GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Great Yarmouth **Report compiled by: John Howard**

Date of visit: 16th April 2015

Health Education East of England

Visiting Team

Educational Roles	Name
GP Dean	Professor John Howard
Associate GP Dean	Dr Simon Downs
TPD	Dr Claire Giles
GPST ST3 trainee	Dr Sarah Hughes

Programme/Trust Team

Educational Roles	Name
Medical Director	Mr Nick Oligbo
DME	Dr Matthew Williams
GP TPD	Dr Philip Moxon
GP Tutor	Dr Emma Brandon
PMEC Manager	Mrs Irene Walker
GPST Administrator	Mrs Jackie Collinson

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
• Excellent close and supportive relationships between consultant staff and trainees • Strong educational ethos in the Trust • Highly praised and very supportive Postgraduate Centre with proactive manager and staff • Teaching and support in Emergency Medicine • Strong and high quality handover • Job planning for GP named clinical supervisors implemented

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Concerns / Areas for development

Significant Concerns

- Nil

Requirements

- **Development of consistent and high quality educational involvement with GP trainees by named clinical supervisors**

Recommendations

- **More consistent use of SEAs by trainees**
- **Improved IT services and access to support out of hours for password problems for trainees and locums**
- **Departmental induction should be consistently of high quality**
- **The F2 and ST rotas in orthopaedics should be reviewed to enhance efficiency**

Timeframes:	**Action Plan to be received by:**	**1st June 2015**
	Revisit:	

Head of School: Professor John Howard **Date: 17/5/2015**

Progress on previous objectives – TPD/Trust report

- The Trust is concerned about possible under-filling of posts in the current recruitment round; Round 1a will not complete until the end of May
- The current absence of one of the two TPDs is likely to be prolonged and therefore the Programme will need a formal locum TPD post – this is agreed by HEEoE
- The Trust through the Medical Director , DME, Jackie Collison, GP administrator and Irene Walker, the MEC manager have continued to provide excellent support for the GP Programme
- The Trust has selected named clinical supervisors for GP trainees who are receiving 0.25PA ; they have mostly been trained in the use of the GP e portfolio; quality of clinical supervision appears to be rising; good local relationships have mitigated the need for a formal Faculty group
- The TPDs have observed less release to the half day release (HDR) from some specialties, e.g. O&G, this is generally good with over 60% average attendance
- Although the HDR should be bleep free it has not been recently; however the TPD believes this depends on trainees own management of the issue
- There have been no concerns about hospital at night; patient safety concerns have been low

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- The Trust has worked to develop handover so that it is consultant led and as educational as possible
- The TPD and Trust have re-jigged the programmes so that 90% have 6 months in medicine; O&G and paeds are also 6m posts

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
EM	3	ST2	A	Rota precludes attendance at HDR but EM departmental teaching good and good support from consultants /middle grades; extra staff taken on for teaching sessions;	
ENT	1	ST2	A	Brilliant- great experience ; good teaching; can get to HDR; rarely inpatients but great clinic experience	
Medicine	3	ST2	C2	These posts are generally busy particularly with winter pressures; medical ward cover at weekends now 3 juniors - good consultant support but middle grade quality dependent on locums. Good handover generally but Friday can be rushed. Three examples of difficulty contacting consultants – all resolved - not reported through SEA . ST2s feel patient tracking from A&E requires juniors lists as electronic system relies on entry at admission and this can be missed. Some medical patients can be seen from A&E by F2s and sent directly to Ward 17 without senior review until post-take ward round. HDR attendance 60-70%; would recommend jobs.	
O&G	1	ST2	C2	Personalised induction – list of names given but not usually completed; when works is good and supportive; lots of locums at middle grade of variable quality; consultant support good but departmental leadership appears to lack unity – Dr Choudhury has worked to improve supervision and teaching with more clinic time; good relationships with midwives. Trainees report some quality concerns not reported by SEA. Trainees starting in O&G have to cross cover ENT and orthopaedics from the first night and there is no induction for	

				this – perhaps a joint induction could be instituted or fist nights on call delayed?	
Opthalmology	1	ST2	A	Good job; patchy induction – informal but good teaching; lots of learning opportunities - recommended	
Psychiatry	2	ST2	B	Good induction; one post outpatient and one inpatient; not much experience and teaching in outpatient post –would help to combine posts swapping halfway between two	
Orthopaedics	1	ST2	A	GP trainees provide medical input; good job; clinic attendance possible and theatre attendance possible; recently more service than education; F2s have week off after trauma week so there are always a lot of medical issues as rota for ST2 swaps giving heavy workload; rotas could be amended to allow more clinic attendance. For the orthopaedics/ophthalmology cover out of hours, the F2 has the day off on a Friday negating hand over; ST2s suggest rota could be amended to a day off on Monday?	
Paediatrics	1	ST2	A	Really good job – excellent induction, handover, teaching and support	
General practice ST3	8	ST3	A	Trainees not always aware of study leave; HDR very good; ?split years to differentiate curricula; very friendly and approachable consultants; would prefer a broader selection of consultation models in GP teaching in surgeries; OOH teaching good	

