

**School of Postgraduate Medicine Visit to
 Peterborough and Stamford Hospitals NHS Foundation Trust
 Visit Report
 25th June 2014**

HEEoE representatives:	Dr Ian Cooper - Quality Lead, School of Medicine Ms Susan Agger – Senior Quality Improvement Manager
Trust representatives :	Mr John Randall – Medical Director Dr Seema Brij – RCP Tutor Mr Bruce Ramsay – Clinical Tutor Mrs Barbara Petrie – Medical and Dental Education Manager
Number of trainees & grades who were met:	CT1 x 2 CT2 x 1 Trust Grade (Junior) x2 GPST x1 ST4 x 1 Trust Grade (Middle) x2

Purpose of visit :
This was a routine scheduled visit by the School of Medicine.

Strengths:
<ol style="list-style-type: none"> 1. Trainees find that consultants are friendly and supportive 2. Consultants take full responsibility for the care of their patients, make themselves available and will attend the hospital out of hours even when not on call. 3. Good clinical experience is available 4. Clinical teaching is of a consistently high standard 5. The contribution of the College Tutor is highly regarded by trainees 6. There are opportunities for trainees to raise concerns and these are acted upon. 7. Handover is systematic and effective 8. Trainees are able to attend the requisite number of clinics 9. All trainees but one would be happy to recommend their posts to a colleague (see ACCS post) 10. The visiting team were impressed by the morale of trainees, who found the Hospital to be a friendly and satisfying place to work.

Areas for Development:

1. Pressures to transfer patients from the Emergency Department is the cause of conflict between managers and junior doctors
2. There is difficulty filling the second out-of-hours medical registrar post (usually filled by a locum)
3. Departmental induction does not occur universally
4. Clinical Incident reports are not routinely fed back to, and discussed with trainees.
5. Training opportunities for the ACCS trainees in ESS are not maximized
6. Regular meetings of trainees with educational supervisors do not always occur
7. The role of Educational Supervisor to Core Medical Trainees should be extended to more consultants
8. There is no Associate College Tutor in post.

Significant concerns:

There are none

Requirements:

1. The Trust should investigate concerns of trainees about inappropriate pressure put on them in order to achieve the four-hour ED target.
2. Trainees should be invited to apply for the role of Associate College Tutor.
3. The role of Educational Supervisor to Core Medical Trainees should be devolved to consultant physicians rather than to the College Tutor.
4. Meetings with educational supervisors should occur, at minimum, at the beginning, mid-point and at the end of every post.
5. Feedback and discussion of clinical incidents should occur when trainees meet with their educational supervisors.
6. Department induction should occur across the board.
7. The College Tutor should develop a faculty of educational supervisors and meet regularly to discuss training issues and trainees.

Recommendations:

1. The Trust should review and develop the educational opportunities in the ESS
2. The second out-of-hours medical registrar post should be made permanent.

Action Plan to Health Education East of England by:

1st January 2015

Revisit:	Three years
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Visit Lead: Dr Ian Cooper Date: 25th June 2014

RELATED EVIDENCE

Previous visit (date and summary)

10 July 2012
 This was a focussed visit in response to patient safety concerns raised in the GMC Trainee Survey 2012. There were concerns about pressures due to the four hour wait target in the ED.

2012 Trainee survey outliers

CMT – negative outlier for “Overall satisfaction”

2013 Trainee survey outliers

CMT- negative outlier for “Clinical supervision”

2013 GMC Survey: Patient safety concerns for medical specialities

Transfer of patients determined by breach times rather than clinical priority.
 Workload
 Outliers
 Out-of-hours cover

2013 GMC Survey: Free text comments for medical specialities

Excessive workload in Geriatric Medicine
 Bullying by nursing staff in Geriatric Medicine
 Undermining in Palliative Care

2014 GMC Survey: Patient safety concerns and undermining comments for medical specialities

N/A

2013 QM1

General satisfaction addressed
 Clinical Supervision issues addressed by removal of some underperforming Educational Supervisors.

MEETINGS WITH TRAINEES (1 OF 2)

Trainee Group	Number of trainees met
CMTs, GPST and Trust Grade Juniors	6

Domain 1: Patient safety

Adequacy of clinical supervision:
 Good support from consultants and registrars

Safety of rota patterns:
 No issues raised

Effectiveness of handover:
 This is routine, systematic and generally very effective

Middle grades recruited through the MTI:
 Unaware of any

Feedback from incident reports:
 This is mixed and does not always occur

Domain 5: Delivery of approved curriculum including assessment

Adequacy of clinical (including outpatient and practical procedures) experience:
 Generally good

Adequacy of content of individual programmes:
 Good, with the exception of the one ACCS trainee who reported experience in ESS to be of poor educational value. There was little opportunity to examine patients and make independent clinical decisions. This evidence was corroborated by the middle grade staff in group two.

