GP School Quality Monitoring Visits to GPSPT Programmes

Health Education East of England

GPST Programme: **Report compiled by:**

Date of visit: 29th January 2015

Visiting Team

Educational Roles	Name
Deputy Head of Education & Quality in Primary & Community Care	Rebecca Viney
Associate GP Postgraduate Dean for Hertfordshire	Keith Cockburn
Associate GP Postgraduate Dean for Cambridgeshire	Dr John Kedward
GPST3	Dr Mazhar Kiani

Programme Team

Educational Roles	Name
GP Training Programme Director	Dr Carol Restell
GP Training Programme Director	Dr Sally Derrick
GP Training Programme Director	Dr Barry Small
Chief Executive	Mr Nick Carver
Director of Medical Education	Dr Shahid Khan
Medical Education Manager	Christine Crick
Medical Director	Miss Jane McCue

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
• Overall training is highly commended, especially teaching and clinical experience • The Trust has completed its 4 phase development plan 1) unifying the O and G unit at the Lister , 2) relocating A and E to the Lister and 3) increasing Medicine provision at the Lister • The Half day GP education has successfully relocated to the Lister, it is highly regarded by Trainees at all stages of their training- parking has been a problem, however it is being resolved • The Half day release has been highly praised, it is learner lead and is a mixed group • The Trust is aware that adequate administrative support for the TPD team is in the service specification. The current PGC administration is excellent but historically insufficient time has given for GP training. An advertisement has been placed for further administrative support, the service specification requires one full time administrator for 60 GP trainees. • LTFT training and maternity leave are exceptionally well supported by the TPDs, as evidenced by the trainees.

- Increasing the number of Foundation training places in General Practice remains high on the agenda of the Associate Dean and the TPD team

Concerns / Areas for development

- There is evidence that GP trainees are not sufficiently represented in feedback to the Trust via the Trust Trainee forum and may have different issues and requirements to other specialities. It was agreed at the visit that GP representatives will be sought in each department.
- Where incidents of witnessed undermining occur, clear routes to address this safely need to be implemented and shared with trainees. There have been no recent incidents reported.
- Paediatric trainees are anxious, despite there being no evidence of patient safety concerns. Trainees sometimes feel unsupported when looking after neonates at night and they need reassurance that there is always help /advice at hand.
- The retirement of the TPD Dr Restell is imminent; her contributions have been greatly valued by both staff and trainees. Succession planning must be implemented.

Significant Concerns

- The Trust duty of care for pregnant trainees is not being fulfilled by HR in the Oncology post at Mount Vernon.
- Trainees do not know who their named clinical supervisor is at the start of their posts, and do not have timely review of their eportfolio and personal development plan.
- The new community Psychiatry post entails excessive mileage and there is inadequate delivery of the curriculum.

Requirements

- Oncology post at Mount Vernon needs more active involvement of HR
- The new community psychiatry post that entails excessive mileage must be replaced for the next intake
- Named Clinical supervisors to be have 0.25 session per trainee, and therefore to attain GMC standards http://www.gmc-uk.org/education/10264.asp
  To be selected, trained and appraised to have the standards of an educator in order that they can review GP log entries and ensure regular review of progress

Recommendations

- Faculty development; primary and secondary care educators will benefit from joint educational development.
- All trainees to know who their named clinical supervisor is from the outset of each new post. It was not evident in most departments.
- The Trust would benefit from utilising K.I.T. days to prepare trainees for return to work and cover induction to their next post, when on maternity leave

Timeframes:	**Action Plan to be received by: 2nd April 2015**	
	Revisit: January 2018	

Deputy Head of School: Dr Rebecca Viney **Date: 10 Feb 2015**

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Educational Grading

A: ●● Excellent B: ● Satisfactory C: Action Required (C1 ● Have fed back & being resolved C2 ● Yet to be fedback & 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**
For example Paediatrics		*GP – 1 ST1, 3 ST2*	*C1*	*Fixed rota makes it difficult for all GP trainees to attend weekly GPST education Programme*	*Additional F2 planned for August 2010 will enable new rota*
GP Registrars	14	ST3 12/14	A	Excellent feedback on the GP trainer 1 to 1 and the half day release from GP ST3s in practice. Parking at The Lister has been difficult	Administration is resolving this.
GP Practice	7	ST1 7/7	A	Trainees enjoy the one to one training and supervision is timely and thorough	
GP Practice	3	ST2 2/3	B/C2	Excellent feedback, clinical supervision excellent.	
Acute Medicine	1	ST2 0/1		Very busy post, a challenge to achieve WBPA. Some trainees started on night shifts in Acute Medicine and had had no induction.	Co-ordination needed centrally of induction, and no night shifts without an induction first,
Elderly Medicine	1	ST1 0/1	B	Excellent experience and supervision, WPBA is achievable,	
Emergency Medicine	3	ST1 1/2 ST2 1/1	B	In general excellent experience and learning, but workload very high. Named clinical supervisors need to expedite WPBA assessments and more interaction with portfolios needed. Reports from the past in emergency medicine of non-trainee locums from abroad being discussed in a derogatory manner by regular staff. There are some clashes/ difficulty accessing GP half day training in emergency medicine due to understaffing. Study leave is difficult to access due to understaffing.	Staffing to increase
Obstetrics and Gynaecology	3	ST1 1/2 ST2 1/1	B	Experience is good, the learning has improved, but GP trainees would benefit from attending more clinics to cover the curriculum.	Co-ordinate induction.