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			Trainees praised the close relationships with consultants available at James Paget. The opportunities for informal contact to discuss issues meant that trainees felt listened to and that concerns were acted on. They strongly praised the educational ethos of the management and consultant staff. There were three examples of difficulty contacting consultants which had not been reported through SEA; trainees are aware of the SEA system but chose not to record them.
Take consent appropriately?	Y			
Have a well-organised handover of patient care at the beginning and end of each duty period?	Y			But note comments re F2 day off on Friday limiting handover
Is there a local protocol for immediately addressing any concerns about patient safety arising from the training of doctors?	Y			

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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?		P		Trust induction felt to be excellent. Mandatory training starts when starting in post – could access to on line mandatory training be available before starting in post?
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			

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?		P		With exceptions noted in individual specialties
Adequate opportunities for workplace based assessments?		P		See below
Regular feedback on their performance?		P		There is variability in the quality of named clinical supervisors interaction with the e portfolio and availability for WPBA. This varies between consultants and no particular specialty was singled out. Trainees felt it was up to them to prompt supervisors to review portfolios and undertake WPBA.

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?		P		Departmental inductions could be improved in O&G and ophthalmology; additional cross specialty induction for cross cover specialties out of hours would benefit O&G trainees
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?	Y			Although the quality of the educational input for GP trainees could now be developed given the institution of 0.25Pas in job planning
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?		P		Additional training and support for supervisors on the e portfolio would enhance the educational support for GP trainees
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?		P		Trainees would like access to the library after 5pm. They also comment IT is antiquated with inadequate computers available in each ward. There are 2 systems for pathology – one MSDOS and another ICE from Norwich – users passwords are locked over weekend if 3 logins not correct; could an emergency

				log in be provided for this circumstance? Also locums often face a delay in receiving logins; incorporation in to locum packs would help.

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?	Y			

TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
The trainer workshops are popular and work well led by trainers but facilitated by the TPD; the group rotates around practices monthly apart from August; most practices have a representative each time; trainers are involved in OSCE sessions and ARCP training.	The skilful facilitation of the TPD was noted	-
OOH – generally good service and support – IC24 now have contract for Norfolk so may change	OOH needs monitoring	The TPD will monitor OOH provision
HDR has always been trainee led and is well appreciated	Potentially streaming in to year groups and more external speakers could enhance quality further in HDR	-
Nearly all available practices have now been approached and are training practices, and the TPD recognises the HEEoE AT to T course has been very valuable	The visitors discussed issues such as how to innovate to attract more GP trainees and GPs to the area and how to establish good handover and support across CCT	The Programme should consider peri-CCT support with the GP Tutor

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Action Plan for the next year 2014 - 2015

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
The quality of clinical supervision for GP trainees is excellent but educational engagement with the e portfolio and assessments could be improved and be more consistent in all departments	The TPD and DME should work with named clinical supervisors for GPSTs, perhaps setting up a regular Faculty group including GP trainers	4 months	TPD/DME
Trainees should be reminded that despite the excellent local relationships use of the SEA system allows continual improvement in patient safety and service quality; use of SEAs may help the Trust to work with departments where there appears to be a lack of unified leadership.	TPD/DME should investigate reports - ? HDR session on SEAs	4 months	TPD/DME
Departmental induction in O&G and ophthalmology could be improved with consideration of cross-specialty induction to prepare trainees for out of hours cover across the specialties	Departments to review	4 months	DME
The IT systems generally need improvement to enhance local information and patient tracking; emergency log ins should be available over weekends on call and for locums in the locum packs	The Trust has an action plan for IT which should incorporate the points raised	3 months	Medical Director
The psychiatry post should be reviewed to combine the inpatient and outpatient components	TPD to liaise with NSPT	3 months	TPD

The interaction of the F2 rota with the ST rota in orthopaedics should be reviewed	DME and orthopaedic Tutor to review	2 months	DME
The Trust should investigate reports of possible late senior review in medical cases admitted directly to Ward 17	DME/Medical Director should review possible patient safety concern	2 months	Medical Director

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

Report prepared by:_____

Signature by GP Dean: _____ Date: _____

Acknowledgments to GMC and NACT UK.