GP School Quality Monitoring Visits to GPSPT Programmes
Name of GPST Programme: LUTON AND DUNSTABLE Date of visit: 14/05/2013

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

Health Education East of England

Directors, Tutors, Admin Staff & GPST Registrars visited

Educational Roles	Name	Present *Yes / No*	Contact number
GPST Programme Director	*Dr Raj Khanchandani*	*Yes*	
GPST Programme Director	*Dr Julian Marsden*	*Yes*	
GPST Programme Director	*Dr Avanti Rai*	*Yes*	
Chief Executive	*Mrs Pauline Philip*	*No*	
Medical Director	*Dr Mark Patten*	*Yes*	
Director of Medical Education and Clinical Tutor	*Dr Mark Alexander*	*Yes*	
Postgraduate Centre Manager	*Ms Frances Mcmahon*	*Yes*	
GPST Assistant	*Ms Lesley Tompkins*	*No*	

Visitors

Educational Roles	Name	Present *Yes / No*	Contact number
GP Dean	*Prof John Howard*	*Yes*	
GP Associate Dean	*Dr Nigel Hunt*	*Yes*	
GPST Programme Director from Cambridge	*Dr Tony Cole*	*Yes*	
GPST3 from Cambridge	*Dr Surabhi Singh*	*Yes*	

Discussion with TPDs, Director of Medical Education and PGMC Manager

- Occupational health advice was discussed. The impact of ill health on training and vice versa needs to be carefully considered by occupational health and the referral questions are crucial. The TPDs can seek support from the GP School and the DoME in framing these where appropriate until the lead employer occupational health service is available.
- Clinical supervision – both the TPDs and DoME have worked hard at this – there are named CSs in departments and SPAs at 0.125 are allocated; the TPDs have attempted to have Faculty group meetings but have now allocated a TPD to each directorate so that there is continuity and increased understanding of the GP curriculum; this is ongoing. Clinical supervisors have been given additional training for GP; the TPDs feel the relationship with consultant colleagues is good.
- Half day release attendance is good – 65% mean - the Trust has put in place rota coordinators who specifically prioritise the block teaching which occurs for 2 days 5 times a year. This is near the GP School expected attendance at half day release of 70% occasion
- There are current concerns about the trainees experience in T&O and sick leave in O&G; it is acknowledged the Trust has been under continuing service pressure
- The Trust has updated the patient tracking system and there are no outliers
- There are no GP trainees involved in management and performance review – the Trust would appreciate GP trainee input in to the patient safety forum; the TPDs will facilitate this and highlight patient safety issues in the e portfolio; the Trust has a patient safety issue log for trainees to contribute unresolved problems
- The timing of handover is recorded as a problem in surveys; the Trust perceives it as being educational and is purchasing e-handover to facilitate consistency and patient safety
- It was suggested the first block could feature patient safety issues, systems such as handover and the use of SI in learning –especially across the primary secondary care interface, so that the TPDs promote the Trust's systems in addition to induction. Regular discussion of SIs in the half day release was suggested.

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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
4					*From TPD Self-Assessment Questionnaires: T&O – 'Trainees report poor experience' [Dr Sulakshana], 'Clinical Supervision' [Dr Marsden], 'Concerns about clinical supervision, and range and quality of experience gained' [Dr Khanchandani]*	
2					*From Dr Sulakshana's Self-Assessment Questionnaire: O&G – CS have reported increased sick leave of GPSTs during their placement due to health reasons and raised concerns about the possible effects on training (KW is aware)*	
1					*From Dr Sulakshana's Self-Assessment Questionnaire: Paediatrics - May find it difficult to support posts with no night cover due to Trainees health requirements (KW aware).*	
T&O	ST2	5	1	D	"Like being a medical SHO" – limited ward round first thing and then **poor supervision** – consultants in theatre most of the time – having to seek help from other teams e.g. medical registrar – one trainee left for 3w without any senior cover; resulted in major SI investigation. Can get help but difficult; there are no allocated teams so trainees are not sure who they are working to or covering. Trainees feel consultants do not understand **GP trainee educational needs** – raised with consultants but no action – 4 GP trainees, 2 F2 and 1 CST. CST learning needs prioritised. Some bed side teaching but not GP focussed. **Induction** variable but generally not happening. **Teaching disorganised** and generally lacking seniors- timetabled on Monday pm. Trainees feel teams would solve and help communication/supervision issues and teaching. They perceived workload was not well planned in department. **Consent – is not being taken in outpatients** but being taken by trainees on admission, often without knowing procedures – **80% consent by GPST**. HDR access for 50% of trainees. 2 posts short in rota – **no handover**	
O&G	ST2	3	1	B	Induction good – access to clinics limited depending on who does rota – teaching generally good – current incumbent feels service dominates – high sick leave and therefore uncovered rota so that experience less good when rota not covered. O&G trainees are prioritised in terms of study leave over	

