GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Basildon **Report compiled by: Professor J C Howard**

Date of visit: 12th November 2014

Health Education East of England

Visiting Team

Educational Roles	Name
Postgraduate GP Dean	Professor John Howard
Associate Postgraduate GP Dean	Dr Roger Tisi
Training Programme Director	Dr Jeremy Spurr
GPST3	Dr Rebecca Reith
GP School Coordinator	Ms Katie Bradshaw

Programme/Trust Team

Educational Roles	Name
Deputy Chief Executive	Adam Sewell-Jones
GPST Programme Director	Dr Mark Woolterton (absent – sick leave)
GPST Programme Director	Dr Sanjana Banka
Foundation Training Programme Director	Mr Doug Aitchison
Medical Training Manager	Debbie Mullaly
AD, Education and Training	Jill Sharley
Medical Training Administrator	Janet Ferriter

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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.

Strengths and achievements / Progress on previous objectives

- Trust support for GP education palpable – nearly all trainees would recommend training at Basildon to colleagues
- Peadiatric, Emergency Medicine, O&G departments noted to support GP trainees educationally, but all consultants said to be very supportive
- Trust Induction, release to half day GP teaching, SEA reporting, handover and trainee communications and involvement are now functioning well with recognition of the importance of these functions by the Trust
- The half day release and the educational experience in practices are particularly highly rated by trainees

Concerns / Areas for development

- Induction in the heamatology component of the heamatology/palliative care post appears to be verbal and could be more useful
- Trainees in care of the elderly do not currently attend OPD clinics in contrast to CT1 trainees
- Trainees expressed concerns that the accuracy of the patient tracking system could vary depending upon the work of the Ward Clerk but that in general the system was accurate

Significant Concerns

- South Essex Partnership Trust – psychiatry posts – although there is access to consultants all the time for immediate clinical queries (who are generally very supportive), trainees raised concerns about the lack of middle grade cover. The workload for consultant supervisors displaced educational opportunities so that it was hard to get workplace assessments carried out. The trainees reported that when on call for the weekend, although consultant cover is available for emergencies and opinions, a routine senior review of the patient did not occur until Monday morning at the earliest and sometimes not until two day later. Therefore on occasions the first routine consultant review for admissions could be between 2 and 4 days after admission.

Requirements

- The Trust must appoint a WTE equivalent GP specialty training administrator utilizing the funding provided by HEEoE and in accordance with the service specification to support GP specialty training within 3 months
- The Trust should consider the role of the named clinical supervisor in all specialties but particularly for GP trainees. In departments with dedicated supervisors such as O&G, this is working well, so that learning opportunities are taken, teaching is focused on the GP curriculum and the trainees portfolios are read by the named clinical supervisor. This example of excellence should be instituted in other departments hosting GP trainees. This may mean that there are a smaller number of named clinical supervisors involved with GP trainees.
- The GP TPDs should run a further interactive training session on the GP curriculum and the GP e-portfolio for named clinical supervisor colleagues in both primary and secondary care.
- The Trust must ensure that named clinical supervisors are trained, selected and appraised for their educational role, allowing re-selection every three years in accordance with the GMC Trainer Approval requirements.

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Recommendations

- The Trust should review the operation of Faculty groups, particularly with regard to GP named clinical supervisors and GP trainers. A model where GP Trainers and secondary care named clinical supervisors of GP trainees met together operates successfully in a neighbouring Trust.
- The visitors recommend that the trainees experience of the patient tracking system should be considered by the Trust.
- The Trust should review mechanisms of sickness reporting in order to be able to inform Southend University Hospitals Foundations Trust, the GP trainee lead employer, of sickness absence on a monthly basis.
- The Basildon Trainer Workshop should explore joint meetings with Southend's trainer Workshop
- The AD and TPDs should once again explore the possibility of creating a local academic ST4 post with ARU

Timeframes:	**Action Plan to be received by: January 20th 2015**	
	Revisit: November 2016	

