

## Programme Review Findings Form

SECTION 1: DETAILS OF THE VISIT	
Programme Name:	SHEFFIELD VOCATIONAL TRAINING SCHEME
LEP (Trust/Site) reviewed:	
Date of Visit:	5 <sup>TH</sup> NOVEMBER 2015
YHHE Members present:	Dr David Rose, Dr James Thomas, Dr Chris Myers, Linda Garner and Jo Baker

SECTION 2: FINDINGS FROM THE VISIT	
<b>SUMMARY</b>	
<p>This was a well prepared and informative training scheme visit. The scheme presented a range of evidence in a presentation and presentation pack to support an excellent system of training on 15 TPD sessions.</p> <p>The scheme visit was well attended with a large number of Trainees (80+) and TPDs (7) on the day, with well prepared evidence from the scheme that then lead to an interactive session with the TPDs and then with the GP trainees.</p> <p>The panel were aware prior to the visit that the current TPDs felt strongly that the increase workload on the scheme together with a reduction in number of TPD sessions by 2 was a concern for them and the scheme, in terms of maintaining their standards. We also knew that there are continuing concerns over accommodation for the programme administrators and for teaching.</p> <p>It was very clear on the day that all trainees (80+ present) were happy and would recommend their posts and scheme to their colleagues.</p> <p>Overall the GP Trainees felt they all had adequate inductions to their posts although there was concern about one of the posts that was taken up with the TPDs for future review. All GP Trainees are well prepared for the AKT and CSA and felt very well supported by their GP trainers and the TPDs and this is born out by the impressive pass rates seen at the scheme. There is evidence of gold standard teaching taking place with sessions on Frailty and orthopaedics that has received good feedback as well as sessions on consultations skills training that is also being recognised nationally.</p> <p>All GP Trainees felt that their clinical and educational supervision was appropriate although there were concerns regarding the Clinical supervision in OOHs however further discussions with the TPDs has given assurances that the issues that had been mentioned had been resolved. This has highlighted to the QA team the need to consider the QA process for the Clinical Supervisors in OOH.</p> <p>There was discussion with GP Trainees and TPDs about some practice HR concerns around whether the GPR was seen as supernumerary with annual leave allocation in practice and also the use of private study leave on a week with OOH session and EWTD and COGPED requirements. Further clarification is required and to feedback.</p> <p>It was highlighted by the TPDs that there have been episodes of “bullying” which have been escalated and appropriately managed. All but one has been resolved and assurances were given that this was in hand and had been escalated to the appropriate levels and awaiting further action. There were concerns raised by the TPDs regarding the manner in which anonymity can be kept in raising concerns of bullying and also the support available from the GP QA team.</p> <p>There are 45 GP Trainers and 16 prospective GP trainers. Trainers were actively involved with the organisation and the delivery of their own trainer workshops and this takes place in 5 localities on a regular basis and 1 prospective Trainer workshop. Each Trainer workshop has a TPD in attendance to ensure dissemination of information. The scheme have also organised half-day workshops for GP Trainers for Educational Supervision and CSA and have arranged 2 Trainer plenaries each year and there has been a joint GP Trainer and Trainee conference. Trainers have been involved with ARCP panels and each GP Trainer is an Educational Supervisor.</p> <p>Administrative support was felt to be excellent and the basis of the smooth running of the scheme but the lack of one</p>	

base site meant that they were detached from the GPRs. The TPDs felt very supported by the administrative team and they felt well supported by the TPDs despite having no adequate accommodation where administrators could be based and where there are teaching facilities. At present the administrators are based at Samuel Fox House and the teaching of the trainees occurs at Don Valley House. This makes it difficult for the administrators to liaise with both trainees and training programme directors.

