GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Bedford **Report compiled by: John Howard**

Date of visit: 19/3/2015

Health Education East of England

Visiting Team

Educational Roles	Name
GP Dean	John Howard
TPD Luton	Julian Marsden
GP ST3	Sapna Dave

Programme/Trust Team

DME	Mrs Sarah Reynolds
College Tutor Medicine	Dr Anne Day
College Tutor Paediatrics	Dr Pramod Nair
Learning and education manager	Rosa Lombardi
GPST Administrator	Michelle Argent
GP TPD	Dr Toni Munno
GP TPD	Dr Peter Wilkinson
Primary Care Tutor	Dr Paula Yapp
Primary Care Tutor	Dr Vinita Manjure

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
• Excellent team based approach to GP education between Trust, Programme and Tutors • Good progress in developing Faculty groups • Selection of named clinical supervisors has occurred • Excellent facilitation of learning in paediatrics, O&G and in some care of the elderly teams • Strong support from the MEC administration team

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Concerns / Areas for development

- Expansion of Faculty group activity
- Possible streaming of trainees
- Involvement of GP faculty and new GPs in Faculty groups
- Greater support for CSA training

Significant Concerns

- Provision of education to GP trainees in A&E
- Development of relevance of T&O post for GP training

Requirements

- Resolution of staffing concerns in ward based cover for Care of the Elderly
- Implementation of the job planning process and payment of 0.25 PAs to all educational supervisors and named clinical supervisors for GP trainees

Recommendations

- Provision of an Associate Trainer course
- Support for the development of regional ARCP processes

Timeframes:	**Action Plan to be received by:**	**30th April 2015**
	Revisit:	**Three years**

Head of School: Professor John Howard **Date: 1/10/2014**

Progress on previous objectives – TPD/Trust report

- GP Programme has excellent communication with the Trust, the DME and College Tutors. The Trust and CCG have contributed to the TPDs running an Associate Trainers course.
- Faculty meetings in each specialty have been successful and are attended by trainee representatives
- The Programme is being expanded by cooperation with the Trust; the administrative support for the Programme has been good
- Workload remains high; this has been a particular concern in Medicine where a “floating” locum has been employed to ensure more than one junior doctor covers the wards at all times. Out of hours an additional registrar and junior doctor have been included in the rota to ensure adequate ward cover
- The re-configuration of the paediatric posts in to community facing posts has been successful
- The Trust has worked hard to improve the quality of clinical supervision through training and approval for the named clinical supervision role for GP trainees; job planning will

commence next April and further education sessions to achieve consistent provision amongst named clinical supervisors are planned
- The TPDs are keen to provide further support for the CSA
- Attendance at the half day release (HDR) is 70-80% - however GP trainees in EM are unable to attend but attend teaching in the department
- The tremendous improvement in the 2014 GMC survey was noted; the 2015 BOS survey results were good

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	3	ST1	A	Induction good – good teaching, 3 sessions of teaching per week, excellent supervision; community clinic attendance highly valued. Excellent experience; trainees said that taking study leave could be difficult because of rota	
O&G	1	ST1	A	Best job- clinics very good – well structured –time in clinics allocated in rota; excellent supervision and good teaching; induction good, handover good; really well organised; consultant with bleep from 9-5; nurses/midwives all supportive. Supervisors good at looking at portfolio	
ENT	2		A	Brilliant job – great preparation for GP – super supportive	
EM	3	ST1	B2	Rota changed recently to 4 weeks on and 1 week off; teaching now only 1:3 in three and trainees cannot get to HDR. Teaching seems more focused on EM trainees. Teaching now in morning so night shift doctors attend after waiting at the end of shift. Could this be amended? Handover works well. Trainees reported that quality of support at night varied according to the on registrar- leading to more referrals than necessary to other specialty middle grades e.g. medicine. This was felt to be a busy but good job – it was noted that the trainee had to leave meeting to return to A&E	
Palliative care	1	ST1	A	Fantastic job – well supported- really excellent – learn huge amounts- really good for GP	