Head of School: Professor John Howard **Date: 13/112014**

Progress on previous objectives – TPD/Trust report

- TPDs report things are going well with good Trust support - O&G and Paediatrics appear to be better placements educationally than in the 2012 visit.
- TPDs would like to encourage more input from named clinical supervisors; currently clinical supervisors do not generally read trainee's learning log entries in portfolios. Named clinical supervisors are largely self-selected by consultants and unit training managers.
- A meeting is planned to discuss a WTE dedicated GP school administrator as per HEEoE funding and guidance on November 19th; the expectation is that an administrator will be in post within 6 weeks after that
- Induction - trainees are told that they should complete e-induction even if they commence a placement out of phase.
- The Trust feels that SEA information is being disseminated appropriately; all trainees should be attending the Junior Patient Safety Forum (Dr Sarah Bennet).
- Sickness reporting to Southend is not currently happening. A record of trainee attendance is however kept at HDR
- O&G – update from Dr Luminari [DN please correct spelling] – Department has tried to focus on providing support for all trainees needs - improved induction with practical elements included - greater attendance at gynaecology clinics now possible in rota. DRCOG module to support diploma attempts offered; all GP trainees now involved in audit programme; O&G supervisors are looking at eportfolio log entries. All trainees released for study day and for HDR; department teaching session tailored to GP needs
- Peadiatrics – teaching programme and induction had been revised.
- 4 new training practices were being developed as the TPDs have had inadequate numbers of training practices given current trainee numbers and extensions

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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
Psychiatry (NB SEPT)	3	ST1	D	Supervision is split between 2 consultants doing OPD/community work and inpatient work; rotas and requirements can clash. There are few Senior registrars so only consultants available for education and advice. Consultants very responsive if clinical queries but time limited. Difficult to get WPBA done - no log entries read; only CBD possible due to time pressures; on call a registrar is available but only on telephone. Induction good; handover good but no handover out of hours at weekends - no formal meeting and weekend acute unit does not get routine consultant cover until monday morning; sometimes first review by consultant is mid-week. No obvious point of contact or responsibility for GP trainees in SEPT other than supervising consultants. This means that organising leave is a problem; one month ago no beds so 4 patients admitted to one couch in the assessment unit - all acutely psychotic; episode had been escalated as a serious SEA.	

Paediatrics	2	ST2	A	Induction good but initially trainees concerned resuscitation in the first week –cover available; now spot checks on resus skills; always excellent senior support; paeds education programe very good - twice weekly teaching sessions. OPD sessions can be once every 2-3 months - excellent job, WPBAs performed but log entries not read.	
O&G	1	ST2	A	O&G team very supportive, especially Dr Luminari; current issues with staffing have been a problem; education very good; more clinics attended than previous cohorts; logs read and job strongly recommended. One example of patient who was transferred to another ward and was apparently not seen by a doctor for 5 days within last few months – patient had not been accepted by O&G	
EM	2	ST2	A	excellent support; good release; great experience; consultants very supportive of GP learning needs	
Medicine/palliative care	2	ST1		Release good; well supported; induction poor as verbal in heamatology; CT1 trainees can get to OPD but GP trainees not; WPBA support very good but logs not looked at in heamatology and care of the elderly; excellent supervision in palliative care - no formal handover after night shifts in care of the elderly although trainees can handover to registrar. Would recommend post.	
GP	5 ST1/2; 7 ST3		A	Excellent placements in GP; HDR very responsive; learning needs addressed; GP posts highly recommended. Dr Banka's organizational skills were greatly appreciated by trainees.	

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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?	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			

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?	Y			
Adequate opportunities for workplace based assessments?	Y			Except psychiatry – see above
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?		P		It is not clear that all named clinical supervisors are selected for their role at the present time
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			
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?	N			

TPD discussion and supporting documentation

Topic	Comments	Action Plan
GMC Survey results noted		DoME will review GMC survey results
Faculty group – is less well attended - needs structure	Suggested that this could be for GP named clinical supervisors in the Trust and Associate Trainers/Trainers to discuss use of the eportfolio	TPDs to explore with DoME
Trainers group working well but ? joint sessions with Southend	It was thought this might encourage more cooperation and availability in Southend training practices	TPDs to explore
OOH supervision good and shifts available		HEEoE will continue to work with SEEDs re organizational governance
Trainer development – proceeding well	Mentoring suggested across Programme area	
Academic scheme?	Should be re-considered	HEEoE to explore again – RT/RV
Support from GP Tutor over CCT transition	No joint handover arrangements at present	RT/RV will review

This report is a true and accurate reflection of the GP SP Training Programme at: Basildon University Foundation Hospital Trust

Report prepared by: Professor John Howard

The GP School would like to acknowledge the hospitality and assistance of the Trust team, particularly Mr Doug Aitchison, Debbie Mullaly and Jill Sharley.

Acknowledgments to GMC and NACT UK.