

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:	Rotherham GP training programme
LEP (Trust/Site) reviewed:	Oak House, Bramley, Rotherham
Date of Visit:	Tuesday 18 th October 2016
HEE YH Members present:	Dr D Rose, Dr C Mills, Dr A Brinkley, S Thomas, S Merter, D McLennan

SECTION 2: FINDINGS FROM THE VISIT
<p>SUMMARY</p> <p>We were welcomed to Oak House which is the base for the Rotherham GP training programme. The visit was well attended with all current 5 TPDs present, although Dr Gunasekera had to leave partway through the presentation for childcare reasons. It was good of her to make the effort to attend and meet the team. We were also pleased to meet Di Parker, who is the programme administrator.</p> <p>Prior to the meeting, we received survey feedback from the Rotherham GP trainers and were able to congratulate the team on achieving a 100% positive recommendation on every question. All free text comments within the survey were also positive.</p> <p>A clear and focussed presentation was delivered by Chris Myers who is the senior TPD. This was followed by a round table discussion with the TPDs. The presentation gave an overview of the programme and what they see as their main successes and challenges. The programme is medium sized with 48 current trainees, 23 trainers and 8 prospective trainers. The teaching programme is held weekly on a Tuesday afternoon. Their standard of 80% attendance is met by trainees in practice but, as is common with other training programmes, attendance of trainees in hospital posts can be less than this. The curriculum for the half day release is led by the trainees with guidance from their experienced training programme directors. Trainer workshops are held quarterly.</p> <p>Dr Myers talked about the main roles of the TPDs and his role of overall management of the programme and liaison with HEE YH. Dr Crowley takes the lead on the CSA, e-portfolio, administration and liaison with hospital clinical supervisors whilst Dr Polkinghorn, Dr Gunaseker, and Dr Jordan lead the teaching on the half day release.</p> <p>Dr Myers had been aware of the GMC survey which highlighted that the programme was below the national average for; workload in A+E, clinical supervision and local teaching in medicine and supportive environment and study leave in obstetrics and gynaecology. Dr Myers thought that dissatisfaction with A+E workload related more to unhappiness with working shifts than the intensity of the workload, and this was confirmed when we interviewed the trainees.</p> <p>Exam results were presented by Dr Myers. In 2016, there had been 14 trainees who had passed the exam and 3 trainees, who had failed. Those trainees who had failed missed the target by less than 10 percent. 7 trainees took their AKT in 2016 – of these, there were 4 fails. 1 trainee had 2 fails and 2 trainees passed the exam on their second attempt. These results in 2016 were not as good as usual. Rotherham is noted as a programme which has excellent CSA training and 1 trainee told us that this was the reason that she applied to Rotherham.</p> <p>The training programme directors were pleased that the Rotherham programme fills all of its places in GP recruitment. They felt that they had a good team of training programme directors and good and enthusiastic trainers. The programme had expanded its numbers and new trainers were being recruited. They were proud of their CSA preparation and early identification and in-house support that they give to trainees who are struggling. The Scheme</p>

are low referrers to the performance team.

Challenges identified were:

- (a) The relocation of the programme administration, including change of employer to the Rotherham Trust. This uncertainty over the future of administration of the programme was causing some anxiety for both TPDs and trainees.
- (b) As is the case in other programmes, in certain hospital posts there was difficulty in getting the expected attendance at half-day release teaching and mandatory training events. For example, in the obstetrics and gynaecology department, four out of six trainees are GP trainees and because of patient care needs, they cannot all leave the department for training.
- (c) Again, as with other programmes, there are current stresses due to the effect that the switch to Capita has had on trainees getting onto the performers list and practices getting reimbursement for trainee salaries.

The interview with 23 trainees was positive. They would all recommend the Rotherham GP training programme. They liked the size and the friendliness of the programme. They felt that the programme directors were approachable and supportive but interestingly, most would consult first with Di, the administrator, if they encountered any problems. She is highly valued by the trainees for her pastoral role.

