

GP School Quality Monitoring Visits to GPST Programmes

Name of GPST Programme: WEST HERTFORDSHIRE

Date of visit: 31st July 2014

Report compiled by: Professor John Howard

(on behalf of the visiting team)



**East of England
Multi-Professional Deanery**

Directors, Tutors, Admin Staff & GPST Registrars visited

Educational Roles	Name	Contact number
<i>GPST Programme Director</i>	Paul Heatley & Bruce Covell (Nick Foreman & pauline Foreman- apologies)	
<i>Clinical Tutor</i>	Dr Ratna Makker	
<i>Director of Medical Education</i>	Howard Borkett Jones	
<i>Medical Education Manager</i>	David Goodier	
<i>Medical Education Manager</i>	Kim Hull	

Visitors

Educational Roles	Name	Contact number
<i>Postgraduate GP Dean</i>	Professor John Howard	01223 597554
<i>Associate GP Postgraduate Dean</i>	Dr Keith Cockburn	01223 597652
<i>Training Programme Director</i>	Rob Houghton	
<i>GPST3</i>	Munira Khatun	
<i>PA to the GP Dean</i>	Zelha Coulthard	01223 597554

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Discussion with TPDs and Director of Medical Education

- The TPDs and DoME stated that there were no major concerns at present
- The TPDs were planning to expand ST1 recruitment by 6 programmes for 2015

The TPDs reported the following issues had been raised in departments recently:

- Emergency Medicine - teaching and supervision were thought to have improved recently but trainees had suggested departmental induction could be improved. Some concerns had been raised about trainee's access to the GPST course.
- Care of the Elderly - had had a reduction in consultant numbers in 2013 causing problems – the cohort has now increased again - Dr Angel had been monitoring trainee feedback to this change
- O&G - ST2s had raised difficulties in getting to clinics and and poor middle grade cover - there had previously been some concerns about undermining but the Trust has been addressing these issues
- GUM/Dermatology – recently a job share had raised concerns about the level of service available from each half of the job share; the TPDs had decided this split job would not be used for a job share in the future
- Induction - Trust policy is to get as many trainees in to initial induction day as possible - there are then additional catch up sessions and e induction for those who could not attend or whom were out of phase.

There had also been concerns raised about a lack of flexibility within the LTFT programmes, and in some areas adequate forward provision of rotas to trainees had also been raised.

The GPST Programme has continued to support consultant clinical supervisor training in the Trust, but it was acknowledged that clinical supervisor engagement with GP trainees had advanced slowly; log entries were not regularly read; TPDs and the DoME agree this could and should be improved.

The DoME also agreed that developing the appraisal process for named clinical supervisors may drive enhanced clinical supervision activity within the Trust.

The lead employer arrangements appeared to be working well with no concerns raised.

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Educational Grading

A ●● Excellent B● Satisfactory C Action Required (C1 ● Have fed back & being resolved C2 ● Yet to be feedback & resolved) D ● Unsatisfactory & Immediate Action

Total no. of GPSPTRs in particular specialty at any one time	Grade of doctor(s) Interviewed. ST1/ 2 or 3 etc	Number of doctor(s) Interviewed.	No. Of Drs Interviewed who are also Currently in the specialty.	Educational Grading B /C1 etc	Issue	Action Plan
Care of the Elderly	ST1	4	2	B1	Good job; experience and teaching good on acute take; outlier numbers increased recently again after CE initiative had helped to order systems 4m ago. New handover system started 4m ago - little training; HOs have login and know each morning where patients are; system transition recognised by trainees. ST2s sometimes on their own on ward but can get cover; formal teaching on Mondays good; grand round good; little bedside teaching otherwise; 3 of 4 stated they had departmental induction. AAU has acute handover - 9pm at night and at weekends; somewhat informal the rest of the time; trainees concerned they are not able to get to clinics because of rota constraints	
Musculoskeletal & GP	-	-	-		Not assessed	
Oncology & GP	ST1	2	2	A1	Fantastic job - great support and great approach to support GP learning with engaged supervisors; weekly tutorials; would like to have full time jobs in this specialty rather than innovative posts	
Psychiatry and community psych	ST2	4	3	C2	Induction has been poor; better now; teaching good; new HPFT organisational arrangements - team thinner and less supervisory support; new consultants; huge change; very different experiences to previous cohort; atmosphere felt to be very negative due to change; rota not given to new trainees starting; have rota for august now but 12 days notice given only and difficulty in identifying responsive administrative support	

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General Practice – ST3	ST3	1	1	A1	Excellent support and appropriate teaching; no concerns	
Paediatrics	ST1	2	2	A1	Really good; good handover; good teaching; good a&e experience; neo-nates 2m recognised to be valuable	
Community Paeds	-	-	-	-	Not assessed	
Obs & Gynae	ST1	2	2	A1	The department had been working hard to address trainees needs. These were rota issues; ST2 had been doing rota and giving the info out on Saturdays for the week ahead; late lists not recorded so made it difficult to plan; annual leave booked by O&G trainees first; these issues had been addressed. Department teaching was considered to be poor and little preparation possible for 8am sessions; new sessions introduced on Fridays; also will organise new clinic sessions in rota; induction raised concerns but this again is being addressed; trainees felt that attention was being paid to their needs and support and teaching much improved.	
A&E	ST1	4	2	C2	Trainees felt they were unable to get to HDR - rota is not understood and a concern trainees felt; appeared little consistency - 72 hour weeks; study leave required to swap shifts; could not take break at appropriate times, sometimes at lunch at 3pm; now improved; little time for informal teaching; teaching at 8.30 nearly every day - but huddled around computer on ward; sometimes difficult to concentrate and night staff retained; lasts 15 minutes and mixed method of deciding programme. Induction seemed not to cover everything as skipped over in part; good experience	
GUM/Dermatology & GP	ST1	1	1	A1	Really good job and mix but GP at end of the working day is hard to integrate practically – ?alter rota	
GUM/Dermatology	ST1	1	1	A1	good for training - little dermatology induction; LTFT issues as discussed - good job; good teaching;	

