

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts



Health Education England

GPST Programme:

Report compiled by:

Date of visit:

## Visiting Team

Educational Roles	Name
Associate GP Dean	Dr Janet Rutherford
GPST 3	Dr Tamara Keith
GP TPD Cambridge	Dr Fiona Leckie
Head of GP School	Dr Kate Wishart

## Programme/Trust Team

Educational Roles	Name
GPST Administrator & assistant Medical Education Centre Manager	Virginia Eden
GP TPD	Brendan O'Leary
GP TPD	Louise Cowan
GP TPD	Claire Giles
DME	Mr Peter Harris
Medical Director	Dr Pam Chrispin
Director of Workforce & Communications	Jan Bloomfield
Chief Executive	Dr Stephen Dunn

## 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**

- Many trainees commented on the excellence of the GP Teaching, and the active support they receive from the GP TPDs,.
- Teaching and experience in some trusts posts was thought to be very good, namely paediatrics and O&G. One trainee felt privileged to have a place on this GP Programme.
- There was clear satisfaction with training in local GP practices
- Emergency Medicine handover is now routinely in place and working well.

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## Areas for development

- The GP Trainees would benefit from spending time with ENPs when working in Emergency Medicine, since this would give them valuable experience relevant to primary care.
- There appear to be some trainers who would benefit from benchmarking ESRs and understand what evidence is required, especially for LTFT trainees.
- The TPDs should work closely with the Foundation TPD to increase tasters and placements in GP for Foundation trainees.
- The new Faculty of Educators Board should consider the development of trust CSs with respect to workplace based assessments and validating portfolio log entries for GP Trainees.

## Concerns

- In some posts trainees reported staffing problems which leave them with workloads which they believe could affect patient safety. Trainees talked about understaffing in medicine, trauma & orthopaedics, Emergency Medicine and psychiatry.
- Trainees reported that availability and organisation of booking OOH shifts is chaotic and likely to make it very difficult if not impossible for GP trainees to fulfil the requirement for hours worked in OOH during their training.
- The ability to take study leave in Emergency Medicine appears to be actively discouraged. This was a problem at the last visit.

## Requirements

- There should be investigation into the reports by the trainees into staffing and workload in medicine, T&O and psychiatry, and an action plan submitted
- The TPDs should liaise with the OOH provider to investigate the issues relating to booking shifts, and try to resolve it
- Study leave should be available in all posts, subject to service requirements.

## Recommendations

- Consideration of allowing GP Trainees working in Emergency Medicine to spend part of their time with ENPs.
- TPDs to consider how to ensure that all trainers attend benchmarking and updating sessions
- TPDs to work with the Foundation TPD to encourage tasters and to facilitate increasing foundation GP posts in F1 and F2.
- Consideration of how to help hospital CS supervising GP Trainees complete meaningful assessments and validate portfolio log entries.

<b>Timeframes:</b>	<b>Action Plan to be received by:</b>	<b>31 March 2016</b>
	<b>Revisit:</b> to be decided on receipt of action plan	

Head of School: Dr Kate Wishart

Date: XX/XX/2016

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## Progress on previous objectives – TPD/Trust report

Daytime senior cover in psychiatry – the trainees did not specify a lack of cover, just understaffing.  
Library access for trainees in GP posts – resolved completely  
Study leave access in Emergency Medicine – still a problem for trainees

## 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
O&G	2	ST2	B	Trainees would value more clinic time	
Emergency Medicine	3	ST1	B	Release to GP teaching limited, and study leave applications discouraged	See action plan
Paediatrics	2	ST1	A	Good feedback	
T&O	2	ST	C	Staffing levels reported to be low, with lack of middle grade support mentioned	See action plan
Medicine	4	ST1 & 2	C	Staffing levels reported to be low, with resulting high workload	See action plan
Psychiatry	2	ST2	C	Trainees in psychiatry at the time of the visit reported that their rota had been altered half way through the 4 month post, with 2 weeks' notice. This adversely affected those with annual leave booked, and those with child care to arrange.	N&SFT to investigate and to ensure that in future this situation is avoided
Ophthalmology	1	ST2	A	Feedback very positive, post focused on the trainee learning	
ENT	1	ST2	B		
Palliative Medicine	2	ST2& 3		No feedback	
GP	21	ST1 & 3	A	Good feedback throughout	

## Compliance with generic training standards

Yes / Partially met / Not met

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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		Problems in T&O – poor staffing levels (mainly juniors) and middle grades tied up in clinic and theatre and often will not attend
Take consent appropriately?	Y			
Have a well-organised handover of patient care at the beginning and end of each duty period?	y			Emergency Medicine handover happens and is useful
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			Opt out form. Staffing levels low in some posts and this is compromised.
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			Trust is supportive of staff – a couple of examples of being abused by patients and how handled.

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?		p		EMERGENCY MEDICINE trainees would value time with ENPs who do minor cases.
A timetable that ensures appropriate access to the prescribed training events / courses etc?		p		Only one GPST allowed to attend at one time from EMERGENCY MEDICINE.
Adequate opportunities for workplace based assessments?	y			
Regular feedback on their performance?	y			If you ask for it in some posts

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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?	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?		p		Discouraged from applying in Emergency Medicine. In medicine limited by rota difficulties
Have adequate funding for required courses?	y			
Have access to career advice & counselling if required?				
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)?		p		

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?		p		See above re CS in hospital posts

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Is there is a local protocol for managing Trainees in difficulty which involves a joint plan agreed with the LETB?	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 e.g. Assessments and Exam results analysed and how does this impact on Programme development?	y			Pass rates are high
How are trainees encouraged to participate in GMC and LETB surveys?	y			Email reminders and encouragement at day release
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?		p		No systematic enquiry, but soft intelligence

## TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
GMC and BOS surveys	Generally positive and areas of concern known and action to address them taken	
GPST Programme Report		
Trust report	Demonstrates appropriate action taken on patient safety and bullying and harassment issues.	

Action Plan for the next year 2016 - 2017

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Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
Reports of understaffing in medicine, T&O and psychiatry (sections of this report relevant to psychiatry will be sent to the appropriate trust)	The trusts should investigate these reports and ensure staffing levels are adequate for patient safety and for opportunity for learning	End March 2016	
OOH booking difficulties	TPDs to investigate and implement appropriate action with the provider to enable trainees to book shifts and complete their OOH requirement.	End March 2016	
The ability to take study leave in Emergency Medicine appears to be actively discouraged. This was a problem at the last visit.	The trust to investigate this report, and if appropriate propose action to enable study leave to be taken in this post.	End March 2016	

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

Report prepared by: Kate Wishart

Signature by Head of GP School: \_\_\_\_\_ Date: 26/01/2016

Acknowledgments to GMC and NACT UK.