GP School Quality Monitoring Visits to GPSPT Programmes
Name of GPST Programme: KING'S LYNN Date of visit: 01/05/2013

Report compiled by:
(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 Leena Deol*	*Yes*	
GPST Programme Director	*Dr Richard Musson*	*Yes*	
Interim Medical Director	*Dr Mark Blunt*	*No*	
Associate Medical Director for Education	*Emad George/Andrew Douds*	*Yes*	
Postgraduate Centre Manager	*Mrs Jeannette Richardson*	*Yes*	
GPST Administrator	*Mrs Heather Slater*	*Yes*	
Chief Executive	*Patricia Wright*	*Yes*	
Director Patient Experience	*Gwyneth Wilson*	*Yes*	

Visitors

Educational Roles	Name	Present *Yes / No*	Contact number
Postgraduate Dean (General Practice)	*Professor John Howard*	*Yes*	
GPST Programme Director (Peterborough)	*Dr Rob Houghton*	*Yes*	
GPST3 (Peterborough)	*Dr Emma Hamilton*	*Yes*	
GPST3 (Norwich)	*Dr Moyen Uddin*	*Yes*	

Discussion with TPDs, Director of Medical Education and PGMC Manager

- The Trust has generally positive feedback from GPST and a good relationship with TPDs who are well supported administratively
- Medicine – increased service pressures – heavy workload and night nurse practitioners have taken on bed management so potentially less clinical support at night
- Medicine - tracking of outliers is recognised as a concern– the Trust has dedicated a new ward to reduce the spread of medical patients
- The Trust is employing new administrative staff to manage the PAS system 24/7
- Middle grade support reduced due to rota gaps– consultants present more to compensate and undertake daily ward board rounds
- Psychiatry – cover and supervision thought to be poor since the Norfolk and Suffolk Foundation Trust created
- Faculty groups established and successful in GP – GP trainee CSs are treated as ESs in Trust – SPAs given for CS and ES- CS are now dedicated to specialty for consistency
- TPDs anticipate that only 25% of trainee e portfolios logs are looked at – Trust developing appraisal for CS & ES – Trust needs feedback on clinical supervisor input to GPST
- Informal open door for trainees to talk about concerns with DoME but no formal trainee forum

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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
ENT	ST1	1	1	B	ENT – no departmental induction – trainee needed to push to find out where things were and how system works – clinical supervision very good and seniors keen on teaching – workload not busy – portfolio read - recommended	
Paediatrics	ST1	3	2	A	Paeds one of best – Out of phase trainee no induction but colleague good induction – good teaching and supervision – can attend clinic – busy rota – can get to half day release – handover meticulous but paper based – very well supervised	
Medicine and MFE	ST1/2	5	2	D	Very good consultant support – patient tracking a problem – outlier list held on MAU has errors all the time – no hospital numbers so confusion around patients – examples of patients being on ward for 2 days without being known – For the last 2 days a new ward to house outliers has improved this but system still relies on individuals completing excel spread sheet and transcription to a Word document each morning. Poor team cover – poor communication between team and rota organiser – so F1 can be left uncovered in a team with cross cover. 90% of time not fully staffed – 50% HDR attendance – learning log not being read – one trainee not know who CS is – handover poor in MAU – no hand over for ward cover and ST2 at night asked to cover stroke/thrombolysis without handover or training organised – stroke/thrombolysis not in induction - consultant remotely available but trainees rely on "stroke sister" for guidance	
Derm & Rheum	ST2	2	2	A	Very good – lots of teaching	
O&G	ST1	6	1	B	*From TPD Self-Assessment Questionnaire: O&G - There were previous problems with departmental induction and supervision, but this has improved with the appointment of Mrs Anna Arya as Speciality Tutor* O&G – supervision good – has been able to plan education – handover after night on call not well planned - can go on until 10.15 – lack of team ward rounds – so fewer teaching opportunities	
Psych	ST1/2	5	3	D	*From TPD Self-Assessment Questionnaire: Psychiatry - Recent upheavals in the organisation of the department have led to difficulties with clinical supervision and teaching.*	