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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?		P		A&E - review the understanding and ability of trainees to access GP teaching
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 Trust induction?	Y			
All posts comply with the Working Time Directive?	Y			
Doctors are released for Quality inspection visits and complete PMETB/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 Deanery guidelines, ensure equal opportunities and have an appeals process?	Y			

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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?	Y			
A timetable that ensures appropriate access to the prescribed training events / courses etc?	Y			
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 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 Deanery 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 or too light)?	Y			

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			90% clinical supervisors now formally trained and selected
Do all Supervisors and tutors have protected time within their contracts for Educational Supervision?	Y			
Have all Educational supervisors received training and updates 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 deanery?	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			

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9. Outcomes	Y	P	N	Summary of exceptions (Specialty, training grade, action required & by whom) or Notable Practice.
How is trainee progression data <i>eg: Assessments and Exam results</i> analysed and how does this impact on Programme development?	Y			
How are trainees encouraged to participate in GMC and deanery surveys?	Y			
Are there documented responses by the Programme educators to PMETB and Deanery surveys?	Y			
Are Programme leavers contacted to determine subsequent career progression and to determine long term Programme outcomes?	Y			

Supporting Documentation and other areas of discussion with the TPDs

Topic	Comments	Action Plan
<p>Documents reviewed: Reports from WEHE TPDs BOS survey results for 2012</p> <p>No concerns with regard to OOH training which is running well</p> <p>The trainer group continues to be successful with ongoing recruitment of new Trainers. The TPDs have offered to run an Associate Trainer/Named Clinical Supervisor course</p> <p>There have been some consideration by the TPDs, given the new funding arrangements for administrative support, to formally merging the Hemel Hempstead and Watford programmes</p>		

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Action Plan for the next year

Exception reports only

Concern/issue. Please note programme and location where applicable	Action	Month/year to complete action by	Person responsible
<p>Although efforts have been made to increase the understanding and involvement of Trust named clinical supervisors with regard to the GP curriculum and portfolio, engagement is variable; no trainees reported named clinical supervisors reading trainee logs.</p>	<p>Working with the DoME, the TPDs should increase the educational provision for secondary care colleagues, perhaps along the Faculty Group model, to facilitate involvement in GP trainee education and feedback for individual supervisors to support appraisal and their subsequent role development and re-selection.</p>	<p>One year</p>	<p>DoME/TPDs</p>
<p>The Programme has a high number of less than full time trainees who raised the current inflexibility of the working arrangements within EoE; this was discussed with a representative group.</p>	<p>The GP School, WEHE Programme and West Herts Trust could review policies in this area to determine whether there is scope for a pilot to provide greater flexibility in the possible percentage of work time available to LTFT GP trainees in secondary care.</p>	<p>Six months</p>	<p>GP Dean, TPDs, DoME, HRD</p>
<p>The handover policy between shifts seems to have variable implementation across departments. The Trust may benefit from evaluating the handover process for transfers for sharing with external agencies.</p>	<p>The Trust should review policy implementation in this area to ensure handover processes between shifts optimize the educational opportunities of the process. An evaluation of the transfer handover process would be beneficial.</p>	<p>Three months</p>	<p>DoME, CT</p>
<p>The impact of organizational change on education within Herts Partnership Trust should be reviewed</p>	<p>GP Dean to contact DoME in Herts Partnership Trust</p>	<p>Immediate</p>	<p>GP Dean</p>
<p>Educational provision for this cohort of trainees in A&E seems to have been less effective than previously</p>	<p>Educational arrangements for GP trainees in A&E should be reviewed.</p>	<p>Three months</p>	<p>TPDs/CT/EM lead</p>

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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.

Achievements/Progress on previous objectives

- Development of the Care of the Elderly programmes and educational support; Trust engagement on handover of unwell patients from AAU which is still under development
- Combined educational sessions for clinical supervisors which can also be further developed
- The paediatric educational provision for GP trainees
- The commitment and development of the Programme by the TPDs, including the creation of LTFT programme slots
- The commitment of the Trust to GP training and working with the TPDs

Issues/Development needs

- Faculty group development to enhance clinical supervisor engagement.
- Embedding clinical supervisor skills and training needs within the appraisal process
- The utilisation of the enhanced administrative support being offered by HEEoE to increase Programme activity and support for GP training
- The GP School would support formal consolidation of the Hemel Hempstead and Watford schemes
- Consideration of the flexibilities available to improve support for LTFT trainees

Action Plan/Current objectives

Other Comments:

The visitors would like to thank Mr Howard Borkett-Jones, Dr Makker, all TPDs, David Goodier and Gemma Sleet for their assistance and cooperation.

This report is a true and accurate reflection of the GP SP Training Programme at: **Watford and Hemel Hempstead (West Herts)**

Report prepared by: John Howard

Signature by GP Dean: Professor John Howard, Postgraduate Dean

Date: 1st August 2014