## AREAS OF STRENGTH

No	
1	<p><b>Induction</b> – All Trainees reported they received a comprehensive induction from the scheme and in practice. All reported that they received safe guarding training in their induction package at practices. There was concern about one department’s induction and this was taken up by the TPDs.</p>
2	<p><b>Clinical Supervision</b> – All Trainees reported that the level of supervision in practice was good however there were some concerns raised about the level of supervision in OOH setting. Further discussions were held with the TPDs and assurance was given that this has been addressed. It did also highlight to the panel that HEYH QA need to consider how it addresses Clinical supervision approval and re-approval in the OOH system.</p> <p>All GP Trainees reported no problems with performing or reviewing their WBPA and e portfolio when in practice. It also must be noted that some GPRs are required to alter their working week to accommodate OOH shifts. The specific changes were questioned to see if these were acceptable and further guidance will be sought.</p>
3	<p><b>Curriculum and Learning</b>– There is a varied, comprehensive and well-structured programme of activities to deliver the curriculum through the scheme. Teaching and Learning takes place in year groups. Those in ST1 have weekly HDR teaching based around the consultation and communication skills. Those in secondary care posts have full day topic based and AKT based teaching. ST3 have weekly teaching initially around the CSA teaching and then leadership.</p> <p>Teaching that should be highlighted a good practice include the teaching on Frailty and also on orthopaedics. The teaching of the consultation in ST1 should also be highlighted and this is being recognised nationally as well.</p>
4	<p><b>Clinical Opportunities</b> – All reported this was satisfactory. Recent addition of an ENT post has provided some with new clinical opportunities which many, including the trainers in the practices that the GPR is based in, are benefiting from.</p>
5	<p><b>Educational Supervisors</b> – All Trainees have assigned Educational Supervisors. There were no concerns.</p>
6	<p><b>Trainer’s needs</b> – Whilst trainers were not present, discussion was had with the TPDs regarding the scheme’s provision to support GP Trainers. It was clear that the trainer workshops take place and additional resources for GP Trainers such as workshops for ES and CSA and also biannual GP Trainer plenaries and a joint GP trainer and Trainee conference takes place. It is very pleasing to see that the Scheme has 16 intending GP trainers. The scheme also provides a Prospective GP trainer work shop for their development needs. Future plans include ensuring GP Trainer feedback on these resources.</p>
7	<p><b>TPDs</b> – Excellent leadership and innovation was highlighted in a time when TPD sessions had been reduced. Discussion was had regarding the scheme’s ability to maintain their standards, given the reduction in TPD sessions. It is clear that excellent outcomes are being delivered by the current TPDs, despite this reduction. This is credit to all the TPDs and their clear enthusiasm and dedication.</p> <p>It was also agreed that further discussion would be planned at GP SMT and feedback to the TPD scheme.</p>

**AREAS FOR IMPROVEMENT**

No	Site	Area	ITEM	Recommendation	Timeline
1	N/A	N/A	<p><b>Induction:</b></p> <p>TPDs to follow up on concern relayed about induction in a clinical speciality.</p> <p>(GMC 5.9c Developing and Delivering Curricula and assessment)</p>		6 Months
2	N/A	N/A	<p><b>Clinical Supervision:</b></p> <p>OOH CS approval and re-approval</p> <p>(GMC 4.6 Supporting Educators.)</p> <p>EWTD – clarification of the use of private study half day and EWTD and COPGPED requirements.</p> <p>(GMC 2.19 Educational Governance)</p>	<p>DR to Raise with GPSMT / EJ regarding the approval and re-approval process for clinicians in the OOH setting who provide Clinical Supervision for the GP STs.</p> <p>DR to clarify and feedback</p>	<p>2 Month</p> <p>6 Months</p>
3	N/A	N/A	<p><b>TPD Workload:</b></p> <p>a. Consideration of number of TPD sessions required at Sheffield VTS.</p> <p>(GMC 4.3 Supporting Educators)</p> <p>b. Support for TPDs via GP QA Team.</p> <p>(GMC 4.3 Supporting Educators)</p>	<p>DR to discuss at SMT and feedback to scheme.</p> <p>JT to contact TPDs to clarify and review process.</p>	<p>6 months</p> <p>3 Months</p>
5	N/A	N/A	<p><b>Admin Location</b></p> <p>(GMC 4.3 Supporting Educators)</p>	DR to discuss at GPSMT.	3 Months

**Post review note:-**

The GPSTP has added 2 new questions to their end of hospital post questionnaires asking about the quality of induction and whether the trainees felt adequately prepared to do on call as the GPSTP have GP trainees based in several different medical departments in both the RHH and NGH and were unable to identify which medical department or which hospital (RHH or NGH) the trainee feedback related to.

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

Further action required –	Yes
Monitoring by School	Yes
Speciality to be included in next round of reviews	None
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**

<b>Name</b>	James Thomas
<b>Title</b>	GP School Lead for Trainer QA
<b>Date</b>	30.11.2015