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					GP trainees. Handover ok and can get to half day release if booked.	
GUM - palliative care – Respiratory- innovative post	ST2	1	1	A	Very good and excellent support in all	
General Medicine	ST1	1	3	A	Rotas good and well organised – good team structure – teaching good – handover good – good experience	
Psychiatry	ST2	4	2	C2	Crisis team – emergencies and ward rounds but little experience of clinics – GP trainees have to provide **"yellow boards" – specialist opinions** – consultants do not generally attend – trainees feel this is not safe due to lack of experience– would be more appropriate for psych specialist trainees – has been raised with trust but not changed over last year – 1-2 yellow boards a day so that admissions are not clerked and therefore handed over most days to evening shift, possibly delaying medication. Teaching - not well organised – can attend HDR but no cover so work left to be done on return.	
Old age psychiatry	ST2	3	1	A	Good training and ability to get to HDR – workload good.	
Paediatrics	ST2	2	1	A	Very supportive – excellent teaching – good structure and experience – unable to get to HDR but department teaching very good and would recommend job	
EM	ST1	5	1	A	Good experience – some middle grades have been un-supportive and can sometimes have anti-GP attitude – consultants supportive – good teaching	
General practice	ST3	10	10	C1	Two trainees have not signed their **educational contracts** but this has not been raised locally. Most trainees have 18 months in one practice- they would all like wider experience, e.g. a different practice in ST2/ST3 The trainees commented that some practices were felt not to address their training needs-– 3 trainees feel they cannot approach their trainer to discuss training issues. They felt their practices considered that just seeing patients would help learning. Not all trainees had been offered shared surgeries and some trainees had not been offered video de-briefing. Trainers were felt generally to provide little preparation for CSA in practice; it was said that trainers seem to have the attitude that trainees can take the CSA several times if they fail once or even twice. One trainee had asked to move practices and been refused; he had to wait for an hour recently before getting advice about a complex patient from a supervisor. Consultations not undertaken in English –Urdu-speaking female trainees tend to see female patients whereas non-Urdu speaking trainees largely younger patients and therefore do not get to deal with complex medical issues affecting the more elderly. One Bari-speaking trainee states that he needs to screen his appointments to ensure as far as possible that he doesn't see patients from his extended family. Concern is also expressed	

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					about the fact that having to consult in Urdu or Bari does not adequately prepare for the CSA in which the trainees have to consult in English. This is not a matter of the language alone, but of the different style and doctor-patient relationship predicated on cultural differences. HDR – TPDs supportive and helpful but half day release "lacks enthusiasm and morale" – F2 doctor had taken a session on ophthalmology recently –- little linkage with trainers – trainees would like more input in to half day release course design and learning approaches. OOH provision good. Website appreciated but could be developed further.	

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?		P		Trauma and orthopaedics – senior support is difficult although no patient safety issues were raised. Support in some training practices is available but has caused trainees concern.
Take consent appropriately?			N	T&O – 80% quoted as being inappropriate - this is serious and must change immediately
Have a well-organised handover of patient care at the beginning and end of each duty period?		P		Generally the Trust has worked hard to improve this but it does not happen in T&O
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?		P		An issue where half time working was initially declined was reported but this has now been arranged.

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.

