GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Ipswich **Report compiled by: Vijay Nayar**

Date of visit: 01/02/2017

Health Education England

Visiting Team

Educational Roles	Name
Dr Vijay Nayar	Head of School of GP
Dr Janet Rutherford	Associate GP Dean for Suffolk
Dr Claire Giles	Training Programme Director (West Suffolk)
Dr Jane Williams	GPST3 (West Suffolk)

Programme/Trust Team

Educational Roles	Name
Mr Neill Maloney	Managing Director
Dr Martin Mansfield	Associate Medical Director
Mr Robert Brierly	Director of Medical Education
Dr Ayesha TuZahra	GP Training Programme Director
Dr Jane Hill	GP Training Programme Director
Dr Sally Whale	GP Training Programme Director
Claire Hunt	GPST Administrator

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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
The programme is rated highly by the trainees with good support from the TPDs and an effective day release programme. However there remain problems with clinical supervision in the hospital posts and engagement with the e portfolio and review of trainee log entries. Trainees continue to experience difficulty attending the day release programme especially in EM, Medicine, Paediatrics and O&G. In addition departmental teaching is of variable quality.

Concerns / Areas for development
All posts should allow trainees to attend day release training more often. Trainees have difficulties booking shifts with Care UK, the OOH provider. Also many shifts are supervised by Nurse Practitioners rather than GPs Availability of office space for TPDs T&O post less useful for trainees and did not manage to attend clinics. This post may be improved by involvement of ortho-geriatrician. ENT post is useful but requires a more comprehensive induction. Ophthalmology post requires a proper induction and trainees should be allowed to take more clinical responsibility in clinics. Medicine has a very busy on call rota with the impression that GP trainees are rostered more on calls than other trainees. The rota needs to be reviewed to address these issues. TPDs need to have more involvement with DME and Hospital Clinical supervisors

Significant Concerns
None

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Requirements
See action plan

Recommendations
See action plan

Timeframes:	Action Plan to be received by:	23rd March 2017
	Revisit:	3 years

Head of School: Dr Vijay Nayar **Date: 01/02/2017**

Progress on previous objectives – TPD/Trust report
As above

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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
Medicine					
O&G	3	ST2x1	B	Overall good post, well supervised in Obstetrics, although less so for Gynae. Fixed rota not too bad, worked okay for study leave. Rostered for clinics but on holiday week, or diverted to the ward – so only managed to attend 3-4 clinics in 6 month post (did find these useful for learning). Rarely managed to attend day release	
A&E	4	0	B	TPDs report still problems attending day release course	
T&O	3	ST2x1	C1	Not sure how useful for GP, mostly service provision. Weekly departmental teaching for juniors generally relevant, although trauma meetings less so. Never managed to attend clinics due to poor staffing levels. Would have found these helpful. Rota chaotic recently (as coordinator off sick). Attended day release x2-3 times in last 4 months (but recent gaps due to Xmas etc)	To consider involving ortho-geriatric in this post and also enabling attendance to clinics
ENT	1	0	C1	Patient safety issue identified in 2016 GMC survey but trainees who have completed post report good experience. However the post requires a proper induction.	To have a proper induction at beginning of post
Eyes	1	ST2x1	C2	Staff lovely but job brain-numbing. Felt like a secretary, mostly booking patients in to see somebody. One registrar showed them how to use slit lamp towards end of post. Missed departmental induction as nobody would take bleep. Was able to attend day release and study leave alright	Proper induction and allow trainees to see patients in acute clinics
Paeds	7	ST2x1 ST1x2	B	Good experience, well supervised, busy. Fixed 15 week rota, applies to all trainees, split between neonates and general. Neonatal experience lesst helpful for general practice training ?amend rota. Compulsory to attend 6 clinics in 6/12 post – did achieve that, clinics helpful. Generally encouraged to attend day release. Registrars very busy, didn't have enough time for teaching – due to gaps in the rota	To consider reducing the period spent on neonates

