GP School Quality Monitoring Visits to GPSPT Programmes
Name of GPST Programme: NORWICH Date of visit: 12/06/2013

Report compiled by: Professor J C Howard
(on behalf of the visiting team)

Health Education East of England

Trust Management, Staff and TPDs visited

Educational Roles	Name	Present *Yes / No*	Contact number
GPST Programme Director	*Dr Stephen Taylor*	*Yes*	
GPST Programme Director	*Dr Gill Read*	*Yes*	
GPST Programme Director	*Dr Bob Dorling*	*Yes*	
GPST Programme Director	*Mrs Maureen Webber*	*No*	
Chief Executive	*Mrs Anna Dugdale*	*No*	
Medical Director	*Professor Krishna Sethia*	*No*	
Clinical Tutor and Associate DoME	*Mr Richard Smith*	*Yes*	
Deputy Clinical Tutor	*Mr Charles Mann*	*No*	
Postgraduate Centre Manager	*Ms Monica Little*	*Yes*	
Deputy Manager (Medical)	*Ms Karen Crockett*	*No*	
GPST Assistant	*Ms Hayley Francomb*	*No*	

Visitors

Educational Roles	Name	Present *Yes / No*	Contact number
GP Dean	*Prof John Howard*	*Yes*	
Deputy GP Dean	*Dr Simon Downs*	*Yes*	
GPST Programme Director from King's Lynn	*Dr Richard Musson*	*Yes*	
GPST3 from King's Lynn	*Dr Saima Dar*	*Yes*	
GPST Administrator from QEHKL	*Mrs Heather Slater*	*Yes*	

Discussion with TPDs, Director of Medical Education and PGMC Manager

- **Resources -** The TPDs have absorbed the trainees from the February intake resulting in 96 trainees in the Programme at times last year; this has stretched TPD resources
- Teaching space continues to be inadequate; the William Fellows theatre is being partitioned to provide additional rooms from August aiding short term provision; N&N has plans for a new green field teaching centre which should be open by mid 2015
- The TPDs attend Trust educational meetings to give "bite sized" information about GP training to secondary care clinical supervisors; relationships with the Trust are good but there are no timetabled meetings about the development of the GP Specialty Training Programme; this was thought to be a good idea
- **Secondary care clinical supervisors -** selection of clinical supervisors is nascent; an educational component for appraisal for educators has been introduced but there has been no refresher training. To date the Medical Director has resisted allocating SpAs for specific activities such as education in the job planning process.
- The Clinical Tutor would like to stream named clinical supervisors in specialties so that expertise is developed in differing curricula and assessments.
- **Trainee release to GPST teaching** – has been uncommon in the past; good teaching does occur in departments – the group agreed that release should occur in hospital posts
- Concerns were raised about the lack of bleep free protected time for education and induction; the Trust has a policy
- The Trust monitors departmental induction and is aware of some difficulties with patient tracking using the PAS.

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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
Clinical Oncology	1 ST2	1	2	A	*From TPD Self-Assessment Questionnaire: Oncology – training time for induction and GP-relevant teaching* Mainly consultant led supervision, good teaching of relevance, WPBA ok, no release to GPST – departmental teaching good	
Psychiatry	Not present				*From TPD Self-Assessment Questionnaire: Psychiatry – not getting enough community experience*	
MFE	ST1	1	2	A	*From TPD Self-Assessment Questionnaire: MFE – Current colleague sickness – trainees overburdened.* Busy – rota overstretched – supervision very good – no release to GP training; induction good, supervision excellent – continuity can be poor as there is frequent transfer between teams	
Orthopaedics	Not present				*From TPD Self-Assessment Questionnaire: Orthopaedics – Low Staff Levels – some ST3 trainees fed back that they had been asked to consent patients for procedures that they were not aware of – the details and whether this is current were not clear*	
Medicine (EAU)	1 ST2	2	2	A	Excellent induction, good teaching in department, excellent bedside teaching, previous problems with night cover now resolved. **Across all medical specialties** - Handover poor in morning as no shift overlap and transfer fragmented –good at night. Patient tracking inefficient and a risk as relies on clinicians to enter data and this does not happen out of hours so lots of patients are moved and juniors don't know – one patient was only found at 3pm and had missed a dose of IV gentamicin. SEAs – trainees unaware of DATEX feedback and most not invited to clinical governance meetings.	
Public Health	1 ST2	1	1	A	Good commissioning experience, good release, good experience	
O&G	2 ST2	2	2	B	Good induction, clinical supervision good but supervisor not aware of GP needs, no concerns	
Paediatrics	2 ST2	2	2	A	Excellent induction, excellent supervision and good teaching – 50% of teaching relevant – paediatric surgery month very helpful	
Ophthalmology	1 ST2	1	2	B	Includes a lot of pre-op clerking - not educational – can get to teaching - no departmental induction – good clinic experience	
Dermatology	1 ST2	1	1	A	OPD Clinic mostly – excellent experience in minor procedures – can get to	