				Induction at same time as Trust induction, needs better planning.	
Oncology	2	ST2 0/2	B	Good teaching and support. Oncology post Mount Vernon: Lack of support in pregnant trainee, no risk assessment was undertaken, trainee left to reorganise own on call as risks with radioiodine patients. Some concerns from trainees that oncology post less GP relevant	HR to address the lack of duty of care.
Ophthalmology	1	ST2 1/1	B	Good feedback, useful time spent and good supervision is in place. Induction needs to cover urgent care as weekends must feel competent to cover case load.	Induction needs to cover urgent care examples
Orthopaedic Rehabilitation	1	ST1 0/1	A	Clinical supervisors are exemplars and offer assessments. Very good MDT and teaching.	
Paediatrics	4	ST1 0/2 ST2 1/2	B	A good learning experience but would be better if could attend clinic to learn about conditions commonly seen in the community. Those doing paediatrics and A and E are not able to attend ½ day often enough. Some concerns from trainees that Paediatric 2 month Neonatal ICU less GP relevant, but visiting team felt appropriate for GP training Study leave is difficult to access due to understaffing.	TPDs to meet with Department Understaffing needs to be addressed.
Palliative Medicine	1	ST2 1/1	A	Clinical supervision is good, and they offer assessments.	
Psychiatry	3	ST1 1/1 ST2 2/2	B	The experience has been valued by trainees greatly, Assessments are offered in a timely way by the clinical supervisors, which is greatly appreciated. However a trainee on maternity leave in Psychiatry started her post late and was not offered an induction. This was a problem for more than one trainee who started their post late. One ST3 mentioned that when on maternity leave she had been in touch with the trust in plenty of time, asking to be told when an induction was planned. In the event the induction was at very short notice and she could not attend.	Induction to be high priority New community post will be created that fulfils curriculum and has manageable mileage

				An ST3 described how the trust induction and the departmental induction were at the same time. There are some clashes/ difficulty accessing GP half day training in community psychiatry The new community psychiatry post involves a lot of time spent driving and not being allocated patients to see.	
Stroke Medicine	1	ST1 1/1	B	Good experience and teaching.	

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?	Y			
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?		P		Trainees on Maternity leave working in Psychiatry. Started their post later than others and were not offered an induction. The trust induction and the departmental induction were at the same time.
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?			N	Reported that in the past, a regular member of staff spoke about locums from abroad in a derogatory manner, staff need guidance on how to escalate this if it occurs. Oncology post at Mount Vernon duty of care not fulfilled for pregnant trainees.

4. Recruitment	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.

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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		There are some clashes/ difficulty accessing GP half day training in A&E and community psychiatry
Adequate opportunities for workplace based assessments?		P		In acute medical posts supervisors have to be chased to undertake assessments. Most clinical supervisors do not offer assessments, but good examples in psychiatry, orthopaedic rehab, and palliative care posts. Very little if any reading or commenting on log entries by clinical supervisors.
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		Some trainees started on night shifts in Acute Medicine had no induction.
Know who their personal Educational Supervisor is?	Y			
Have an initial appraisal meeting at the start of a placement and regular review appraisal meetings?			N	Regular review does not appear to be happening with many clinical supervisors in many posts.
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		Study leave difficult to access in paediatrics and Accident and Emergency posts.
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			GP trainees not aware of the trust system of trainee reps, or not included within the representation

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Have a work load that is appropriate for their learning (neither too heavy nor too light)?		P		The new community psychiatry post involves a lot of time spent driving and not being allocated patients to see. Neonatal post workload perceived to be high.

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?	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 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?		P		A recommendation for the future administrator

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TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
For example: Discussions with TPDs, GMC Survey Results, BOS Survey results		
Discussion and report with/by TPDs	1) New psychiatry post is unsuitable 2) speciality teaching is on the same day as the GP training 3) clinical supervision a safety concern in paeds and medicine	Clinical supervision to be reviewed in paeds, one psychiatry post replaced, discussion with paeds and acute medicine re clinical supervision to be arranged
GMC survey results	Clinical supervision in paediatrics felt unsafe. More clinical supervision in hospital posts	Action to reassure trainees working in paediatrics that cover and responses are safe. Raising standards of clinical supervision as included within CS job plans and appraisal.
BOS survey results	Overall very good. One request for more CSA teaching	

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
New community Psychiatry post to be replaced with a suitable post for GP that meets the curriculum and has less mileage.	TPDs to negotiate with Psychiatry	2nd April 2015	TPDs and Psychiatry
GP representative in each department, to feedback to the Trust on training issues	DME to organise	2nd April 2015	DME

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Induction before first on call, and not to clash with Trust induction	HR and departments to log and share dates and trainees	Next intake	HR and MD/MEM
Mandatory training for all Clinical supervisors as per GMC , http://www.gmc-uk.org/education/10264.asp with inclusion of 0.25 tariff per trainee in Job plan.	Mandate selection, training and appraisal to fit GMC guidance and time line. GP eportfolio log entries need to be read and feedback given.	2016	DME/MD/CEO
1.5 WTE admin support to be in place for TPD, trainer, trainee and e portfolio support.	Advertise and appoint sufficient administration for number of trainees, as funds are specific.	May 2015	MEM

This report is a true and accurate reflection of the GP SP Training Programme at:_____29 Jan 2015
Report prepared by Dr Rebecca Viney. Deputy GP Dean

Signature by GP Deputy Dean: Rebecca Viney Date 9 Feb 2015

Acknowledgments to GMC and NACT UK.