The trainees confirmed that they have good input into the training programme and take the lead on how they will meet the curriculum. They all value the mock CSA course. The trainees confirmed that there are problems in attending half-day release in some hospital posts and the reasons why. They reported that in A+E, the shift system was a problem and in obstetrics and gynaecology and paediatrics, most trainees within the department were GP trainees. Trainees explained that in medicine, ward duty rotas can make it difficult to attend VTS.

All trainees had safeguarding training but not all had a face to face introduction to safeguarding in the practice as part of their induction period. Debriefing occurred appropriately in GP training practices. Some trainees said that they did not get regular teaching in their practice. It was not clear whether there was a genuine lack of teaching or because the trainees were not aware of the range of teaching activities that could count as teaching in practice and were just talking about tutorials.

In summary, it was a pleasure to meet the whole programme team and the GP trainees at Rotherham. The programme is supportive to the trainees and also to the GP trainers. There is clear leadership and direction from the experienced training programme directors but the trainees are allowed to set their own agenda and develop skills in learning independently. The trainees appreciate the skilled preparation for the CSA examination that they receive. The team are keen on feedback and get this regularly from both trainees and trainers. This feedback helps them respond quickly if problems arise.

AREAS OF STRENGTH

No	Site	Area	
1		Scheme Resilience (HEE Quality Standard 1.1)	A supportive programme. The team works well together and provides support to each other, the trainees and the GP trainers. This has helped them get through a difficult period when an administrator and a TPD were off work through illness. The trainees particularly appreciate the work done by the programme administrator Di Parker – described as being very approachable and someone who they turn to with problems.
2		TPD Roles & Responsibilities (HEE Quality Standard 2.1)	The training programme directors have clear roles and areas of responsibility – understood by the administrator and the trainees. The strengths of the training programme directors fit well with the roles that they hold.
3		GP Trainees Educational Time	The trainees were very complimentary about the teaching that they received each week on the half day release programme. They felt empowered to organise learning to meet their needs and were grateful for the advice of their training programme

		(HEE Quality Standard 3.1)	directors.
4		GP Trainer Support (HEE Quality Standard 4.1)	The GP trainers have a quarterly educational meeting led by the TPDs. This has excellent feedback. Overall, the trainers are completely satisfied with the support from the TPDs. This is the first trainer questionnaire that I have seen that has given 100% approval.
5		CSA Teaching (HEE Quality Standard 5.1)	Trainees felt that they were given good preparation for the CSA. One of the TPDs is a CSA examiner and teaches on the local RCGP CSA course. The training programme mock CSA has an excellent reputation.

AREAS FOR IMPROVEMENT

No	Site	Area	ITEM	Recommendation	Timeline
1		GP Trainees Educational Time (HEE Quality Standard 3.1)		TPDs via the Trainer workshops are to emphasise the need for a face to face discussion about local procedures and contacts for child and adult safeguarding during the induction period into a practice, before the registrar starts seeing patients.	6 months TPD
2		GP Trainees Educational Time (HEE Quality Standard 3.1)		TPDs via the Trainer workshops are to emphasise the need for regular weekly teaching sessions, making it clear to trainees that this is a protected teaching session. Consider the COGPED recommendation for the working week with three protected half days for half day release, practice teaching and private study; the advantage of this is that the in house teaching is clearly demarcated.	6 months TPD
3		Support for Remediation (HEE Quality Standard 6.5)		While we recognise that the Rotherham training programme directors are very skilled and can manage most doctors in difficulty in-house, we would like to encourage them to share information about doctors in difficulty with the performance team, using them as a sounding board and a second opinion when necessary. It is important to do so particularly where a trainee is at risk of failing to gain CCT, may appeal or may request a 5 th attempt at an examination.	6 Months TPD

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 2021.

Section 5: Approval

Name	Dr David Rose
Title	Deputy Director and acting GP School Lead for Trainer QA

Date	27.10.16
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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.