

Programme Review Findings Form

To be completed by the Visit Chair, please return your fully completed form to the Quality Manager. Incomplete forms will be returned.

SECTION 1: DETAILS OF THE VISIT	
Programme Name:	NLAG GP Programme
LEP (Trust/Site) reviewed:	Scunthorpe General Hospital (NLAG)
Date of Visit:	Tuesday 6 th September 2016
HEE YH Members present:	Dr D Rose, Dr J Thomas, Dr R Blackburn, B Travis, K Maskery, S Merter, A Sutton (Lay representative)

SECTION 2: FINDINGS FROM THE VISIT
<p>SUMMARY</p> <p>This was a well prepared and informative visit to NLAG scheme. The visit was well attended with all current 5 TPDs present, 21 GP trainees from all levels of training and also the administrative team. A clear presentation was delivered by the “senior” TPD which covered the salient points of how the scheme runs, what they see as their main challenges and what they are implementing to meet these challenges and to ensure they can deliver the outcomes of the scheme. The scheme is not large (17 GP Practices, 22 Trainers and 23 GP Trainees) but it was felt that the size does allow a more resilient nature to the scheme with better communication between all. It was recognised that not only have there been some significant changes within the TPDs, with the loss of an experienced TPD, but there has also been reduced administrative time, due to illness leave. This is in addition to the recognised challenges of poor recruitment of GP Trainees to the area and at times increased numbers of Doctors in Difficulty. Despite these challenges it was really pleasing to hear the strides forward taken by the scheme; new and more experienced TPDs have stepped up and have developed and produced some outstanding outcomes with helping their DiDs and impressive CSA and AKT pass rates. TPDs have responded to internal feedback from Trainees and altered their HDR to ensure both attendance and improved feedback, which was demonstrated in the Trainees session at the visit. Trainer workshops are attended and some excellent practice seen with the development and sharing of PDPs amongst the GP trainers. They currently have 3 intending GP Trainers going through the New Intending GP Trainer pathway.</p> <p>The GP OOH service locally demonstrates how a local service, manned by local trainers, ensures a good educational experience for all and this was complimented on during the visit.</p> <p>There were some concerns regarding EWTD and specifically with two aspects of training; the Psychiatry post and after GP OOH sessions. The TPDs are going to clarify both areas with DR to also enquire about the Psychiatry post OOH arrangements. Other areas that the TPDs will need to highlight to GP trainers are around the educational time in practice and the need to ensure regular, timely, educational debriefs each day and to ensure that all trainees are receiving the appropriate educational time including “tutorial “ time each week. It was recognised that a lot of change had taken place within the scheme but it was also highlighted that greater clarity of the TPD’s roles is still required to ensure clear lines of communication and responsibilities especially with finance matters, so others, including the administrative team and also the GP Trainees were consistently and fully informed by the appropriate person.</p> <p>Over all it was a pleasure to visit and meet the whole team and the GP trainees at NLAG. It is clear that progress and development is and has been happening in response to feedback and significant changes on the scheme, demonstrating a proactive approach to education of the GP trainees. The changes have enabled the outcomes to be demonstrated with the particularly good CSA results and the GP trainee feedback on the day.</p>

AREAS OF STRENGTH					
No	Site	Area			
1		Scheme Resilience (HEE Quality Standard 1.1)	Despite the challenges of recruitment and with the changes with the TPDs the scheme is a manageable size and a close community of trainers and trainees that work and communicate well together. "We talk about problems together, we get to know everyone and they get to know us."		
2		GP OOH (HEE Quality Standard 1.2)	There was recognition that the local OOH service that is a social enterprise in which many GP trainers work for enabled the delivery of a productive educational experience for the GP Trainees.		
3		GP Trainers' PDP (HEE Quality Standard 4.1)	In addition to GP appraisals the GP Trainers develop their own PDPs for GP training at the Trainer workshops. These are then shared within the group often stimulating and informing others of other ideas and areas of educational and training needs.		
4		CSA (HEE Quality Standard 5.1)	CSA results were particularly impressive; this on the backdrop of some trainees with a wide variety of differing needs for support. There was a real feeling of TPD responsibility to ensure that the GP Trainee had every opportunity to help them with their CSA. It was commented that the CSA preparation via the HDR and also further input from TPDs and trainers had enabled these outcomes.		
AREAS FOR IMPROVEMENT					
No	Site	Area	ITEM	Recommendation	Timeline
1	NLAG	EWTD Psychiatry OOH (HEE Quality Standard 1.4)		TPDs to clarify ensure EWTD for Psychiatry – OOH. There are two psychiatry trusts, when on call the trainee is based at home and will cover four different sites. There is a 1 in 8 rota which is available well in advance. EWTD compliance is in question as trainees may be called out at night and then work the next day. They should get hours back the next day or be able to start later. Trainees sometimes get the hours back after this time.	12 months TPD / DR
2	NLAG	EWTD GP OOH (HEE Quality Standard 1.4)		TPDs via Trainer workshops to emphasise EWTD and OOH requirements. Trainees would like induction to include guidance on out of hours and the EWTD.	12 months TPD
3	NLAG	TPD roles & Responsibilities. (HEE Quality Standard 2.1)		Whilst there have been a lot of changes with in the scheme's team it was recognised that the TPDs need to further clarify their roles within the scheme to ensure both the administrative team and GP Trainees are aware of clear lines of communication and responsibilities.	12 Months TPD
4	NLAG	GP Trainees		TPDs to emphasise at Trainer Workshops the need for GP	12 months

		Educational time (HEE Quality Standard 3.1)		<p>Trainee educational time to include the following:</p> <ol style="list-style-type: none"> <u>De- briefs</u>- should occur at least once a day but preferably after each surgery (and include visit debrief) especially with ST1. If debrief does not occur after evening surgery then ensure it occurs the next day and there is a process to ensure any concerns can be highlighted before. <u>Educational time</u> (excluding Personal Study time and Half day release) should be 4 hours per week. This should include a minimum of 2 hours “tutorial” time. This can include COTs and CBDs. <u>Clarify study leave</u> entitlement. (see Dr Mike Tomson’s HEYH document on website) 	TPD
5	HEYH	Bursary monies (HEE Quality Standard 4.2)		Highlighted that Bursary monies from HE YH had yet to arrive. This will be taken up by Dr David Rose to ensure payment.	3 months DR

SECTION 3: OUTCOME (PLEASE DETAIL WHAT ACTION IS REQUESTED FOLLOWING THE REVIEW)

See above	3-12 months
Monitoring by School	N/A
Speciality to be included in next round of annual reviews	N/A
Level 2: Triggered Visit by LETB with externality	N/A
Level 3: Triggered Visit by LETB including regulator involvements	N/A

Section 4: Decision (To be completed by the Quality Team)

NEXT PROGRAMME REVIEW TO TAKE PLACE IN 2020.

Section 5: Approval

Name	Dr James Thomas
Title	GP School Lead for Trainer QA
Date	6.9.16

DISCLAIMER:

In any instance that an area for improvement is felt to be a serious concern and could be classed as detrimental to trainee progression or environment this item will be escalated to a condition and included on the Quality Database for regular management.