

GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Harlow

Report compiled by: John Howard

Date of visit: 21st April 2015



Health Education East of England

Visiting Team

Educational Roles	Name
GP Dean	Professor John Howard
Associate GP Dean	Dr Roger Tisi
TPD	Dr Melanie Hodgson
GPST3	Dr Qurrat-ul-ain Chouhdry
GP school observer	Ms Emma Kelson

Programme/Trust Team

Educational Roles	Name
Medical Director	Mr Andy Morris
DoME	Mr Jonathan Refson
TPD	Dr Andrew Ashford
TPD	Dr Zia Yaqub
TPD	Dr Nazmul Mohsin
MEC Manager	Mrs Margaret Short
GPST Administrator	Ms Polly Bracken
Non-medical clinical Tutor	Ms Debbie Cubitt
Clinical Skills & Simulation Lead	Mr Andrew Foster

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

- Strong educational ethos in the Trust with excellent support for the GP TPDs from the DME, MEC Manager and GP Administrator
- Supportive, flexible and dedicated consultant supervisors
- Excellent trainee led half day release course
- Recent programme expansion facilitated by the TPDs and DME willingness to take on processes such as the new ARCP Panels
- The attention to detail and innovation of the DME and the Medical Director – for example the quality of the QM3 report and the Junior Management Fellows

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Concerns / Areas for development

- Named clinical supervisors rarely are involved in understanding GP trainees recorded learning in their e portfolio
- The reported inequitable initial support for trainees employed elsewhere
- The available capacity in general practice for teaching
- The volume of educational supervision undertaken by TPDs
- The lapse in the functioning of the Faculty Group

Significant Concerns

- The quality of the IT system
- The physical fabric of the Medical Education Centre

Requirements

None

Recommendations

- To explore an annual meeting with the OOH provider
- To consider how to gauge the performance of TPDs with colleagues in Essex
- To consider support for new GPs across the CCT boundary working with the local Tutor
- To consider the benefits of forming a community education provider network to expand and integrate clinician training for primary care
- To consider the role of the Trust and the Programme in helping to create stable career grade community posts that will attract new GPs to the area
- To explore the possibility of junior management Fellows working in CCGs supported by CQUINs

Timeframes:	Action Plan to be received by:	31 st May 2015
	Revisit:	

Head of School: Professor John Howard

Date: 21/4/2015

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Progress on previous objectives – TPD/Trust report

- HEEoE are very grateful for the strong support for GP specialty training shown by the TPDs, MEC and the Trust allowing a large expansion of the Programme in 2014 & 2015
- The TPDs feel that the paediatric posts have improved educationally after concerns raised at the last visit and the GMC survey; there are new consultants, a new rota and more engagement. The O&G posts which had poor release to HDR and teaching are also believed to provide better educational support
- The Trust through the Medical Education Committee has shown strong support for the GPST Programme; the TPDs feel the Trust listens to the trainee voice and to the GP TPDs;
- MEC administrative support for the GP Programme is described as excellent and the MEC is hosting ARCPs in June for Essex
- The Trust is in the process of implementing the 0.25 PA requirement for GP named clinical supervisors but this process is on-going and job planning is not yet complete. It was noted that the GMC survey result for clinical supervision was “pink” for 2014 i.e. the Trust was nearly an outlier for clinical supervision overall
- The Faculty group has had a hiatus of about 9m – the TPDs and DoME felt it had been progressing well prior to the current break
- IT is a problem – old versions of IE don't allow full functionality of the GP e portfolio – the Trust is commencing a new IT review process
- Half day release attendance has been variable – TPDs provide timetables to departments well in advance, but paediatric trainees for example rarely attend
- The new education centre has been postponed after discussions with the Council with regard to planning; all agree the current building is not fit for purpose
- Although the Trust has a multi-disciplinary ethos the current governance structure is being reviewed to enhance the multi-professional education voice at Board level
- H@N has yet to be introduced formally but the need is recognised; the Trust has been concerned about middle grade cover in some specialties over weekends; the “surgeon of the week” system starts in some surgical specialties in one week's time

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	2	ST2	B	Heavy rota; departmental induction is now 3 days but trainees wondered if neonatal resuscitation could be on day one; no current trainees were present– 10% attendance at HDR only in past cohorts; WPBAs are done	
Emergency Medicine	2	ST2	A	Really good support; supervisors excellent; 10% HDR attendance;	
EAU	1	ST1	A	Good job and well supported; has got busier;	
ENT	1	ST1	B	Really good at teaching; good induction; trainees have OPD	

