

GP School Quality Monitoring Visits to GPSPT Programmes and Trusts



GPST Programme:

Report compiled by: J C Howard

Date of visit: 1st October 2014

Health Education East of England

Visiting Team

Educational Roles	Name
GP Dean	Professor John Howard
GP Deputy Dean	Dr Rebecca Viney
GPST Programme Director	Dr Mark Woolterton
Trainee Representative	Dr Suren Sivakumar

Programme/Trust Team

Educational Roles	Name
GPST Programme Director	Dr Alan Kerry
GPST Programme Director	Dr Jon Rouse
GPST Programme Director	Dr Lionel Nagle
GP Tutor	Dr Biju Kuriakose
Director of Medical Education	Professor John Kinnear
Medical Education Manager	Katie Palmer
Medical Director	Mr Neil Rothnie

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/Issues raised by Programme and Education Teams

Strengths:

- Generally excellent and supportive supervision from consultant body with a number of individual supervisors recognised as being exceptional teachers
- Commitment of the Trust to education at a time of significant change and high workload
- The strength of the TPD team and quality of the half day release
- Willingness of the TPD/Tutor team to work together to further primary care education across Essex

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Concerns / Areas for development

- Selection and training of dedicated GP named clinical supervisors within secondary care
- TPDs are keen to run a course for new Associate Trainers (named clinical supervisors in GP) – the School strongly supports this
- Review of organisational structures to enable enhanced interactions between the TPDs, DoME and other clinical educators

Significant Concerns

- Increased trainee numbers has meant current accommodation is cramped. The GP School will strongly support actions to increase available physical space for educational activities in the GPST programme; there should be sufficient accommodation on site for the half day release programme

Requirements

- Immediate cessation of the sharing of passwords by trainees in AMU – this is a serious breach of data governance
- Resolution of the patient tracking issues in Orthopaedics
- Continued efforts to restructure AMU to support education and training
- That the new WTE administrator is in post asap to support the TPDs according to the GPST service specification

Recommendations

- Continued dialogue to improve learner and teacher experience in O&G, T&O and AMU to match the achievement in other specialties

Timeframes:	Action Plan to be received by: 2 months (12.12.14)	To resolve data governance concerns
	Revisit: 3 years	

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Date: 1/10/2014

Progress on previous objectives – TPD/Trust report

- There has been some reorganisation of the administrative support for the GP Programme. Current interim support will be replaced from October with a WTE administrator
- The Trust has actively converted Level 1 training posts from other specialties and agrees it needs to further invest in and support GP specialty training (GPST). The Trust is now paying 0.25 SPAs per trainee to supervisors
- Despite this, the TPDs feel that there is relatively poor involvement of named clinical supervisors with GPST in most specialties; the Trust has few dedicated named clinical supervisors for general practice education specifically. Attendance at the Faculty group by supervisors has diminished. The Trust agrees that it would be preferable to have named GP clinical supervisors in each discipline with an interest in and knowledge of GP training and assessment. The TPDs are happy to support supervisor development in educational terms.
- There has been variable attendance for the HDR – poor release from EM has been reported – The DoME does internal quality monitoring visits and has been previously assured that attendance is good across all specialties
- The Education Centre now has wi-fi but physical capacity is limited — the Trust plans to remove the executive offices in the Education Centre from January which may free up space – TPDs currently teach in their own surgeries with smaller groups such as year groups to manage the capacity limitations
- O&G – concerns were raised in the 2013 GMC trainee survey about workload and overall satisfaction – College Tutor changed in May – some persisting concerns about workload have been reported but significant changes are believed to have occurred.
- AMU – teaching reduced since loss of respected consultants 18 months ago – new staff commenced about a year ago but reduced teaching continues to be reported
- The Trust recognises that there may need to be a new forum for the strategic planning and management of education across all disciplines bearing in mind the change in the balance of community/specialty training and the emerging multi-professional educational agenda
- The Trust has plans to develop more focussed patient care pathways to address the problem of managing a high acute workload which is believed to be behind the high level of patient safety concerns in the GMC survey; the visitors noted that these were less than last year but still the highest number of concerns recorded by any Trust in the region