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Medicine	7	ST1 x3	C2	Good learning as this is a very busy post. Consultant led service, well supported. Weekly teaching for trainees in acute medicine but not in some other specialities, relevance varies, Opportunity to do audits and presentations. No continuity for location work – allocated to where needed most, very over-worked dept. Trainee feedback that would have liked to have a bit more independence in seeing patients, did try to alter things to allow this to happen. Taking holiday difficult, study leave almost impossible. Heavy on call rota, affected teaching attendance negatively. Feeling that GP trainees are rostered more on calls than CCT trainees eg double the number of weekends – told that total number of on calls allocated to GP trainees shared out amongst lower number of actual GP trainees – raised it with rota coordinator but told that within legal limits, consultant said would look into it, didn't appear to do that until TPD involved – dept arranged meeting but then cancelled it. Frequently working longer than rostered hours. Given lots service work. Trainee asked to go to relevant clinics but never got the chance to do that. Difficulty getting to day release unless in acute medicine	Rota needs urgently reviewing to address these issues. Allow trainees to attend day release programme.
Psychiatry	3	ST2x1	B	Community post. Learnt a lot, enjoyable, well supported, close links to consultant. Consultant available whenever seeing patients. Opportunity to shadow other teams. Would have liked to see more patients on their own. Able to take study leave. Did hospital on calls. Good induction. No problems with study leave etc. Well organised departmental teaching	
Palliative Care	1	0	B	TPDs report no concerns	
GP	12	ST3	B	Trainees report good experience in practices, well supported and good balance of workload and education. However they have had difficulties with Care UK the OOH provider. Difficulty booking shifts and at times they are cancelled at last minute or double booked. Also may shifts are supervised by Nurse Practitioners rather than GPs	TPDs to arrange meeting with Care UK to address these issues

Departmental Induction for new hospital trainees today so several trainees were attending that
Would like 4 month hospital posts across the board so that has a broader range of specialty exposure

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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			Paediatrics very good, also O&G and EM T&O – only happens when on call
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			August better than February, hospital better then departmental
All posts comply with the Working Time Directive?		P		Medicine not compliant a lot of the time
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?		P		Medicine, T&O not so good
A timetable that ensures appropriate access to the prescribed training events / courses etc?		P		Medicine difficult
Adequate opportunities for workplace based assessments?	Y			

Regular feedback on their performance?		P		Mostly end of post CSRs, consultants might not know you that well personally

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		Paediatrics, medicine, ENT and Eyes not so good
Know who their personal Educational Supervisor is?	Y			
Have an initial appraisal meeting at the start of a placement and regular review appraisal meetings?		P		Mostly beginning and end
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			Not widely known about
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			BOS survey
Have a work load that is appropriate for their learning (neither too heavy nor too light)?		P		Medicine too heavy

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			TPDs keep an action log

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?		P		TPDs would like an office please (even to share)
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			TPDs analyse results and this feeds into training programme
How are trainees encouraged to participate in GMC and LETB surveys?	Y			By TPDs
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		More on an informal basis

TPD discussion and supporting documentation

Document/Report	**Comments**	**Action Plan**
For example: Discussions with TPDs, GMC Survey Results, BOS Survey results		
Discussion with TPDs, TPD self-assessment, GMC and BOS surveys	Issues highlighted above discussed. In addition It would be helpful if TPDs were invited to DME/hospital Tutor meetings	See action plan

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Action Plan for the next year 2017 - 2018

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
TPDs need to have more involvement with DME and Hospital Clinical supervisors			
TPDs require office space within postgraduate centre			
All posts should allow trainees to attend day release training more often (especially EM and Medicine).			
Trainees have difficulties booking shifts with Care UK, the OOH provider. Also many shifts are supervised by Nurse Practitioners rather than GPs			
T&O post less useful for trainees and trainees unable to attend clinics. This post may be improved by involvement of ortho-geriatrician.			

ENT post is useful but requires a more comprehensive induction.			
Ophthalmology post requires a proper induction and trainees should be allowed to take more clinical responsibility in clinics.			
Medicine has a very busy on call rota with the impression that GP trainees are rostered more on calls than other trainees. The rota needs to be reviewed to address these issues.			

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

Report prepared by:___Dr V Nayar_____

Signature by GP Head of School: VKNayar Date: 1.2.2017

Acknowledgments to GMC and NACT UK.