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				appointments on their own after first month ;clinics are overbooked in first hour which provides a significant time pressure	
O&G	2	ST1	A	Staff supportive; consultants really made effort to be helpful and encourage trainees to get to clinics; handover really good in the morning; can get to HDR teaching	
MFE	1	ST1	B	Current trainees feel there are not enough juniors forward cover out of hours - 1 ST1 and FY1 - registrar available – good job otherwise, good experience and teaching	
Psychiatry	1	ST2	A	Ward based and clinics – both in week – can get to teaching; sometimes more difficult to get WPBA completed but supervision good	
Urology/Ortho	1	ST1	B	No concerns	
Palliative care	1	ST2	A	Really good support and learning	
Dermatology/rheumatology	2	ST2	A	Fantastic – really good supervision; gp led; load s of experience; consultants very trainee centred	
Women's health	1	ST2	A	Really excellent – supervisor off sick but whole team really excellent support	
GP ST1	7	ST1	A	OOH –induction out of phase difficult as sessions are fixed dates meaning the induction dates do not match post dates. However teaching excellent and experience wide	
GP ST3	8	ST3	A	HDR really good – trainee led – AKT and CSA support from HDR; residential really good as lots of interaction; team building day really good; Ongar, Lister House, The Limes, Loughton HC; Chigwell, old Harlow practices singled out for the quality of their teaching, OOH sessions well supervised and strong educational ethos with excellent supervision. TPDs communicated well and were effective in solving problems – trainees responsiveness to trainee needs	
				Tension around employment from southend – induction poor – needed to go to get blood tests – February induction poor – one trainee not allowed to do audit; study leave access; login locked out after 3 attempts at weekend; IT poor; access to paed's – could not get authorisation to enter paed's and labour ward	

Compliance with generic training standards

Yes / Partially met / Not met

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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			Although some trainees reported that they were treated differently as employees of Southend – obtaining logins, honorary status to allow access to clinical material for audit, or even having blood tests done for employment were declined
All posts comply with the Working Time Directive?	Y			
Doctors are released for Quality inspection visits and complete Local/GMC/Specialty Questionnaires?	Y			

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			

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?	Y			
Adequate opportunities for workplace based assessments?	Y			
Regular feedback on their performance?	Y			

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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?		P		In progress at the present time
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			

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Is there is a local protocol for managing Trainees in difficulty which involves a joint plan agreed with the LETB?	Y			
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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		IT is recognised by all as needing review – concern raised as trainees over the weekend on call can be locked out after three incorrect passwords – IT support is said to be weekdays only – either support should be made available or emergency logins made available

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?	Y			

TPD discussion and supporting documentation

GP Programme discussion	Action Plan
<ul style="list-style-type: none"> OOH provider has own clinical supervisor group that meets three times a year; no formal meeting with training scheme Expansion of programme has meant that new training practices are needed; the TPDs have a good track record in encouraging practices to be involved Bi-annual education event for trainers usually coordinated by TPDs and Trainer group facilitated by TPDs – perhaps trainers can be encouraged to lead some sessions ESRs still largely done by TPDs – trainers need to undertake these Feedback from trainees may help TPDs assess their performance 	<p>It is good practice for OOH provider to meet the trainers group once a year to share information/progress</p> <p>There are fallow practices in Cambridgeshire and Hertfordshire</p> <p>Action TPDs and Ads to facilitate this change</p> <p>This would be a good topic for a regional TPD meeting</p>

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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
<ul style="list-style-type: none"> The Trust needs to complete the job planning and selection of GP named clinical supervisors who should be trained in the use of the GP eportfolio to enable them to read and comment on eportfolio log entries 	The DME and Medical Director should continue to develop the educational infrastructure for educators in line with the requirements of the GMC Trainer approval policy prior to August 2016. The TPDs should re-instate the Faculty Group with the DME	By April 2016 ready for August	DME/Medical Director/TPDs
<ul style="list-style-type: none"> The Trust should be supported to update the IT system as this is now inhibiting use of educational programmes such as the GP e portfolio. The Trust should ensure this is resolved such that the GP ARCP process can be operated and that there is a solution to trainees locking their password in the Trust system at weekends 	The IT review group needs to be aware of the issues and the need for some quick solutions to pressing problems	3 months for the issues described, recognising the longer time scale of the overall project	Medical Director/IT review group
<ul style="list-style-type: none"> The Medical Education Centre needs re-developing 	The Postgraduate Dean will be involved by the GP Dean to support this issue (completed)	Unknown	Postgraduate Dean/Chief Executive
<ul style="list-style-type: none"> The TPDs do not have capacity to continue to undertake educational supervisor reviews which should be carried out by Trainers 	The patch Associate Dean will work with the TPDs to resolve this issue	4 months	Associate Dean/TPDs
<ul style="list-style-type: none"> Induction processes should operate equally for non-Trust employed trainees as for employed trainees. 	The DME should ask HR to review this concern	2 months	DME/HR

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

Report prepared by: _____

Signature by GP Dean: _____

Date: _____

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