

# GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Luton and Dunstable

Report compiled by: Vijay Nayar

Date of visit: 26/07/2016

## Visiting Team

<b>Educational Roles</b>	<b>Name</b>
Head of School of GP	Dr Vijay Nayar
Associate GP Dean – Bedfordshire	Dr Richard Darnton
Bedford GPST3	Dr Vishal Jaiswal

## Programme/Trust Team

<b>Educational Roles</b>	<b>Name</b>
GP Training Programme Director	Dr Raj Khanchandani
GP Training Programme Director	Dr Avanti Rai
GP locum Training Programme Director	Dr Tisha Patel
Chief of Staff	Sarah Wiles
Director of Medical Education	Dr Nisha Nathwani
Medical Education Manager	Francesc McMahon
GPST Programme Administrator	Lesley Tompkins

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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 visitors would like to thank the Trust, the DME, Chief of Staff, staff from Comet and the TPDs for their hospitality and efforts on behalf of GP education. Previous concerns about arranging Occupational Health checks have been clarified with having a clear pathway via the lead employer and PSU where relevant. Meeting arranged for clinical supervisors but unfortunately had very poor attendance from hospital Clinical supervisors. Handover arrangements in A&E with Acute Medical teams has improved with twice daily-daily "huddles" Format of trainers workshop has been addressed with improved leadership and centred around specific educational topics eg giving feedback, designing tutorials, debriefs etc There is excellent support for trainees in Emergency medicine and some of the innovative posts. The TPDs share good relationships with the Trust and in particular with the DME with shared values and aims In 2015 the TPDs reorganised the half day release training by splitting ST1 and ST2s into one group at HDR and Block and separated the ST3 teaching all year round in the hope to provide more focused training for AKT and CSA. Overall attendance for ST1s last year was 53%, ST2s 35% and 49% for the ST3s. There is room for improvement but overall feedback from the trainees was positive.

### Concerns / Areas for development

TPDs to engage with DME and regularly attend hospital faculty of Educator meetings.  
TPDs to arrange clinical supervision training with consultants and trainers as part of hospital faculty development meeting.  
TPDs to complete an annual report containing analysis of that year's BOS and GMC survey results and also containing an action plan based on this analysis against which progress can be tracked.  
TPDs to develop a spreadsheet in which all trainee related issues are logged so that at any point in time the TPDs can produce a report of the current state of trainee related issues across the whole training scheme.  
TPDs to develop a spreadsheet containing all the Luton GP Training Practices, Trainers and Associate Trainers in which all trainer and training practice related issues are logged so that at any point in time the TPDs can produce a report of the current state of trainer and training practice related issues across the whole training scheme.  
Trust to consider how more office space could be made available for the TPDs and appoint a second GPST administrator in light of the increased workload.  
The admin team should be encouraged to attend training arranged centrally by the GP office.  
Delegation of tasks by TPDs to administrative staff should be monitored with TPDs retaining overall responsibility for successful implementation and maintenance of the scheme's systems.

### Significant Concerns

The significant concern raised is regarding the T&O post and the visiting team recommend a re-design of this post with the ortho-geriatric part of the post continuing. Aim is to develop an effective solution to the ongoing educational issues around T&O posts used for GP training.  
Concerns arising in Training practices also need to be addressed by the TPDs with trainees being withdrawn from these practices if there is no resolution.

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## Requirements

See Action Plan below

## Recommendations

See Action Plan below

<b>Timeframes:</b>	<b>Action Plan to be received by:</b>	31.8.2016
	<b>Revisit:</b>	2 years

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## Progress on previous objectives – TPD/Trust report

As above

## 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
GP	3	ST3	C2	Lea Vale practice - very busy with no structured debriefs (duty Dr covers debriefs)	TPD to contact practice and address concerns. To have structured debriefs by non-duty doctor.

