

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: IPSWICH

Date of visit: 05/02/2013

Report compiled by: Professor J C Howard

(on behalf of the visiting team)



East of England

Multi-Professional Deanery

## Directors, Tutors, Admin Staff & GPST Registrars visited

Educational Roles	Name	Present Yes / No	Contact number
GPST Programme Director/s	Dr Stephen McCarthy	Y	
GPST Programme Director/s	Dr Sally Whale	Y	
Chief Executive	Mr Nigel Beverley	Y	
Medical Director	Dr Peter Donaldson to 1 <sup>st</sup> April; Rob Mallinson succeeding	Y	
Director of HR	Mrs Julie Fryatt	Y	
Postgraduate Centre Manager	Mrs Mary Burgess	Y	
GPST Assistant	Ms Julie Moody	Y	

## Visitors

Educational Roles	Name	Present Yes / No	Contact number
GP Dean	Prof. John Howard		
GP Associate Dean	Dr Simon Downs		
GPST Programme Director (from another scheme)			
GPSTR (from another scheme)			

## Discussion with TPDs, Director of Medical Education and PGMC Manager

### Issues from previous visit

- The concerns about the orthopaedic and ENT posts raised in the last visit have been addressed
- The TPDs have continued to report variability in the engagement of clinical supervisors with reading GP trainees e portfolio log entries with some compliant departments, for example paediatrics, and others where there is little engagement by clinical supervisors
- The Trust accepted in discussion that this is unacceptable; discussions are progressing with regard to incorporating clinical supervision in to consultant job plans to allow time for the planned review of e portfolios.
- The Trust is considering the system for clinical/educational supervisor review and will incorporate this in to the appraisal system.
- There has been difficulty attracting a new TPD even as a locum. The TPDs will re-think this; support from the senior Deanery team is available
- The GP TPDs have been attempting to develop a Faculty group and are in discussion with the Trust about this; the Trust are supportive
- The Trust considers that there may be additional posts available for expansion of GP specialty training
- There have been efforts to increase half day release attendance; some departments rota's limit attendance e.g. emergency medicine and obstetrics and gynaecology
- The TPDs have over the last two years raised concerns about the appropriateness of the teaching in Emergency Medicine for GP trainees; current trainees continue to raise this
- The Trust has been addressing concerns about undermining in the 2012 GMC trainee survey

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: IPSWICH

Date of visit: 05/02/2013

## Educational Grading

A ●● Excellent B ● Satisfactory C Action Required (C1 ● Have fed back & being resolved C2 ● Yet to be feedback & resolved) D ● Unsatisfactory & Immediate Action

Total no. of GPSPTRs in particular specialty at any one time	Grade of doctor(s) Interviewed. ST1/ 2 or 3 etc	Number of doctor(s) Interviewed.	No. Of Drs Interviewed who are also Currently in the specialty.	Educational Grading B /C1 etc	Issue	Action Plan
All specialties All in secondary care posts 24-26					TPD Questionnaire Variable engagement from clinical supervisors, especially with the e-portfolio and reading/validating and commenting on log entries	
Paediatrics 6	ST1/2	2	2	A1	Very supportive – good in house training – 3-4 teaching sessions per week – good HDR attendance – problem with long term sick leave had affected service cover but education unaffected – induction good – clinical supervisors do engage with e portfolio - consultant attended handover exemplary. Trainees could not praise the support and teaching too highly.	
Medicine 6	ST2	4	2	A1	<b>Endocrine</b> – Middle grade cover reduced recently but good consultant input – difficult to get to clinics – has been discussed – consultants very supportive. Not all supervisors look at e portfolio but WPBA achieved and good teaching and feedback <b>Care of elderly</b> - good teaching and release to HDR but limited use of e portfolio <b>Cardiology</b> – good senior support and supervision and could get to HDR – but unable to get to clinic often; consultant of the week means that interest in teaching on the ward round is variable. Departmental teaching would be useful. Trainees suggest trainee led presentations on ward rounds and also registrar/junior training session before the session started Handover has been improving in the last few months – used to be verbal but now consultant attended pre-weekend but weekdays informal arrangements are felt to be adequate at present.	
EM 2	ST2	1	1	C	<i>Questionnaire</i> Not released to GPST education programme, and feedback from trainees that teaching is not geared for GP, also lots of service commitment and little development. Rota difficult to manage – consultants have varied in support – sometimes difficult to get middle grade input – no release to HDR and teaching sessions EM based - however trainees would recommend job as good experience	
Psych 2	ST2	1	1	A2	Very thorough and good induction – well staffed and supported - teaching good- half day release support good – rotas confusing – liaison rota not communicated with medical rota – discussions about amalgamating rotas but little change - needs follow up	

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: IPSWICH

Date of visit: 05/02/2013

O&G					No current trainees present – however it was reported that the rota blocks were difficult to work and often required amendment – limited options for holidays because of rotas – 7 people on rota so next cohort will attempt to review and amend with the department
ENT1	ST1	1	1	A	Well supported; can get to HDR; good teaching but trainees suggested emergency clinic to maximise education; consultant involvement good
Orthopaedic					No current trainees present
Palliative care 1	ST2	1	1	A	No concerns – excellent post - medical on calls now stopped
ST3 – GP	ST1 and ST3			A	Practices all good and good support. No concerns reported

## 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			Although not all handovers are formal
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 Trust induction?	Y			
All posts comply with the Working Time Directive?	Y			
Doctors are released for Quality inspection visits and complete 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			The previous problems identified have been resolved.

