

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme:

Report compiled by: Vijay Nayar

Date of visit: 25/05/2016

## Visiting Team

| Educational Roles | Name                               |
|-------------------|------------------------------------|
| Dr Vijay Nayar    | Deputy GP Dean & Head of School    |
| Dr John Kedward   | Associate GP Dean - Cambridgeshire |
| Dr Mark Attah     | TPD Peterborough                   |
| Dr Laura Fisher   | GP ST3 Peterborough                |

## Programme/Trust Team

| Educational Roles                        | Name   |
|--|--|
| Dr Judith Lindeck                        | GP Training Programme Director                     |
| Dr Fiona Leckie                          | GP Training Programme Director                     |
| Dr Christopher Schramm                   | GP Training Programme Director                     |
| Dr John Firth<br>(Feedback session only) | Deputy Medical Director                            |
| Dr Arun Gupta<br>(Feedback session only) | Director of Medical Education                      |
| Dr Pamela Todd                           | Deputy Director of Medical Education               |
| Mr Ian Grant                             | PGME Programme Director                            |
| Mrs Mary Archibald<br>Mrs Susan East     | Education and Development Manager & Deputy Manager |
| Carole Mills<br>Daniela Cossio-Martinez  | GPSTP Administrator                                |

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme:

Report compiled by: Vijay Nayar

Date of visit: 25/05/2016

## 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 was positive feedback from the trainees regarding the TPDs and the half day release programme, especially when preparing for the CSA. Trainees also reported they were well supported in the training practices. Trainees valued the fact A&E at Addenbrookes has allowed them to attend the half –day release programme. ENT posts have been made available to the programme which has helped the scheme to develop more varied and relevant rotations. There is an excellent relationship between the TPDs and GPSTP Administrators

### Concerns / Areas for development

- Attendance to the half day release programme remains poor in all posts (except for A&E at Addenbrookes)
- The workload in Medicine/DME remains high in part due to rota gaps
- Hospital Clinical Supervisors need to be encouraged to read trainees e portfolio entries
- Experience in psychiatry posts is variable
- There were concerns about how the change of OOH provider in the autumn would impact on booking sessions.

### Significant Concerns

CUH should consider making more posts available for the GP training programme. One additional paediatrics post would facilitate 3 rotations to be constructed with relevant and balanced experience for the trainees. Additional posts in ENT, Ophthalmology and A&E would also be extremely welcomed. With the current problems in GP recruitment, lack of varied and relevant rotations will compound this problem and Senior Management at CUH are seriously urged to address this issue.

### Recommendations

1. Investigation into how various posts can enable GP trainees to attend half day release programme more regularly
2. Consideration given on how to help hospital Clinical supervisors validate trainee e portfolio entries
3. Address issue of workload and rota gaps in Medicine/DME
4. CUH to consider making more posts available for the GP training programme especially in Paediatrics.
5. Psychiatry posts should be split into 3 months to allow trainees to have more acute experience as well as purely ward cover.

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts



GPST Programme:

Report compiled by: Vijay Nayar

Health Education England

Date of visit: 25/05/2016

|                    |                                       |            |
|--------------------|---------------------------------------|------------|
| <b>Timeframes:</b> | <b>Action Plan to be received by:</b> | 30/09/2016 |
|                    | <b>Revisit: 3 years</b>               |            |

Head of School: Dr Vijay Nayar

Date: 25/05/2016

## Progress on previous objectives – TPD/Trust report

Unfortunately the issues regarding improving engagement of the Trust Clinical Supervisors with the learners e-Portfolio, increasing GP training posts capacity and Improving attendance of teaching sessions in Medicine/DME remain outstanding as highlighted above. CUH need to consider what further measures can be taken to address these ongoing issues.

## 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. | Education al Grading B /C1 etc | Issue   | Action Plan  |
|-----------------------|------------------------------------|--|--------------------------------|---|--|
| DME / Gen Med         | 6                                  | 1( ST1) 1 (ST2)                                  | C2                             | Heavy workload related to gaps in rota, unable to attend Half day release       | See action plan  |
| Paeds                 | 2                                  | 0  | A                              | Need more paed's posts  |  |
| A&E                   | 3                                  | 1  | A                              | Half day release now on timetable   |  |
| O&G                   | 4                                  | 0  | B                              | Heavy service provision   | More educational support would be welcomed             |
| Psych                 | 4                                  | 3  | C2                             | Not all posts relevant  | See action plan  |
| A&E (Hinchingsbrooke) | 4                                  | 0  | C2                             | Problems with workload, lack of senior cover and attendance at half day release | Department already aware and situation being monitored |
| O&G (Hinchingsbrooke) | 2                                  | 1  | A                              |   |  |
| GP                    | 36                                 | 9 (ST1) 9 (ST3)                                  | A                              | Good feedback   |  |
|                       |                                    |  |                                |   |  |
|                       |                                    |  |                                |   |  |