<p>Quality of internal formal teaching: Good</p>
<p>Ability to attend internal and external training courses etc.: No difficulties encountered</p>
<p>Accessibility of assessments including WPBAs: Generally good, but often consultants are slow to complete the on-line reports.</p>
<p>Adequacy of feedback: Good</p>

Domain 6: Support and development of trainees, trainers and local faculty

<p>Arrangements for induction (including for intermediate starters): Trust induction is good, and is available for intermediate starts. Departmental induction is not universal. Areas identified where this does not always occur are ESS and gastroenterology</p>
<p>Quality of educational supervision (including appropriate use of ePortfolio): The trainees were happy with this, but the visiting team observed that the number and frequency of meetings with educational supervisors was below that recommended by the JRCPTB</p>
<p>Intensity and educational content of work and adequacy of learning opportunities (including audit): Good</p>
<p>Experience of bullying and harassment: None reported</p>
<p>Support from postgraduate education team and pastoral support: Good</p>

Domain 8: Educational resources and capacity

<p>Adequacy of library, IT, clinical skills/simulation resources: Not addressed on this visit</p>

Domain 9: Outcomes

<p>Trainee progression and examination achievements: There has been only one failure of a CMT2 trainee to complete MRCP in the last three years. Some trainees do require a six month extension to achieve MRCP.</p>
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MEETINGS WITH TRAINEES (2 OF 2)

Trainee Group	Number of trainees met
Middle Grade	ST4 x1 Trust Grade locum x2 The visiting team were disappointed not to have met more substantive trainees at this level

Domain 1: Patient safety
Adequacy of clinical supervision: Good
Safety of rota patterns: Good
Effectiveness of handover: Good
Middle grades recruited through the MTI: Not aware of any
Feedback from incident reports: Mixed. Does not always occur

Domain 5: Delivery of approved curriculum including assessment
Adequacy of clinical (including outpatient and practical procedures) experience: Good
Adequacy of content of individual programmes: Good (but limited number of trainees seen)
Quality of internal formal teaching: Good
Ability to attend internal and external training courses etc.: Good
Accessibility of assessments including WPBAs: Good
Adequacy of feedback: Good

Domain 6: Support and development of trainees, trainers and local faculty
<p>Arrangements for induction (including for intermediate starters): Trust induction is good, and is available for intermediate starters. Departmental induction is not universal.</p>
<p>Quality of educational supervision (including appropriate use of ePortfolio): Good</p>
<p>Intensity and educational content of work and adequacy of learning opportunities (including audit): Good</p>
<p>Experience of bullying and harassment: None</p>
<p>Support from postgraduate education team and pastoral support: Good</p>

Domain 8: Educational resources and capacity
<p>Adequacy of library, IT, clinical skills/simulation resources: Not addressed on this occasion</p>

Domain 9: Outcomes
<p>Trainee progression and examination achievements: Not assessed</p>

MEETINGS WITH TRAINERS AND LEP TEAM

Domain 1: Patient safety
<p>Processes for sessional supervision: Trainees are well supervised by senior doctors</p>
<p>Safety of rota patterns: No issues</p>
<p>Handover processes: This has been addressed and appears to be effective. There have been some confidentiality issues, but these have been addressed by ensuring handover sheets remain confidential and that they do not leave the premises.</p>
<p>Middle grades recruited through the MTI: Not aware of any</p>

Domain 6: Support and development of trainees, trainers and local faculty
<p>Arrangements for induction (including for intermediate starters): See above</p>
<p>Design of rota patterns: N/A</p>
<p>Identification of time for educational activities in job plans: This is compliant with HEEoE policy. The College Tutor would appear to have taken on more responsibility for educational supervision than she is currently allocated time for.</p>
<p>Training for clinical and educational supervisors: This is becoming systematic in its application throughout the Trust Regular faculty meetings between the College Tutor and educational supervisors do not currently occur.</p>
<p>Knowledge of ePortfolio: Not assessed</p>

Domain 9: Outcomes
<p>Trainee progression and examination achievements: See above</p>