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				Sundon Medical Centre - very busy and more service than education. Dr Yip is a good trainer but other GPs less supportive.	TPD to contact practice and address concerns
	6	ST1		Edlesborough surgery - hours of work too long, and debriefs "on a as required basis". Otherwise positive feedback about trainer Dr Bell	TPD to contact practice and address concerns. More structured debriefs.
			Kingfisher practice – high workload and long hours. Lack of protected teaching and support could be better. Trainees sometimes have to do 5 duty sessions per week. Partnership has had recent changes	TPDs to visit practice and ensure only one trainee allocated there.	
Psychiatry			3	ST2	B
Innovative posts	1	ST2	C	Innovative posts with Gastro and Resp are not as good as others	TPDs to consider more innovative posts linked with Rheumatology/T&O/cardiology/community paed
T&O	1	ST2	D	T&O Experience poor and difficult getting a management plan from a senior clinician. Difficult getting a senior to review a patient. Many staff shortages covered by locums. Unable to get to clinics and post not suitable for GP training. In contrast Ortho-geriatrics part of post is very good, well supported with good teaching.	T&O post needs to be re-designed as soon as practically possible. The ortho-geriatric part of the post to continue and increased to 3 to 6 months depending on rota. Alternative posts in different specialties need to be identified for trainees to go into.
Medicine	1	ST2	B		
EM	From discussion with trainees who have completed posts previously		A		
O&G			B		
Paeds			B		

## 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		Difficulty in T&O, seniors often in theatre and busy
Take consent appropriately?	Y			
Have a well-organised handover of patient care at the beginning and end of each duty period?	Y			Good in medicine
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			

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		Not so good in innovative posts with gastro and respiratory, excellent in rheumatology. Variable in psychiatry depending on location of training (Charter House better, less so Calnwood Court). Poor in T&O where unable to attend OPD and inconsistent teaching, but good in ortho-geriatrics. Not so good on delivery suite in O&G
A timetable that ensures appropriate access to the prescribed training events / courses etc?		P		Can be difficult in medicine and Paeds depending on workload. Poor in T&O and O&G
Adequate opportunities for workplace based assessments?		P		Can be difficult when doing acute medicine and in O&G

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Regular feedback on their performance?		P		Not in T&O. Well supported in A/E
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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?	Y			
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?		P		Unable to attend if starting on nights in medicine
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		Not in T&O when having to cover many consultants. O&G on call can be busy especially covering wards

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			

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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			TPDs analyse exam results and seek trainee feedback to plan half day release
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?		P		
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?		P		Informal follow up especially with those who continue to work in the patch

## TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
GMC survey 2016	Red outliers in relation to workload and teaching in medicine and Paeds. Surgery overall satisfaction rated red relates to T&O post and this is addressed in this visit report. GP satisfaction is rated red and issues in particular practices have been identified in this visit report.	
BOS 2916	Comments from BOS have been incorporated into above report	

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TPD Self-Assessment against Questionnaire		
Discussion with TPDs		

## Action Plan for the next year 2016 - 2017

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
Trauma and Orthopaedic post is poorly organised with high workload, and inadequate supervision from seniors. The post affords poor experience for trainees and little teaching. Ortho-geriatrics part of post is very good, well supported with good teaching.	For current trainees this should include protected time to address curriculum issues relating to musculo-skeletal medicine. From the next rotation point in December a sustainable re-design of these 4 posts should be implemented, subject to approval by the GP Head of the School.	Feb 2017	DME and Patch AD to work collaboratively along with the TPDs.
Workload and supervision concerns in some GP Training practices have been highlighted in the GMC and BOS surveys and confirmed on this visit.	TPDs to make contact with these practices and ensure that the identified concerns are addressed and followed up.	Feb 2017	TPDs
TPDs to engage with DME and regularly attend hospital faculty of Educator meetings.	TPDs and DME to ensure regular meetings to discuss training issues.	Feb 2017	TPDs/DME



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TPDs to arrange clinical supervision training with consultants and trainers as part of hospital faculty development meeting.	TPDs to arrange this training in conjunction with DME	Feb 2017	TPDs/DME
TPDs to complete an annual report containing analysis of that year's BOS and GMC survey results and also containing an action plan based on this analysis against which progress can be tracked.	TPDs to complete report with assistance from admin team	1 year	TPDs/Admin team
TPDs to develop a spreadsheet in which all trainee related issues are logged along with a spreadsheet containing all the Luton GP Training Practices, Trainers and Associate Trainers in which all trainer and training practice related issues are logged.	Development of these spreadsheets will enable reports to be produced regarding the current state of trainee and trainer related issues across the whole training scheme.	Feb 2017	TPDs/Admin team
Trust to consider how more office space could be made available for the TPDs and appoint a second GPST administrator in light of the increased workload.	Identification of office space in Comet and review of admin resources available. The GP admin team should be encouraged to attend training arranged centrally by the GP office.	1 year	Trust/DME/Admin team

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

Report prepared by: Dr Vijay Nayar (Head of School)

Signature: 

Date: 26.7.16

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Acknowledgments to GMC and NACT UK.