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Sufficient clinical & practical experience to cover their curriculum?	Y			
A timetable that ensures appropriate access to the prescribed training events / courses etc?		P		T & O
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?		P		Some were still awaiting in T&O
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			

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 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			

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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?	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?			N	
How are trainees encouraged to participate in GMC and deanery surveys?	Y			Released and encouraged
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	

Supporting Documentation

Document/Report	Comments	Action Plan
GMC Trainee Survey 2012	Paediatrics a green outlier; EM handover and medicine local teaching red outliers	
TPD Self-Assessment against Questionnaire	Excellent January 2013 progress report noted	
BOS Survey	Good feedback although some comments about improving half day release	
Discussion with TPDs	Previously all trainer workshop sessions have been on a Tuesday at Bleinheim – now 2 per year are on a different day at Churchfields/Kingfisher practice – the effect on attendance has yet to be determined. TPDs have struggled to pass trainer workshop to trainers to lead. CSA still felt to be an issue and may inhibit thinking about good practice. Trainers do bring videos for analysis but few peer sessions and morale was acknowledged to be low. It was suggested a general session with trainers and trainees to consider the issues and seek suggestions for change may help. The GP Dean offered support from the rest of the GP School Faculty. The Medical Director informed the visitors that 2 ortho-geriatric consultants had been appointed to provide medical cover to trauma and orthopaedic patients. The trainees did not mention this development.	

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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
Trauma and Orthopaedic post s – poor organisation, experience, supervision and teaching. Trainees are taking consent from patients on admission against GMC guidance. Trainees are seeking advice and help in managing patients from other directorates,	1 Consent MUST be taken in outpatients by senior doctors who will perform the surgery and the practice of taking consent on admission by juniors must stop immediately. Feedback to the GP Dean of a survey of place/time of consent should be provided in one month to ensure that good practice in consent has been restored. 2 The team and rota structure in the directorate should be reviewed 3 Consideration should be given to attaching the GP trainees to the ortho-geriatric consultants. 4 Formal handover should be instituted 5 Every trainee must have a departmental induction	1 Immediate 2 By 1st August 3 Asap but in preparation for implementation on the 1st August 4,5 By 1st August	Medical Director
Psychiatry – (South Essex Partnership Trust) – trainees in the crisis team are being asked to give specialist opinions in other directorates	GP trainees should not be undertaking “yellow boards”.	By 1st August	Linked TPD/SEPT lead
The Half Day release programme, while appreciated by the trainees, should involve trainees in planning. Patient safety systems and quality activities could also feature in the programme	An initial open planning session would give greater involvement. Similar models are used in other Programmes and TPDs could review other systems	For the new ST1 intake	TPDs
The Trainers workshop would appear to have a focus on problem areas such as the CSA; there are concerns about the teaching environment in some practices	A review of the strategy, involvement and morale of trainers as an open session with a possible re-launch of the workshop is advised. The involvement of trainees and focus on success may be helpful.	Within 6 months	TPDs
Clinical supervisor training for general practice trainees	Good progress has been made on this in partnership with the Trust; current TPD links to Directorates should be encouraged with DoME support	Ongoing	TPDs/DoMEs

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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

- Huge improvement generally in development of named clinical supervisors
- Excellent support in Paediatrics, general medicine and innovative posts
- Good relationships between TPDs and Trust with shared values and aims
- Trust handover policy
- Patient tracking system, introduction of dedicated rota coordinators, new GPST administrator – thank you

Issues/Development needs

- Trainers workshop
- Involvement of trainees in quality and clinical governance systems and service concerns
- Involvement of trainees in planning half day release; consideration of streaming of trainees
- Development of focussed occupational health advice

Action Plan/Current objectives

As listed above

Other Comments:

The GP School would be happy to assist the TPDs in reviewing the half day release provision and the Trainers workshop. The visitors would like to thank the Trust, the DoME and Medical Director, staff from Comet and the TPDs for their hospitality and efforts on behalf of GP education.

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

Report prepared by:_____

Signature by GP Dean: Professor John Howard, Postgraduate Dean **Date: 14th May 2013**

Acknowledgments to PMETB and NACT UK.