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Psychiatry	1	ST1	B	Induction good – SEPT had changed clinical supervision over the last year- now generally good. Consultant telephone support and follow up good at night – aware of change in organisation	
Care of the Elderly	5 present	ST2	C2	Things have improved – more consultant cover – encouragement to go to clinics – useful feedback and really good teaching input and critical reading of portfolio – real difference educationally– staffing and workload the problem – locum cover vital and still gaps despite that – having to stay overtime and trainees are prioritising patients and tasks – no patient safety concerns but educational support reduced due to high workload – clinic attendance also compromised because of staffing. Team to team variation in approach and workload. Handover generally good but has varied by team because of registrar rota; Weekends on call had also had poor cover. Blood gases not easily available out of hours and frequently samples clot before measurement. No rota issued after 31/3/15 – draft not released so no study leave agreed.	
T&O	1	ST1	C	OK – can get to clinic and theatre - ?relevance of job for GP – no orthogeriatic component- not offered dermatology and rheumatology clinics as in surgery. Could be improved with these and active consultant engagement in portfolio – need to push all the time to get education	
Surgery	0			Regarded as being a good job and excellent clinic support; breast surgery excellent support and supervision	
GP ST1 & 2	5	ST2	A	Practice experience excellent with good supervision and support. However HDR not bleep free; teaching could be variable; for example relevance of paediatric physiotherapy questioned; Saturday morning symposium excellent; would like GP experts for the most part in HDR.	

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GP ST3	8	ST3	B	Workload too high so not getting time for study – trainer group? One practice has 4 day week and another practice starting time started later – trainees have taken contract to practices. Workload a real problem in most practices. ST3s 15 minute slots but 2 are having 10 minute consultations thrust upon them. Concern about CSA and how to provide time for CSA – programme has had simulation sessions and worked in groups to provide support	

Compliance with generic training standards *Yes*

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?	Y			
Take consent appropriately?	Y			
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			

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?	Y			
All posts comply with the Working Time Directive?	Y			
Doctors are released for Quality inspection visits and complete Local/GMC/Specialty Questionnaires?	Y			Although EM trainee called back to A&E

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?	Y			

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?	Y			

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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?	Y			
A timetable that ensures appropriate access to the prescribed training events / courses etc?			N	Emergency medicine
Adequate opportunities for workplace based assessments?	Y			
Regular feedback on their performance?	Y			

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?	Y			
Know who their personal Educational Supervisor is?	Y			
Have an initial appraisal meeting at the start of a placement and regular review appraisal meetings?	Y			
Sign a training/learning agreement at the start of each post?	Y			
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			
Do all new (ST1) doctors to the Programme attend the LETB Induction day?	Y			
Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?	Y			
Have a work load that is appropriate for their learning (neither too heavy nor too light)?	Y			

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?	Y			
Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?	Y			
Have all Educational supervisors received training and updates (including Equality & Diversity training) 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 LETB?	Y			

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

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?	Y			Monitored by TPDs
How are trainees encouraged to participate in GMC and LETB surveys?	Y			By TPDs
Are there documented responses by the Programme educators to GMC and LETB surveys?	Y			
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?	Y			

TPD discussion and supporting documentation

Document/Report	Comments	Action Plan

• Good interchange between TPD and Tutors – education strategy shared • Faculty groups well supported • Trainers group lively & well supported – 20+ • Saturday morning symposium good and well supported - 40 • CSA support – recent workshop shared good practice – role play, role of HDR – two sessions per term with one simulation • ? Stream ST, 1, 2 and 3 – support for st3s needs to be more focused - impact of peer groups recognised • OOH exemplary – induction, booking and support very good; good cohort of trainers • Good administrative support recognised and valued; team based multi-professional ethos	? Invite First 5/trainers to mix with named clinical supervisors? Excellent Saturday morning symposium support from Trainers - ? invite trainees and First 5s	

Action Plan for the next year 2015 - 2016

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
Staffing in Medicine is impeding the clear intent to provide excellent clinical supervision and education	The Trust should consider employing more clinicians to cover the wards using the current funding for a locum - ? advanced nurse practitioners or PAs	August 2015	Medical Director
The excellent progress in training named clinical supervisors for GP trainees now needs to be confirmed in job plans allowing a consistent approach to GP education including reading and commenting on log entries	To complete the job planning process so that named clinical supervisors have time to be trained in and implement consistent use of the GP e portfolio to the benefit of GP trainees	September 2015	DME & Medical Director
GP trainees education is of a lower quality than previously in emergency medicine	The access of GP trainees in A&E to the HDR should be reviewed to enact attendance to at least 70% average attendance per trainee	August 2015	DME & TPDs
Trainees are working beyond their contracted hours due to the overload of demand	The workload in GP practices in ST3 should be reviewed and Trainers should assist in ensuring that trainees are not consistently required to non-consensually work beyond their contracted hours	August 2015	TPDs
The HDR is interrupted by bleeps	HDR should be bleep free	May 2015	DME & TPDs

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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.