP trainees. As there is a drive to reduce some of the speciality training posts it would be sensible to re-badge some of the speciality training posts to GP training. There are needs for more GP training posts in Addenbrookes in A&E, Paediatrics and O&G.
- The issue of ST1s not being given an induction in Medicine & then being asked to sign that they had had an induction in order to be able to work was discussed. It was agreed this practise is not acceptable and it was confirmed that Consultants can give individual inductions if any of them missed the set induction sessions. The HR & the Consultants will also look at employing locums when learners go off on sick leave or on annual leave which may reduce the workforce below the accepted level.
- There are concerns raised by the learners with training in Mental Health specialty attachment. The Consultant Psychiatrist present at the meeting & the lead Clinician Dr Christopher O'Loughlin are aware of the concerns and these would be looked into and an acceptable outcome would be reached soon.
- Equality & Diversity training in induction comprises an in house e module. Dr Vijay Nayar explained that there was a push to improve the quality of E&D training & that an e module may not be enough. He would liaise with HR to look at the module to advise further development. He also encouraged the TPDs to arrange a cultural competency session on their HDR.

The following attended for the feedback;

TPDs Dr Tony Cole, Dr Paul Sackin, Dr Judith Lindeck; DME, Dr Arun Gupta; Clinical Tutor, Dr Pamela Todd; Postgraduate Centre Manager, Mary Archibald; Medical Staffing Manager, Lindsey Searle; GPSTR Administrator, Carole Mills; Consultant Paediatrician, Peter Heinz; Consultant Psychiatrist, Dr Rebecca Jacob; and Consultants in Care of the Elderly, Dr Jane Wilson & Dr Joanna Hampton. Thank you all for your contributions, support & enthusiasm.

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## Educational Grading

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

Total no. of GPSPTRs in particular specialty at any one time	Grade of doctor(s) interviewed. ST1/ 2 or 3 etc	Number of doctor(s) interviewed.	No. Of Drs interviewed who are also Currently in the specialty.	Educational Grading B /C1 etc	Issue	Action Plan
8					<i>From TPD Self-Assessment Questionnaire: A/E Hinchingsbrooke - Unable to attend the weekly GPST programme and are very isolated away from Cambridge in their first year. Supervision has improved but is still patchy</i>	Opportunities to identify A&E posts in Addenbrookes were raised with the Director of Postgraduate Medical Educations. This will help to improve the attendance of STP teaching sessions and help to increase training capacity in West Cambs STP as the Hinchingsbrooke A&E posts could be used by West Cambs GPSTrs
2					<i>From TPD Self-Assessment Questionnaire: Mental Health- Recent serious concerns expressed by both current trainees – most especially about night-duty: the amount of work without support, having to cover two hospital sites (Fulbourn and A/H A&amp;E) – apparent reluctance of SPRs to come in when requested. Also, for one of the posts mainly, a concern that GP trainees are expected more to look after the physical problems of MH patients rather than dealing with MH issues, lack of opportunity to get to OPD and do domiciliary assessments.</i>	
Paediatrics	ST1 and ST2	15	2	A	Good experience of emergencies via the A&E, when released for teaching bleep held by FY trainees. Excellent in-house teaching. However there are limited posts available for GP training so not all learners have experience in Paediatrics.	
O & G	ST1 and ST2	15	2	A	Excellent experience, teaching, early pregnancy unit exposure & support in Hinchingsbrooke but attendance at half day release are difficult. The Addenbrooke's experience is slightly limited due to lack of OPD experience & limited acute labour ward experience. But teaching and supervision are good.	
EM Hinchingsbrooke	ST1 and ST2	15	1	C1	1 SHO did not enjoy her A&E job at Hinchingsbrooke as was unable to come to VTS, did not find A&E relevant as very much acute focus, not GP focused.	

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					Another ST1 said that ST1s at Hinchingsbrooke feel very isolated from general practice. Though the in-house teaching happens and good quality sometimes difficult to attend. The supervision & support have improved but the workload can be heavy at times but has good exposure to acute cases	
EM Addenbrookes	ST1 and ST2	15	2	A	Excellent A&E teaching at Addenbrookes, very relevant to GP. Lots of opportunities for WPBA.	
Psychiatry	ST2	8	2	C2	Recent serious concerns expressed by both current trainees – most especially about night-duty: the amount of work without support, having to cover two hospital sites (Fulbourn and AVH A&E) – apparent reluctance of SPRs to come in when requested. There is lack of opportunity to get to OPD and do domiciliary assessments. The above were raised with the Clinical Lead and the team assured that there are plans in place to improve this. However the interview with the 2 learners highlighted the concerns are not resolved. Further negotiations are taking place.	AD & TPDs are working with the MH Clinical Lead to rectify the concerns.
Elderly medicine and General Medicine	ST2/ST1	15	2	C2	The departmental teaching sessions are good, but it is difficult to get to teaching sessions; the rota is very tight & it is very difficult to get locums if trainees go off sick. There generally seems to be a lot of sick leave during the attachment which may be due to increased workload. In one occasion a learner was authorised to take no pay leave during Christmas bank holidays but, despite adequate notice, there was no replacement employed during this period, putting additional strain on the existing trainees. The compliance to EWTR is doubtful but they have been told, in average, they are compliant. The OPD experience is limited. 2 ST1s did not get an induction in Medicine, but one ST1 was asked to sign the document to say she had had the Induction so that she could work.	This was highlighted with the HR, Director of Postgraduate Medical Education & the lead Consultants in Elderly Care Medicine who attended the feedback session. The visiting Panel was reassured that this will be investigated and rectified in the future.
Orthogeriatrics	ST2	8	1	A	Good experience excellent supervision & good for WPBA.	
ST3	12 ST3 and 1 ACF ST4	13	13	B	Half day release sessions are very good, they value the autonomy in learning and the small group-same group in all 3 years - good for reflection and sharing. Away day in August to plan Half Day Release sessions. Would like more CSA preparation. Recently had mock CSAx2 organised by the trainee - very well received. TPDs supportive and receptive. Generally happy with practices. Arbury Road Practice is busy. There are problems with Mill Road Surgery where there is lack of support. It was highlighted that in Nuffield Road Surgery there are disputes about the Educational contracts & one of the trainee still has not signed this. OOH very good UCC on line booking but practices not implementing EWTD. For guidance browse: <a href="https://www.eoedeanery.nhs.uk/medical/page.php?page_id=1884">https://www.eoedeanery.nhs.uk/medical/page.php?page_id=1884</a>	TPDs to approach the named 3 surgeries to negotiate better outcome. To involve the AD if there is an impasse. TPDs to raise the awareness in the Trainers Group meeting and write to every training practice with regard to the need of EWTD compliance during OOH training. For further guidance see Deanery website.

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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			Yes but not relevant to all jobs. O&G Addenbrookes trained in taking consent in induction.
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 Trust induction?	Y			
All posts comply with the Working Time Directive?	Y			Generally yes and if problems are detected, the Trust do respond.
Doctors are released for Quality inspection visits and complete PMETB/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 undermining reported.
<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 Deanery 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			However approximately 50% of ST1 & ST2 trainees are aware of "10 learning outcomes" based on the GP Curriculum which a GP trainee should learn during their attachment in a Secondary care specialty. This is in the Deanery website <a href="https://www.eoedeanery.nhs.uk/medical/page.php?page_id=1897">https://www.eoedeanery.nhs.uk/medical/page.php?page_id=1897</a> These documents will help the clinicians & the learners.
A timetable that ensures appropriate access to the prescribed training events / courses etc?	Y			
Adequate opportunities for workplace based assessments?	Y			Feedback not always given immediately.
Regular feedback on their performance?	Y			

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<b>6. Support - Do all trainees :-</b>	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Have a structured, good quality verbal induction to the placement, a useful induction pack with access to a job description, and a contract within a week of starting?		P		Very positive feedback both from hospital placements and GP placements. However, 2 ST1s did not get an induction in Medicine, but one ST1 was asked to sign the document to say she has had the Induction so that she could work. This was highlighted with the HR, Director of Postgraduate Medical Educations & the lead Consultants in Elderly Care Medicine who attended the feedback session. The visiting Panel was reassured that this will be investigated and rectified in the future In some cases induction was by e-modules, which is not always satisfactory
Know who their personal Educational Supervisor is?	Y			
Have an initial appraisal meeting at the start of a placement and regular review appraisal meetings?		P		Variable predominantly trainee initiated
Sign a training/learning agreement at the start of each post?		P		Done but not always within a month
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			ST2 had a recent careers day.
Do all new (ST1) doctors to the Programme attend the Deanery Induction day?	Y			Found it very helpful. Would have preferred more time spent on understanding the e-P.
Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?	Y			Able to raise with TPDs.
Have a work load that is appropriate for their learning (neither too heavy nor too light)?	Y			Medicine work load is heavy but manageable. They also get good support & supervision

<b>7. Training Management</b>	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 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 deanery?	Y			

<b>8. Resources</b>	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?		P		The Trust endeavour to facilitate protected time to fulfil supervisor's tasks
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 eg: <i>Assessments and Exam results</i> analysed and how does this impact on Programme development?	Y			The Deanery analyses this and the TPDs follow up the reports and discuss with the individual trainees, trainers. This is also discussed in the Trainers group. Associate Dean & TPDs work together with the relevant Educational Supervisors in the event of poorly performing learners
How are trainees encouraged to participate in PMETB and deanery surveys?	Y			The TPDs encourage the learners to complete these surveys. There is fairly good response to GMC survey. The Deanery Administrator sends the request & link to the GPStRs for the BOS questionnaire survey, currently the Deanery response is patchy. This needs to improve by further encouragement by the TPDs in the STP
Are there documented responses by the Programme educators to PMETB and Deanery surveys?	Y			
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?		P		Some invited to the STP half day sessions to discuss their experience and also participate in teaching sessions