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme:

Report compiled by: Vijay Nayar

Date of visit: 25/05/2016

## 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 |   |   |   |
| Have a well-organised handover of patient care at the beginning and end of each duty period?                                 |   | P |   | In psychiatry some handovers are not face to face   |
| 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 useful Trust induction?   |   | P |   | Not able to attend in A/E  |
| All posts comply with the Working Time Directive?   |   | P |   | O&G Hinchbrooke not fully compliant due to handover arrangements when covering orthopaedics. Not every practice made trainees aware of EWTD in relation to OOH shifts. In some there was an assumption they would waive their right to an 11 hour break. |
| Doctors are released for Quality inspection visits and complete Local/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 |   |   |   |

| <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 LETB 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?                        |   | P |   | In-patient adult psychiatry less useful   |
| A timetable that ensures appropriate access to the prescribed training events / courses etc? |   |   | N | Difficulty attending HDR in A/E at Hinchbrooke, and ortho-geriatrics at CUH                       |
| Adequate opportunities for workplace based assessments?                                      | Y |   |   |   |

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme:

Report compiled by: Vijay Nayar

Date of visit: 25/05/2016

|  |   |  |  |  |
|--|---|--|--|--|
| 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? |   | P |   | Not in Medicine/DME   |
| 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?  |   | P |   | Not in A/E at Hinchingsbrooke   |
| Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?   |   | P |   | Two ST3s reported infrequent tutorials, one also had few debriefs (only took place at weekly tutorial and then little time for other education).                        |
| Have a work load that is appropriate for their learning (neither too heavy nor too light)?  |   | P |   | Variable workload depending on level of cover. High workload in acute Medicine. ST3s reported that workload could be heavy in some practices, with longer working days. |

| 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 |   |   |   |

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts



GPST Programme:

Report compiled by: Vijay Nayar

Health Education England

Date of visit: 25/05/2016

|  |   |  |  |  |
|--|---|--|--|--|
| 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?       |   | P |   | No wifi in clinical school  |

| 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 |   |   |   |
| How are trainees encouraged to participate in GMC and LETB surveys?   | Y |   |   |   |
| 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?     |   | P |   | Some invited to the STP half day sessions to discuss their experience and also participate in teaching sessions |

## TPD discussion and supporting documentation

| Document/Report   | Comments                                       | Action Plan |
|---|--|-------------|
| <i>For example: Discussions with TPDs, GMC Survey Results, BOS Survey results</i> |  |             |
| GMC survey results 2012-15  | Discussed with Senior Management team at Trust |             |
| TPD Self-Assessment Questionnaire   | Discussed with TPDs                            |             |
| GP school visit report and Action plan 2013                                       |  |             |

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme:

Report compiled by: Vijay Nayar

Date of visit: 25/05/2016

## 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 |
|--|---|----------------------------------|--------------------|
| 1. Poor attendance to half day release programme by GP trainees in hospital posts  | Investigation into how various posts can enable GP trainees to attend half day release programme more regularly   | 30.9.2016                        |                    |
| 2. Lack of engagement by hospital Clinical Supervisors with trainees' e-portfolio  | Consideration given on how to help hospital Clinical supervisors validate trainee e portfolio entries   | 30.9.2016                        |                    |
| 3. High workload in Medicine/DME with rota gaps  | Address issue of workload and rota gaps in Medicine/DME   | 30.9.2016                        |                    |
| 4. There is a shortage of hospital posts made available for the GP rotations. As a result the TPDs struggle to provide trainees with balanced and useful rotations | CUH to consider making more posts available for the GP training programme especially in Paediatrics. More posts in ENT and A&E would also be welcomed along with Ophthalmology. | 30.9.2016                        |                    |
| 5. Current Psychiatry posts provide a variable experience for trainees. In particular In-patient adult psychiatry is reported by trainees to be less useful        | Consideration should be given to splitting current Psychiatry posts into 3 month periods to allow trainees to have more acute experience as well as purely ward cover.          | 30.9.2016                        |                    |

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme:

Report compiled by: Vijay Nayar

Date of visit: 25/05/2016

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

Report prepared by: Dr Vijay Nayar (Head of School)

Signature:



Date: 25 May 2016

Acknowledgments to GMC and NACT UK.