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					HDR – excellent support	
Rheumatology	1 ST2	1	1	A	Lots of time for training, lots of flexibility, can do projects, good supervision and teaching, excellent job – can get to GP training or attend departmental teaching	
EM	1 ST2	2	2	A	Tough rota, good teaching, good job	
ENT	Not present					
Endocrine and DM	Not present				See notes in MFE	
Cardiology	1 ST1	2	2	B	Busy and good bedside teaching – no release – good support and good induction	
Nephrology	1 ST2	1	1	B	Good job but rota busy – no release to GP training – no possibility of going to clinics – CMT goes to clinics – juniors negotiate to attend clinics	
Respiratory	1 ST2	2	2	C	Department lovely but workload very busy – feels disorganised – no differentiation in staff levels and poor continuity – service under pressure due to varying demand levels – supervision poor when busy but consultants supportive and available – post re-banded when rota full due to hours worked but rota often not full - need more staff in winter	
GP	6 ST1 and 2	6	6	A	Variation in support – some good flexibility, usually learner centred – OOH generally difficult to book – telephone only – Half day release – variable – many sessions excellent – TPDs set sessions – programme set – quite repetitive; “in house” sessions variable ; sometimes abstract; menu of subjects might help	

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?		P		Past concern raised re orthopaedics – this must be investigated and if occurring currently MUST CEASE
Have a well-organised handover of patient care at the beginning and end of each duty period?			N	Evening handover well organised – current lack of effective morning handover in medicine is a risk
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			

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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 Deanery 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?			N	Release not available in medicine, MFE, EM, Paediatrics, O&G, Orthopaedics, cardiology, nephrology, oncology.
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 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 nor too light)?	Y			

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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		This process is in development in the Trust
Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?		P		Included in general development time
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			

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?		P		Greater knowledge of the GP portfolio needed; dedicated named clinical supervisors would allow enhanced expertise in GP education
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 *eg:* Assessments and Exam results 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?			N	

TPD Discussion and relevant supporting documentation

Document/Report	Comments	Action Plan
Discussion with TPDs	c10% hospital clinical supervisors read logs – do not know about GP curriculum • OOH – loss of Nick Morton has left a vacuum – SD should pick up • TPDs intend to structure teaching in a different way - 3 year rolling programme with focussed ST3 CSA teaching • Trainers groups generally working well • No concerns about trainer capacity • It was suggested that trainees would value the chance to go to more clinics – the provision of a 3 year educational contract would allow this with the introduction of the single lead employer	

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GMC Trainer Survey 2012	Handover and workload highlighted in EM	
TPD Self-Assessment against Questionnaire	Completed	
BOS Survey	No significant concerns	

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
Adequate accommodation must be available for GPST educational meetings	Allocation of the new divided teaching space as a temporary measure and consideration of necessary teaching space in the new building	August 2013 and ongoing	RS/ML
Development of Named clinical supervisors for GP trainees; clinical supervisors should have some knowledge of the curriculum/e portfolio, read and validate learning logs as part of GP supervision and complete a final CS report	The Trust and TPDs should work together to enhance the educational knowledge and skills of clinical supervisors; regular informal meetings with the Clinical Tutor will help this process	Ongoing process	TPDs/RS
All specialties should release trainees for GP specialty training, aiming for an attendance of GP trainees during hospital posts of 60% across the programme. Where this is not possible due to rota/shift constraints (e.g. in Emergency Medicine) then GP trainees should receive a teaching programme relevant to the general practice curriculum in the Department.	TPDs to disseminate policy with the Trust, supported by the patch APD	August 2014	TPDs/RS/SD
Handover in the morning should be instituted in medicine and other relevant specialties; the current situation is a potential patient safety risk	Will require coordinated action across departments	December 2013	RS
Feedback from the Datex SEA system should be included in trainee induction; trainees should be included routinely in the dissemination of SEA/clinical governance information in departments	Trust review of induction and departmental policies	August 2013	RS
Concerns about inappropriate consent in orthopaedics should be investigated and if confirmed practice amended	Cessation of all inappropriate consent practices	Immediate	TPDs/RS

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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.

Achievements/Progress on previous objectives

Excellent support from Consultant staff with good departmental teaching programmes
Good relationship with Trust and excellent support from the Clinical Tutor, Medical Education Manager and GP administrator, Hayley Francomb
Valued GPST teaching programme
Active and engaged GP Trainer population
Dedicated, skilled and engaged TPDs – succession planning in place

Issues/Development needs

Potential for further expansion of GP training
Investigation of current OOH provision
Further development of infrastructure to support educator development

Action Plan/Current objectives

See above – revisit in 3 years, with a report in to progress in 6 months.

Other Comments:

The visitors would like to extend their thanks for the hard work expended on behalf of GP training in the Norwich Programme and the hospitality afforded to the visitors today.

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

Report prepared by:_____

Signature by GP Dean: Professor John Howard, Postgraduate Dean **Date: 12th June 2013**

Acknowledgments to NACT UK.