### Supporting Documentation

Document/Report	Comments	Action Plan
GMC Trainee Survey 2012		
GMC Trainer Survey 2011		
TPD Self-Assessment against Questionnaire		
BOS Survey		
	All these are available and corroborate above comments	

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Action Plan for the next year 2013 - 2014

## Exception reports only

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
<p><b>General/Elderly Medicine at Addenbrookes</b>            There are difficulties to get to teaching sessions; the rota is very tight &amp; it is very difficult to get locums if trainees go off sick. There generally seems to be a lot of sick leave during the attachment which may be due to increased workload.            In one occasion a learner was authorised to take no pay leave during Christmas bank holidays but despite of adequate notice there was no replacement employed during this period, this put additional strain on the existing trainees. The compliance to EWTR is doubtful but the trainees have been told in average they are compliant. The OPD experience is limited.            2 ST1 did not get an induction in Medicine, but one ST1 was asked to sign the document to say she has had the Induction so that she could work.</p>	<p>There are plans to improve the attendance at the teaching sessions</p> <p>The lead clinicians &amp; HR will work together to make sure workforce is maintained at adequate level by employing the locums in timely manner. The compliance of EWTD will be maintained at all times</p> <p>It was agreed this practise is not acceptable and it was confirmed that Consultants can give individual inductions if any of them missed the set induction sessions</p>	<p>August 2013</p>	<p>Lead Consultant in Elderly Care Medicine &amp; Trust HR</p>
<p><b>Mental Health post</b>            Recent serious concerns expressed by both current trainees – most especially about night-duty: the amount of work without support, having to cover two hospital sites (Fulbourn and A/H A&amp;E) – apparent reluctance of SPRs to come in when requested.            There is lack of opportunity to get to OPD and do domiciliary assessments.</p>	<p>The above were raised with the Clinical Lead and were assured that there are plans in place to improve this.            However the interview with the 2 learners and the Consultant present Dr Rebecca Jacobs at the GP School visit highlighted the concerns are not resolved yet.            Further negotiations are taking place, this is a work in progress.</p>	<p>August 2013</p>	<p>Mental Health Unit            Dr Christopher O'Loughlin</p>
<p><b>GP Training Practices</b>            Mill Road Surgery where there is lack of support &amp; supervision</p>	<p>The TPDs have already highlighted this &amp; AD has only given conditional Practice re-approval.</p>	<p>July 2013</p>	<p>TPD &amp; AD</p>
<p>Nuffield Road Surgery there are disputes about the Educational contracts</p>	<p>TPDs will meet with the Trainers &amp; Practice Manager</p>	<p>July 2013</p>	<p>TPDs</p>
<p>OOH training &amp; implementing EWTD.</p>	<p>TPDs to raise this in Trainer group &amp; write to all the Practices with guidance <a href="https://www.eoedeanery.nhs.uk/medical/page.php?page_id=1884">https://www.eoedeanery.nhs.uk/medical/page.php?page_id=1884</a></p>	<p>June 2013</p>	<p>TPDs</p>



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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.*

### Achievements/Progress on previous objectives

- Emergency Medicine posts at Hinchingsbrooke - *A new clinical lead is in post, the clinician in question with poor performance left the post. There is better supervision at present. But this could improve.*
- Continued work to increase the familiarity of clinical supervisors with the GP eportfolio – *This is still in development. A TPD will participate in the training & support for the CSs*
- Training Programme Directors should encourage the completion of Deanery BOS surveys and use the outcomes from this process – *Improved but more work to be done*
- Encouragement of Trainers to use videos of tutorials as formative tools to develop communication skills - *Achieved*
- The Deanery will continue to encourage the development of more trainers and training practices – *Work in progress. Already established a new training Practice & increased Trainer capacity by 3. More New Trainers to be approved*

### Issues/Development needs

- Improve the attendance rate of GPSTRs at the annual mandatory GPSTP 24 hour Residential developmental days
- Improve engagement of the Trust Clinical Supervisors with the learners e-Portfolio
- Increase GP training posts capacity in Addenbrookes Acute Trust
- Improve the facilities for attendance of teaching sessions & induction in Elderly Care Medicine post
- Improve working & training atmosphere in Mental Health specialty attachment
- TPDs to address issues with the training issues in 2 practices and improve the awareness of ETWD compliance during OOH training
- Improve the awareness for training in E&D and Cultural Competencies in Acute trust

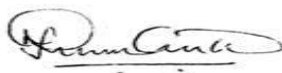
### Action Plan/Current objectives

We would be grateful to receive an Action Plan on the above Issues/Development Needs by Friday 3<sup>rd</sup> August 2013.

### Other Comments:

The visitors of the GP School of HEEoE were very grateful for the hospitality of the Postgraduate medical centre staff, and the time and assistance afforded by the Training Programme Directors, the Directors of Postgraduate Medical Education, the Consultants, the Postgraduate Centre Manager and the GPST administrator.

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



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

Signature by GP Associate Dean: Dr Krish Radhakrishnan

Date: 17 April 2013