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
Paediatrics	1(7)	ST2	A	Good job – good supervision – trainees are aware of strong senior support – neonatal placement felt to be less useful for GPs than paediatric clinic attendance	
Psychiatry	2(2)	ST1	B	Service feels chaotic – named clinical supervisor is usually in OPD and there is only one registrar for cover on wards although consultants are available by phone. Teaching good although orientated to specialist trainees – good release, handover and induction	

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Palliative Care (Fairhavens)	1	ST1	A	Good supervision, good training, extra teaching is offered frequently; best ever job
Palliative Care (St. Lukes)	1	ST1	A	Brilliant; always a consultant available for support
AMU	1(1)	ST2	D	No induction for the first few weeks; trainees not aware of patient care pathways and had to rely on nursing staff. No passwords issued for computer system so currently all trainees use any single persons log in –Junior cover was poor but GPSTs can get consultant assistance when needed from senior staff. No organised handover so trainees organise handover themselves; good experience; teaching for one hour on a Tuesday ; can only take annual leave if agreed amongst juniors; can get to HDR
ENT	1	ST1	B	No formal induction but small unit and on the job learning excellent; mostly clinics and lots of sitting in over first few weeks to gain understanding
Stroke Medicine	1(3)	St2	A	Excellent – multi-disciplinary team great experience – excellent supervision –concerns about management of rehabilitation ward last year in terms of supervision – now improved as rota now full
Ophthalmology				N/A
MFE	3	ST2	A	Excellent; day assessment unit fantastic experience
O&G	3	ST2	B	Induction did not cover everything and appeared to be based on possible litigation threats and did not cover some useful things – e.g. requesting scans and systems. Good supervision and informal teaching; out of hours 60-70% of time cannulation and taking blood; supervisors mostly not involved in reading logs. There were concerns about the rota including issues with annual leave; the rota tends to be varied at the beginning of week; teaching release good plus additional teaching. Trainees recognised responses to previous problems and progress and dialogue good
EM	1	ST2	A	Re-structured – good supervision – good teaching, good induction and twice daily handover

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Oncology	2	ST2	A	Excellent experience and supervision - handover excellent- oncology covered by weekend from home also covers palliative care	
T&O	2	ST1	C2	Service chaotic as rota management poor; patient tracking poor so several patients" lost" for 2 days to trainees; generally up to trainees to find patients – no electronic tracking system. Teaching poor and kept being cancelled- timetables vary ++	
GP			A	Excellent; HDR very good – great support in practice; suggested improvement one page practical summaries of management topics....	

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?	y			
Have a well-organised handover of patient care at the beginning and end of each duty period?		p		See AMU
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 useful Trust induction?	y			
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			

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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		See individual reports
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 departmental induction to the placement, a useful induction pack with access to a job description, and a contract within a week of starting?		p		Not AMU
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?		p		
Have access to career advice & counselling if required?	y			
Do all new (ST1) doctors to the Programme attend the LETB Induction day?		p		
Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?	y			

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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?	y			
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?	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 LETB?	N/K			

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?			n	See AMU

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?			n	
How are trainees encouraged to participate in GMC and LETB surveys?	y			Mandatory action for GMC survey and BOS required by GP School
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			

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TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
Good interface between GP Tutor and TPDS – share information, joint meeting about new trainers, supporting First 5,	Support from Dr Kuriakose evident	
OOH providers do attend Trainers workshop; IC24 helpful; shifts available		
70% of trainees said they had had their portfolio log entries read by their clinical supervisors		
Good development of new practices and TPDs keen to run an Associate Trainer (named GP supervisor) course		

Action Plan for the next year 2014 - 2015

Exception reports only

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
Multiple use of one person's log ins to access computer systems in AMU due to delayed distribution of access details	This practice must cease immediately.	9/14	JK
Lack of specific formal training and development for named clinical supervisors involved with GP trainees and diminishing attendance at the Faculty group	It is recommended that the Trust should consider selecting specific named clinical supervisors for GPST and re-establishing the Faculty group	Within 6 months	JK/TPDs

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Tracking of patients in orthopaedics and possibly other surgical specialties must be improved	Trainee access to the electronic tracking system may help	Within 3 months	JK
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This report is a true and accurate reflection of the GP SP Training Programme at: Southend University Hospital

Report prepared by: **GP Dean: Professor John Howard, Postgraduate Dean**

Signature by GP Dean: 

Date: 01.10.14 _____

Acknowledgments to GMC and NACT UK.