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					Norfolk and Suffolk MH Trust – Churchill Ward - service provision is main role – new consultant part time and present one day a week (Friday) – trainees not able to go to clinics- cross cover required with old age psychiatry – on calls helpful experience but rota gaps at present so extra on calls required by trainees – pressure to do extra shifts- one trainee reported significant error as a result of over working – the trainee had been asked to assist a nurse with checking and dispensing a medication due to the staff shortages – the dose checked was wrong. No patient harm resulted but the trainee has now refused to do extra shifts for this reason and so as not to breach EWTR. Supervision from middle grades – they are off site and need juniors to flag problems to attend – middle grade attends if called tues, weds or thurs – WPBA assessments done by email or by senior nurses – second GP trainee reports no WPBA assessments undertaken – expected to do middle grade work – induction good but generic and relevant for Norwich – community job is very good with excellent supervision – good teaching and cover – community job 4m and old age 6m - inadequate cover arrangements for absence – 2 trainees doing old age and 1 trainee doing community – had tried to arrange for re-distribution of experience but this was not possible."	
A&E	Not seen				*From TPD Self-Assessment Questionnaire: A&E - Fixed shift rota makes it difficult to attend weekly teaching, but they get good quality Departmental teaching on a weekly basis.*	
General					Hospital induction ok – very little **departmental induction** in this cohort – mixed experience of training for new APEX pathology system. IT generally poor – **PAS Medicine** – excel spread sheet maintained for outliers and word document list for trainees– relies on mixed data entry – some patients not known about for over a day – Board are aware but see DPQR March 2011 **Trainee voice** – no formal system to input to Trust systems Electronic incident form system – difficult to fill in– gets sent in e mail – little feedback in general – no formal system for feeding back SEs – of 5 sent 1 trainee had feedback	
GP	ST3	10	10	A	Good induction, well supported, good teaching, debriefing after every session HDR very good and much support for LD & RM – trainee owned educational programme –highly motivated	

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.

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Know who to call for help at all times & is that person accessible?		P		Note psychiatry – can access senior support but not generally on site
Take consent appropriately?	Y			
Have a well-organised handover of patient care at the beginning and end of each duty period?		P		MAU, thrombolysis at night
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			

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?			N	Psychiatry
A timetable that ensures appropriate access to the prescribed training events / courses etc?	Y			
Adequate opportunities for workplace based assessments?			N	Psychiatry
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?			N	Those out of phase often not- in paediatrics, ENT and medicine
Know who their personal Educational Supervisor is?	Y			
Have an initial appraisal meeting at the start of a	Y			

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placement and regular review appraisal meetings?				
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			

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			

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?	Y			LETB function
How are trainees encouraged to participate in GMC and deanery surveys?	Y			School emails
Are there documented responses by the Programme educators to GMC and Deanery surveys?	Y			

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Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?			N	

GPST specific issues discussed with TPDs

Document/Report	Comments	Action Plan
GMC Trainee Survey 2012	No concerns	
BOS Survey	No concerns	
TPD comments	TPDs are increasing trainer numbers – 2 new this year Trainers workshop led by trainers – functions well and good peer assessment ES not transferred to trainers for hospital posts but undertaken by TPDs – will review OOH – good access and no 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	Person responsible
1 Patient tracking system – actions to date are inadequate; information available is unsafe	**The Trust must institute an effective real time electronic patient tracking system accessible in every ward.**	**The Trust plan must be shared with GP Dean and DEQ within 1 month and implement within 2 months.**	**Director of Patient Experience/ Board**
2 All trainees must have a departmental induction and out of phase trainees should have their inductions recorded	**Departmental induction should be tracked by Associate DoME**	**Plan within one month and implemented within 2 months**	**Associate DoME**
3 The Trust should ensure handover is used in all relevant disciplines, e.g. MAU	**Handover policy should be reviewed and tracked by Associate DoME**	**Plan within one month and implemented**	**Associate DoME**

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		within 2 months	
4 Trainees covering thrombolysis services out of hours must have adequate training	Thrombolysis included in Trust induction and education pack for trainees out of hours	Within 1 month	Associate DoME
5 Dissemination of learning from significant events and feedback about individual events should occur	The Trust should review and clarify the significant event/SIRI system and ensure engagement of all staff, ensuring evidence of activity can be available externally	Within 3 months	Chief Executive
6 The Trust should consider the formal involvement of trainees in Trust affairs and provide a formal communication channel for trainees	Trainee involvement/engagement with the Trust must be reviewed	Within 4 months	Chief Executive
7 The Mental Health Trust must ensure adequate clinical and educational supervision of GP trainees	N&S FT to be contacted by GP Dean	Immediately	GP Dean

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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

- Introduction of Faculty group and identification of clinical supervisors; improved reading of log entries
- Excellent TPD support and education and support from Trust staff
- Excellent administrative support for GPST
- New Programme website

Issues/Development needs

- Consideration of mechanism of educational supervision for GPSTs
- Increased trainer numbers and consideration of specialty post conversion in anticipation of Programme expansion
- Development of Trust clinical/educational appraisal system
- Trust IT system needs development

Action Plan/Current objectives

- See concerns. These will be discussed with HE EoE DEQ. A letter setting out the Trusts response will be required within 1 month
- A further GP School visit to assess progress against requirements will be undertaken within 3 months, possibly aligned with the next DPQR

Other Comments:

The visiting team would like to thank both the Medical and Administrative team from the Trust for their hospitality, assistance and co-operation.

This report is a true and accurate reflection of the GP SP Training Programme at: KING'S LYNN

Report prepared by:_____

Signature by Postgraduate Dean (General Practice): Professor John Howard **Date: 1st May 2013**

Acknowledgements to GMC and NACT UK.