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 Deanery guidelines, ensure equal opportunities and have an appeals process?				N/A

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	Y			

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: **IPSWICH**

Date of visit: **05/02/2013**

curriculum?				
A timetable that ensures appropriate access to the prescribed training events / courses etc?		P		Except for EM and O&G
Adequate opportunities for workplace based assessments?	Y			
Regular feedback on their performance?		P		Not all clinical supervisors are involved with review of workplace learning in the eportfolio

<b>6. Support - Do all trainees :-</b>	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
Have a structured, good quality verbal 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 Deanery 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 or too light)?	Y			

<b>7. Training Management</b>	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		Process for supervisor review under development in the Trust
Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?			N	Under negotiation
Have all Educational supervisors received training and updates 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 deanery?	Y			

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: **IPSWICH**

Date of visit: **05/02/2013**

<b>8. Resources</b>	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			

<b>9. Outcomes</b>	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
How is trainee progression data <i>eg: Assessments and Exam results</i> analysed and how does this impact on Programme development?	Y			
How are trainees encouraged to participate in GMC and deanery surveys?	Y			
Are there documented responses by the Programme educators to GMC and Deanery surveys?	Y			
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?		P		

## Supporting Documentation and discussion with TPDs

Document/Report	Comments	Action Plan
GMC Trainee Survey 2011 and 2012		
TPD records – Teaching, Trainer ES allocation, Induction pack, E&D and health and safety policy, GPST induction pack, OOH records, Trainers workshop records	Records show high quality organisation and regulation of GPST in Ipswich despite loss of one TPD	
TPD Self-Assessment against Questionnaire		
<b>Discussion with TPDs</b>	TPDs intend to encourage Trainers to lead Workshop.ES being done by trainers; OOH provider does attend Trainers workshops; good communication between Programme and OOH provider; TPDs have good relationships with Trust but little link with CCG. TPDs aim to encourage OPD clinic work for STs; TPDs wish to map all GP teachers The contribution of Julie Moody organisationally was acknowledged by all With a third TPD there is scope to expand ST training; concern expressed about adequate Foundation numbers and support for GP supervisors	

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: IPSWICH

Date of visit: 05/02/2013

Action Plan for the next year 2013 – 2014

## Exception reports only

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
Despite Trust training programmes and a requirement in the last visit to ensure clinical supervisor engagement in reviewing trainee log entries, this remains variable	The Trust must recognise the importance of clinical supervision and ensure that clinical supervisors are both resourced and trained to review trainee log entries	August 2013	TPDs/Medical Director/Clinical Tutor
Teaching in EM is not appropriate for GP specialty trainees and the rota prohibits attendance at the half day release	The A&E department must review the rota and teaching programme in EM to either allow attendance at the GP half day release or provide an appropriate teaching programme	August 2013	TPDs/ EM Tutor and A&E Department
The TPDs should bring in to the Programme a third TPD	Consider alternative mechanisms to obtain support	August 2013	TPDs and APD

# GP School Quality Monitoring Visits to GPSPT Programmes

Name of GPST Programme: IPSWICH

Date of visit: 05/02/2013

## Executive Summary

*Comment specifically on processes of delivery, assessment and evaluation. The summary should identify level of risk where appropriate and associated action plan.*

### Achievements/Progress on previous objectives

- Increased awareness in the Trust of the importance of education and particularly the GP training programme
- Good involvement of trainees in patient safety systems such as significant events
- Excellent evaluations of the organisation, teaching and pastoral activities of the TPDs
- In general, highly rated posts and Programme, with excellent clinical support from secondary care supervisors
- Excellent support from the PGMC and particularly the GPST administrator who is acknowledged by trainees and teachers alike
- The increase in the number of general practitioner trainers and supervisors
- The undertaking of educational supervision by Trainers who are well supported by the TPDs
- A good relationship with Out of Hours Providers

### Issues/Development needs

- Consistency of attendance at the half day release programme
- Consistency of handover arrangements
- To map the available GP teachers amongst local practices across all Programmes


### Action Plan/Current objectives

Main objective is to recruit further TPD

### Other Comments:

The visitors would like to record their thanks to the PGMC and the TPDs for their hospitality and the evident hard work in support of GP training.

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

Report prepared by:  \_\_\_\_\_

Signature by GP Dean: Professor John Howard, Postgraduate Dean

Date: