GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme & Foundation School T&O triggered visit: West Cambridgeshire
Report compiled by: Kate Wishart & John Saetta Date of visit: 17/12/15

Health Education East of England

Visiting Team

Educational Roles	Name
Deputy GP Dean	Kate Wishart
GP Associate Dean	John Kedward
GPST Programme Director	Sally Whale
Head of Foundation School	John Saetta
Consultant Orthopaedic Surgeon	Alistair Vince
Foundation Trainee	Michael Pullinger
Administrator Quality Team	Robert Clayton

Programme/Trust Team

Educational Roles	Name
Medical Director	Catherine Hubbard
Director Medical Education	Erika Manzo
Foundation Training Programme Director	Helen Johnson
GP Training Programme Director	Andrew Wright
GP Training Programme Director	Clare Goodhart
Consultant Surgeon Trauma & Orthopaedics	Reza Jenabzadeh
Medical Education Manager	Michaela Turner-Douglas

Purpose of visit
This was a triggered Foundation visit focusing on the Orthopaedic Department's educational and supportive milieu that were raised by the Trust's Education team earlier this year. A full GP School visit was combined in light of shared concerns with the Foundation School.

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Meeting with trust team

The Trust team confirmed that the full complement of middle-grades in Trauma & Orthopaedics was appointed to in mid-September, and this now stands at seven Trust posts. There are eight consultants and two Associate Specialists within T&O. The latter do not participate in the senior on-call rota. In addition, there are one GPST, four F2s and one Trust-appointed F2-equivalent. All the latter group participate in one tier of the rota. For the recent change in rotation of Foundation Doctors, the induction process has been improved with a handbook detailing the department's affordances and policies. The Trust stated that a previous issue with two of the consultants wanting to be called only under a given list of circumstances had now been resolved internally. The escalation process for patient safety is now the same for all trainees. The F2s in T&O covering O&G (and vice versa) at night were now working a 1 in 14.

Executive Summary

Strengths and achievements

In T&O:

- Use of laptops to enable middle grade staff to view Xrays remotely is an innovation appreciated and used by the juniors.
- Nursing staff are very supportive. One of the Orthopaedic Nursing Practitioners was singled out for high praise in the way that she supports the juniors, not only clinically, but pastorally as well.

Concerns / Areas for development

T&O posts

- Middle grade staff do not always respond to calls by the juniors for help over decisions about patients. The on call middle grade is often in theatre, and other middle grade staff are reluctant to respond from outpatient clinics.
- Consultants tend not to be involved in patient care after day 1 post-op in elective patients; consultants and middle grade doctors do not appear to undertake ward rounds, and the responsibility for daily patient management is instead devolved to F2 trainees. There is consequently little ward round teaching for the trainees.
- One trainee felt unprepared for procedural consenting, and felt pressured to carry out taking consent. Training for consenting occurred over a half hour period, and it was felt that this was insufficient time to learn and understand the detail of some of the procedures, especially the possible complications and the relative risks involved in certain operations.
- None of the trainees present would recommend the T&O post to a friend. The trainees' main concerns were the absence of clinical handover, senior involvement on ward rounds, and senior support in the decision-making process, for both urgent referrals and discharges.
- The trainees described a delay in arranging a procedure. They attributed this example to poor organisation in the department.
- T&O Foundation trainees cover O&G at night but have not received 'skills and drills' training in O&G. This was cancelled for an undisclosed reason.

Other GP Posts:

- There is a general lack of input from trust named Clinical Supervisors with the GP Trainees' portfolio entries. This means that trainees and their Educational Supervisors are disadvantaged when doing their ESRs at 6 month intervals, since log entries have not been read and the competences have not been linked. The GP TPDs have invited the trust Clinical Supervisors to meetings to discuss this, and have offered assistance but this offer has not been taken up.

- There was ignorance of trust processes for raising patient safety concerns amongst the GP Trainees interviewed. It seemed that induction had mentioned processes but the trainees appeared not to understand them. However, all stated they would raise any concerns with their CS or consultant.
- It was disappointing that there were no GPST 3 trainees at the visit. We would expect the TPDs to make it clear that their attendance is expected.
- GP Trainees reported a worrying culture of denigrating them and GPs. This included comments about the GP Teaching which were erroneous (i.e. it not mattering if they couldn't attend as their training was for three years and the programme would be repeated) and derogatory comments from other juniors, nurses and midwives. This has been raised with the TPDs who were aware of this culture amongst some staff.
- There appeared to be a lack of cohesion in rota management, so that where GP trainees changed posts they might be expected to work a full day on call immediately after a night shift. However, they did say that recently a Registrar has been recruited to support the rota process in the trust, and they hoped this would improve the process. For the second year running trainees in some posts had had their Christmas rota changed at the last minute because of 'errors'.

Significant Concerns

T&O posts

- No clinical handover seems to be taking place on the elective side of post-operative patients in T&O. In general, there is one post-op round by the operating consultant. Trauma patients are discussed in the Trauma meetings, but there seems to be no forum for discussing elective patients. This is relevant because before a weekend on duty, F2s have Wednesdays and Thursdays as days off. On Fridays, at the start of their weekend duties, no clinical handover is given. No list of patients exists as far as the trainees know. Patients may sometimes become unwell over the weekend, and the first that is known about them is when they are called by ward staff. GPSTs confirmed these concerns, but reported no specific patient safety incidents relating to this concern.
- Foundation trainees are left to make decisions about patients without support on many occasions. Middle grade doctors are often tied up in theatre or clinics and unwilling to assist the trainees. There does not appear to be flexibility in the middle-grade's roles to allow for providing timely support to junior trainees when they are not on call.
- Trainees are being asked to make decisions about discharging patients and feel pressured to comply, in the absence of advice and help from seniors.
- With a lack of support for emergency referrals during the daytime, trainees veer on the safe side and end up admitting patients from A&E if any concern and then wait for the senior review afterwards.

Medicine posts

- GP Trainees working in general medicine reported having a workload that does not allow them to attend GP teaching. They feel unable to leave wards without cover. They regularly work 1-2 hours beyond their shift time in order to complete patient related tasks.
- They reported that there is no teaching in the department for GP Trainees. There is departmental teaching for one hour per week for Foundation and Core Medical Trainees, but during this teaching the GP Trainees are required to cover the wards. Clinical supervisors are available to answer specific questions, but there is no formal or informal teaching provided beyond this.
- Some Clinical supervisors are reluctant to do assessments, and CSRs, and assessments are sometimes done in a cursory way, and thus not helpful to the trainees' development.
- There is no formal or structured handover at the start of the day, and the evening handover depends on the individuals changing over, but this generally happens. There are no patient lists for the medical wards. No trainee reported any specific patient safety issues relating to this concern.

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Requirements

T&O posts:

- Trainees must be supported when making decisions about patients, and Foundation trainees must not be making discharge decisions on their own.
- Consequently, there should be daily ward rounds by middle grade staff or consultants both for patient care reasons and for educational reasons. During business ward rounds, some teaching would be well-received by the trainees.
- Clinical handover must be introduced as a routine. Omitting this is a serious breach of patient safety. No medical staff must be on duty without fore knowledge of the patients he or she will come across at night or over the weekends. The handover list, be it written or electronic, needs to contain a patient identifier and list of tasks/investigations to be completed, looked-up or instituted, with a priority warning for those patients who are deemed unwell and need careful observation or early assessment.

GPST Medicine Posts:

- GP Trainees must have a workload which allows a balance between service and training. They should not be working regularly beyond their rota hours. This should be monitored on a regular basis and the results shared with the trainees on request.
- There should be provision either for the GP Trainees to attend GP Teaching or for departmental teaching which is relevant to their intended career. Bleep free teaching should be the norm.
- There should be regular structured handover at changes of shifts, with patient lists.

GPST posts:

- Trust clinical supervisors should engage with their GP trainees to read and validate log entries and to carry out meaningful assessments. The TPDs will help with this (as previously offered).
- Some consideration should be given to how processes for raising patient safety issues are shared with trainees, so that they understand what to do if the situation arises.
- There should be a trust wide campaign to stamp out a culture of denigrating certain trainees / staff members because of their specialty.
- At future GP School visits, the TPDs should actively encourage all trainees to attend.

In light of the above concerns, this report is being shared with the Postgraduate Dean.

Recommendations

- The trust should ensure that induction for T&O trainees covering O&G in Hospital at Night is delivered.
- The TPDs should share the GP School's individual specialty learning objectives for GP Trainees with all departments in which GP Trainees work, to help them plan relevant teaching.
- Consideration should be given to appointing a GPST Representative for the juniors, to help to counter erroneous beliefs about the GP Training programme, and to raise awareness of the value of GP Trainees in the trust.

Timeframes:	**Action Plan to be received by: 10th February 2016**	**Updated prior to the QPR on 24th February 2016**
	Revisit: 24th February 2016 (Dean's QPR Visit)	

Heads of School: Dr Kate Wishart Professor John Saetta Date: 23/12/2015

Progress on previous objectives – TPD/Trust report

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T&O staffing levels have been addressed by the employment of 6 new middle grade doctors.
Community Paediatrics: this post has more structure than before, although trainees still have responsibility for some of the elements of their timetabling.
Hospital at night: there are still some issues, but these are being addressed through the staffing changes in T&O. The trainees doing T&O and O&G share the night rota 1:14.
Medicine: at the last visit, there were concerns about workload for trainees when people are away, with lack of locums. This does not appear to have improved (q.v.)
A&E: GP Trainees are not released to GP teaching, but there is relevant teaching in the department and the appointment of consultants has resolved the issues raised at the last visit
Psychiatry (not HBH Trust): previous issues with on calls and working in Peterborough now resolved. Trainees can access a liaison psychiatrist for help.

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	4	ST1, ST2	B		
O&G	4	ST1	B		
Care of Elderly/ Gen Med	4	ST2, ST2	D	Workload, lack of teaching and learning, lack of handover and supervision	
T&O	1	ST2	See below		
Emergency Medicine	2	ST1	B		
Psychiatry	1	ST2 (none present)	B		
Foundation T&O	3 2	FY2 Former FY2 in T&O	D	Handover, teaching, ward rounds, support for decision making, lack of supervision	

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?	x			Yes – no concerns about having no support/ cover
Take consent appropriately?	x			O&G consenting (EPAU) straightforward and clear. No trainee pressured into consenting outside their competence
Have a well-organised handover of patient care at the beginning and end of each duty period?		x		In most posts this was not a problem, but in Medicine posts there is no formal or structured handover at the start of the day, and the day to night handover is dependent on the individuals changing over, but generally this happens. There is no patient list for medicine or T&O. Trainees covering elective wards for T&O do not have handover.
Is there a local protocol for immediately addressing any concerns about patient safety arising from the training of doctors?		x		All trainees would have someone to report patient safety issues to, and they knew about certain phrases (SWARM, Stop the line), but were not sure what they meant or what the trust process was. They stated that these had been mentioned in trust induction, but it was clear they didn't understand them.

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?	x			All had had trust induction. Some elements were not very useful (mandatory training elements quoted)
All posts comply with the Working Time Directive?		x		All posts except medicine were compliant. Medicine is not. There was widespread agreement that GPSTs work up to 2 hours beyond their time every day. They do not always get breaks.
Doctors are released for Quality inspection visits and complete Local/GMC/Specialty Questionnaires?		x		There were no GPST3 trainees at the visit despite being invited. However, the ST1 and ST2 had been released to attend.

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?	x			The only issue mentioned by the trainees (and the GP TPDs) was of negative comments relating to their GP status by many members of the team, including a consultant, a nurse and a midwife.

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?				

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?		x		In Medicine posts there is no teaching, and trainees cannot attend GP teaching. The trainees were aware of staffing difficulties in the department, but the concerns had been continuing for a significant time. Trainees reported a workload too heavy to allow for learning. In T&O and O&G trainees spend blocks of time in theatre, which they did not find relevant. However, they also attend clinics which are very useful.
A timetable that ensures appropriate access to the prescribed training events / courses etc?		x		Trainees in medicine and A&E posts cannot attend GP teaching, but in A&E departmental teaching is relevant and useful. There is no teaching for GPSTs in medicine posts.

Adequate opportunities for workplace based assessments?		x		This can be difficult in medicine posts, and sometimes the assessments are cursory. No problems in this area in other departments
Regular feedback on their performance?		x		Posts other than medicine: good and regular feedback, although clinical supervisors rarely read the trainees' portfolio entries. There is little if any useful feedback in the medicine posts.

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?	X			A&E induction commended by the trainee in the post
Know who their personal Educational Supervisor is?	X			
Have an initial appraisal meeting at the start of a placement and regular review appraisal meetings?	X			
Sign a training/learning agreement at the start of each post?	X			
Have a relevant & up to date learning Portfolio?		x		In medical posts the trainees find it very difficult to protect time to write up their portfolio.
Know about the study leave policy & have reasonable access to study leave?	X			
Have adequate funding for required courses?	X			
Have access to career advice & counselling if required?				Not discussed
Do all new (ST1) doctors to the Programme attend the LETB Induction day?			x	GPST1 were not released for the HEE induction in August, despite it happening in the trust education centre. Some ST1s managed to attend by swapping shifts, and others popped in and out, workload permitting. Attendance is 'expected' rather than 'compulsory' but in other trusts virtually all trainees are released and attend.
Have opportunities within each placement to feedback on the quality of the teaching, appraisal & induction or any other serious concerns?	X			
Have a work load that is appropriate for their learning (neither too heavy nor too light)?		x		Workload is heavy in general medicine and learning difficult because of this. One trainee stated 'too stressed and miserable to learn'.

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?	X			There has been concern about one CS reluctance to read and link log entries and complete a CSR – now resolved. ES in GP have raised concerns about some trust CSs' failure to read and link log entries in general. TPDs have asked the ES to provide specific examples so that the trust can investigate.

Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?	X			
Have all Educational supervisors received training and updates (including Equality & Diversity training) for their educational role?	X			Annual accreditation
Have all those involved in assessing trainees received training in the relevant assessment tools?	x			However the trainees felt that many assessments were 'cursory' and not helpful to them.
Is there is a local protocol for managing Trainees in difficulty which involves a joint plan agreed with the LETB?	x			GP TPDs submit information on a monthly basis to HEE.

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?	x			sPAs in job plans
Do all trainees have sufficient access to the library & internet?	x			

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?	x			Good rate of pass of AKT and CSA in this programme, and good awareness of MRCGP curriculum and assessment. Programme development linked to MRCGP requirements, and trainee and trainer feedback
How are trainees encouraged to participate in GMC and LETB surveys?	x			Email reminders and face to face
Are there documented responses by the Programme educators to GMC and LETB surveys?	x			Specifically since last visit, responding to concerns in T&O post.
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?				Not discussed

TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
TPD QM questionnaire	No mention of attendance at HEE twice yearly educator symposia, but otherwise a comprehensive document	
TPD interview	TPDs demonstrated good awareness of issues for trainees and trainers. Recent expansion has been innovative and has provided	

	more places for August 2016.	
Previous GP School visit report 2012		

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Action Plan for the next year 2015 - 2016

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
Lack of regular structured handover on both T&P elective wards, and on some medical wards	Review handover arrangements and ensure that regular and structured handover is timetabled. Patient lists should be available at handover.	February 2016	
Trainees reported a lack of ward rounds and ward teaching for trainees in T&O working on elective wards. Foundation trainees are left to take decisions about discharging patients without senior input.	The trust should investigate this report and ensure adequate supervision and teaching opportunities for trainees are available. The Trust should investigate these reports and ensure that there is appropriate senior oversight of discharges	February 2016	
Trainees on medicine wards reported that they are not able to attend GP Teaching and are not getting any other teaching during the post.	The trust should investigate this report and provide an action plan in response, in conjunction with the GP TPDs.	February 2016	
Some Trainees covering T&O and O&G at night had not had kills and drills training.	The trust should investigate this report and ensure that appropriate training has been provided to trainees undertaking hospital at night.	February 2016	
Trust clinical supervisors do not always contribute to GP trainees' portfolios, except by carrying out assessments.	The trust should investigate this report, and provide an action plan in response, in conjunction with the GP TPDs.	April 2016	

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This report is a true and accurate reflection of the Foundation T&O posts and GP SP Training Programme at: Hinchingbrooke Hospital Trust_____

Report prepared by:___John Saetta & Kate Wishart_____

Acknowledgments to GMC and NACT UK.