

GP School Quality Monitoring Visits to GPSPT Programmes and Trusts

GPST Programme: Norwich

Report compiled by: Vijay Nayar

Date of visit: 14/09/2016

Visiting Team

Educational Roles	Name
Dr Vijay Nayar	Deputy GP Dean & Head of School
Dr Mark Attah	Associate GP Dean - Norfolk
Dr Feroz Navami	GP ST3

Programme/Trust Team

Educational Roles	Name
Mr Mark Davies	Chief Executive
Mr Peter Chapman	Interim Medical Director
Mr Jeremy Over	Director of Workforce
Mr Richard Smith	Director of Medical Education
Dr Steven Taylor	GP Training Programme Director
Dr Gill Read	GP Training Programme Director
Dr Cathryn Ruddock	GP Training Programme Director
Dr Chathuri Hadinnapola	GP Training Programme Director
Mrs Wendy Wood	Medical Education Manager
Mrs Hayley Morgan & Mrs Sharon Goddard	GPST Administrators

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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

Well run scheme with committed and dedicated TPDs.
Excellent support from Consultant staff with good departmental teaching programmes
Good relationship with Trust and excellent support from the DME.
Excellent GP administrators and Educator manager.
Valued GPST teaching programme
Active and engaged GP Trainer population
Previous issue regarding inappropriate consent in T&O was resolved. Consent policy emphasised at induction.

Concerns / Areas for development

Ophthalmology post - Oculo-plastic experience not relevant and trainees do not fully understand procedures to take informed consent
Community Public Health – not sure how relevant experience is in this post and TPDs to consider re-structuring of Innovative posts
A/E and AMU rotas have very heavy workloads and needs to be reviewed.
Oncology – concerns with this post has meant trainees not allocated to the post this year.
TPDs require larger room for teaching.
GP administrators are excellent and need supporting from Trust.
TPDs to progress merger of Norwich scheme with Kings Lynn and Great Yarmouth schemes

Significant Concerns

None apart from consent in oculo-plastics

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Requirements

See Action Plan

Recommendations

See Action Plan

Timeframes:

Action Plan to be received by:

31/10/2016

Revisit:

3 years

Head of School: Dr Vijay Nayar

Date: 14/9/2016

Progress on previous objectives – TPD/Trust report

Concern/Recommendation	Action	Evidence	Outcome
Adequate accommodation for GPSTS meetings	New building	Apparent (although not always able to book enough rooms)	Recommendation largely met
Clinical Supervisors to have some knowledge of the e-portfolio	Importance of different e-portfolios now emphasised at Supervisor Training	Slideset for Supervisor Training	Recommendation met
All specialties should release trainees	Correspondence to departments	Email trail, register of attendance	Still problematic in some departments due to workload
Handover in medicine	Considered but not felt practical due to volume and	Discussion with Dr Helen May, AMD for	Not resolved

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	diversity of patients. However the sickest patients are added to a " triage list" for identification by the specialties	Emergency/Acute medicine	
Inappropriate consent in Orthopaedics	DME communicated with CD in orthopaedics. Consent policy emphasised at induction	Email/induction slides	No recurrence reported

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	30	ST3	B		
	10	ST1			
AMU	1	ST1	C2	Heavy workload	Heavy workload DME and TPDs to address rota issues
	1	ST2			
Paeds	1	ST1	B	TPDs to consider more rotations with paed	
	1	ST2			
Endocrine	1	ST1	B		
Dermatology	1	ST1	B		
Psych	2	ST1	B		
	2	ST2			
Public Health	1	ST2	C2	Not sure how relevant experience is in this post	TPDs to consider other innovative posts

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Elderly med	3	ST1	B		
	2	ST2			
A/E	1	ST2	C2	Heavy workload	DME and TPDs to address rota issues
Rheum	1	ST2	B		
Gynae	1	ST2	B		
ENT	1	ST2	B		
Ophthal	2	ST2	C2	Oculo-plastic experience not relevant and trainees do not fully understand procedures to take informed consent	DME and TPDs to address this with Clinical supervisors
Palliative med	1	ST1	B		
T&O	2	ST1	B		

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?		p		Ophthalmology – trainees do not fully understand oculo-plastic procedures to take informed consent
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?	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.

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The number of reports of bullying or racial, gender, disability, age or part-time discrimination is zero?	Y			
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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		Trainees would like more rotations with paed
A timetable that ensures appropriate access to the prescribed training events / courses etc?		P		Difficulty in A/E and AMU
Adequate opportunities for workplace based assessments?	Y			
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?	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?	Y			

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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		A/E and AMU rotas very heavy, T&O rota can be 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			

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		Require access to larger teaching room on teaching day. Admin contracts need to be made permanent by Trust
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			

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Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?	p	informally
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TPD discussion and supporting documentation

Document/Report	Comments	Action Plan
Discussion with TPDs, TPD self-assessment, GMC and BOS surveys	Only red outlier in GMC survey was A/E workload	DME and TPDs to address rota issues
	Community Public Health – not sure how relevant experience is in this post	TPDs to consider other innovative posts
	Oncology – concerns with this post has meant trainees not allocated to the post this year.	TPDs to monitor oncology post
	Ophthalmology - too much time in oculo-plastics	DME and TPDs to address this with Clinical supervisors
	Require larger room for teaching and admin staff to be made permanent	TPDs and DME to address with Education centre

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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
Ophthalmology post - Oculo-plastic experience not relevant and trainees do not fully understand procedures to take informed consent			
A/E and AMU rotas have very heavy workloads and need to be reviewed.			
Review of Innovative posts required to improve experience for trainees			
TPDs require larger room for teaching.			
GP administrators are excellent and need supporting from Trust.			

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

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

Signature: 

Date: 14.9.2016

Acknowledgments to GMC and NACT UK.