

GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Peterborough

Report compiled by: Dr Kate Wishart

Date of visit: 1 March 2016

Visiting Team

Educational Roles	Name
Head of School GP	Dr Kate Wishart
Associate GP Dean Cambridgeshire	Dr John Kedward
Training Programme Director Cambridge	Dr Chris Schramm
GPST3 Cambridge	Dr Eleanor Gordon

Programme/Trust Team

Educational Roles	Name
Training Programme Director	Dr Mark Attah
Training Programme Director	Dr Rob Houghton
Dr Kanchan Rege	Medical Director
Mr Bruce Ramsay	Associate Medical Director, Medical Education
Mrs Barbara Petrie	Medical Education Manager
Mrs Sue Tee	GP Specialty Training Programme Administrator
Ms Emma-Louise Duncan	Assistant GP Specialty Training Programme Administrator

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

- Feedback from trainees in O&G was universally positive, suggesting that problems highlighted at the last visit are fully resolved. There is rota management in O&G which builds in protected bleep free time for GP STs to attend GP Teaching
- There was good attendance at the visit by GP Trainees, including GP ST3.
- Newly appointed Liaison Psychiatrists (Cambridge and Peterborough NHS Trust) have a strong interest in teaching and the trainee experience in the psychiatry posts has improved as a result
- The TPDs have a good awareness of GP Foundation placements, and are willing to be the link for Foundation trainees wanting to do tasters in GP.

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Concerns / Areas for development

- There is still no convenient and private office dedicated to the GP ST Programme. This is an issue when the TPDs need to give confidential pastoral care to trainees at short notice. In addition the Assistant GP Programme Administrator does not share an office with the GP Programme Administrator and is therefore not 'visible' to the trainees and TPDs.
- Rotas in Emergency Medicine are published late, which leaves trainees unable to plan their work and breaks ahead
- Trainees working in EM, paediatrics and Medicine cannot always attend GP Teaching even when requested in advance, but they can attend regular departmental teaching which is often relevant to their learning needs.
- There remains incomplete involvement of Clinical Supervisors in hospital posts with the trainees' portfolios. However, there is some good practice here, and some have attended sessions to help them with the portfolio run by the TPDs.
- Trainees placed in areas outside Peterborough for GP posts are not allowed to work OOH shifts in Peterborough, even when they live in the city.
- The OOH provider has not engaged with the trainers workshop even though a dedicated meeting was arranged by the TPDs.
- There are issues concerned high workload, lack of access to annual leave dates and lack of tutorial time in specific GP practices.

Significant Concerns

- Workload in Acute Medicine is high, and trainees are moved from ward to ward with no notice, based on staffing needs. This impairs their opportunity to learn. Trainees reported that rota management and staffing decisions are delivered in an unsupportive and sometimes aggressive way. At present there is rota review being undertaken and a freeze on annual leave and study leave has been imposed.

Requirements

- The trust should investigate the issues raised by trainees concerning rota management and workload in acute medicine and take appropriate action to remedy any practices which reduce the trainees' opportunities to learn during the post.

Recommendations

- Consideration of providing a GP programme office which could be used for pastoral care at short notice when required
- Rota management in EM and Medicine investigation, and consideration of change to allow earlier publication of rotas and less movement of medicine trainees at short notice.
- Further encouragement and training of CS in hospital posts to enable more engagement with the GP trainee portfolio
- OOH provider review to challenge the decision relating to those trainees placed outside Peterborough, and to ensure dialogue with the trainers workshop and GP Specialty Programme Directors (this work will be led by HEE_ EoE)

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- TPDs and AD to work with GP practices to resolve issues around high trainee workload, lack of tutorials and access to annual leave.

Timeframes:	Action Plan to be received by: 31 May 2016	
	Revisit: March 2019, subject to satisfactory quality monitoring and trainee survey reports	

Head of School: Dr Kate Wishart

Date: 16/03/2016

Progress on previous objectives – TPD/Trust report

1. Inadequate educational signposting and clinical supervision in obstetrics and gynaecology; poor induction
2. The Peterborough OOH service is difficult to use and the number of available sessions needs review
3. The Department of Medicine has little formal teaching other than in stroke medicine and release to the half day teaching is sporadic
4. The quality and training of clinical supervisors appears to be variable
5. The small number of available ST3s was noted by the visitors

Last visit report (2012):

- Status of education within trust
- Office for GPST
- OOH provision locally
- Workload concerns in all posts
- BOS survey use

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
O&G	1	ST2	A		
Paeds	2	ST2	B		
Endocrine	1	ST1	B		

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Medicine for older people	1	ST1	C1	Workload and rota management	
GP	15	ST1 & 2, 3	B (Cx3)	Most trainees in GP posts gave very positive feedback. However there were issues in three practices	TPDs will work with AD to resolve the issues in those practices

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			
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		Going over time leads to email reminding trainee to handover at end of shift, but no action taken other than this
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		Threatening emails from medicine department – personal investigation when targets not met Aware of bullying policy, but not sure how to raise an issue.

4. Recruitment	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?				

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			

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A timetable that ensures appropriate access to the prescribed training events / courses etc?		x		Trainees in EM, paedes and medicine have difficulty getting to GP Teaching
Adequate opportunities for workplace based assessments?	x			
Regular feedback on their performance?	x			Especially if proactive

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		Paeds and O&G very good. Not in acute medicine
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			Not all trust CS read and link log entries
Know about the study leave policy & have reasonable access to study leave?		x		Variable access in hospital posts – depends on staffing levels. Fine in GP. O&G fine too – proactive management
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			Battle with rota coordinator in medicine but eventually did get time off
Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?	X			Not always acted upon
Have a work load that is appropriate for their learning (neither too heavy nor too light)?		x		Known problems in some GP practices – already being dealt with Workload high in medicine – affects ability to learn some of the time

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			

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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.
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			
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?			x	

TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
TPD report	TPDs aware of most issues, and both attend to their own CPD as TPDs Major change to a training practice not formally reported to them.	Will raise requirement to report major changes at trainers workshop

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Health Education England

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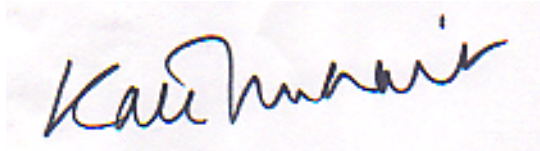
GMC survey	No major outliers	
Trust Report		

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
Workload in Acute Medicine is high, and trainees are moved from ward to ward with no notice, based on staffing needs. This impairs their opportunity to learn. Trainees reported that rota management and staffing decisions are delivered in an unsupportive and sometimes aggressive way.	Trust to investigate the reports, and make a plan for taking appropriate steps to resolve these issues. TPDs to monitor feedback from trainees in acute medicine and liaise with Medical Director.	31 May 2016	Medical Director

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

Report prepared by: __Kate Wishart_____

Signature by GP Dean:  _____ Date: 16/3/16 _____

Acknowledgments to GMC and NACT UK.