

Programme Review Findings Form

| SECTION 1: DETAILS OF THE VISIT | | |
|---------------------------------|--|--|
| Programme Name: | BRADFORD VOCATIONAL TRAINING SCHEME | |
| LEP (Trust/Site) reviewed: | BRADFORD ROYAL INFIRMARY | |
| Date of Visit: | SEPTEMBER 1ST 2015 | |
| YHHE Members present: | Dr David Rose, Dr James Thomas, Dr Simon O'Hara and Jane Burnett | |

SECTION 2: FINDINGS FROM THE VISIT

SUMMARY

There was a good representation of Trainees (27) and TPDs (3) on the day, with an informative presentation on the scheme by the TPDs and an interactive session with the trainees.

There were no significant issues that the panel were aware of prior to the visit although the GPR feedback had highlighted a potential concern with some de briefing sessions in practice. The visit outcome confirmed this and is an action point for the scheme.

It was very clear on the day that all trainees were happy. All Trainees would feel comfortable recommending Bradford VTS and the posts with their peers.

All GP Trainees were well prepared for the AKT and CSA and felt very well supported by their Trainers and the TPDs. The in-house AKT course received good feedback from the trainees and helped the programme gain good results for their trainees in the AKT.

GP Trainee Feedback had previously indicated that in some practices the de brief sessions were not taking place. During the visit this was confirmed by some trainees who stated that sometimes they did not take place or they were not meaningful e.g. "see me if you have any problems". The panel discussed this further with the TPDs and recommended that the TPDs needed to communicate to the GP Trainers and Training practices that this was not acceptable and that meaningful debriefing is a requirement of HEYH.

There was good evidence of GP Trainees being involved with the scheme and also dealing with concerns and issues that might arise in posts.

There was some discussion about the role and duties of a TPD and the potential ability to fund educational activities that were either not seen to be in the TPD's contract/roles or beyond their recommended time allowance. Further clarification via SMT is required and is an action point for the panel.

The panel recognized the efforts made by the TPDs for the part they played in resolving an issue of bullying in a hospital department.

Trainers were actively involved with organisation and delivery of their trainer workshops and trainer development.

Administrative support was felt to be strong and supportive by the TPDs.

Administrative team felt well supported by the TPDs. There were significant pressures on rooms at Field house and this has led to some concerns

| AREAS OF STRENGTH | | | | |
|-------------------|---|--|--|--|
| No | | | | |
| 1 | Induction – All Trainees reported they received a comprehensive induction from the scheme and in practice. All trainees reported that they had Trust and departmental induction. All reported that they received safe guarding training in their induction package at practices. | | | |
| 2 | Clinical Supervision – All Trainees reported that the level of supervision was satisfactory. They all reported no problems with performing or reviewing their WBPA and e portfolio when in practice. There were some discussion regarding this taking place when in secondary care, but all confirmed completion of WBPA. | | | |

Curriculum and Learning - There is a varied, comprehensive and well-structured programme of activities to deliver the curriculum through the scheme. These are delivered by the scheme via three different resources, to allow for greater depth of learning, increase variety of delivery and to help accommodate all to attend sufficient learning sessions required. The scheme have reflected on previous feedback with ST2 level of engagement with the scheme (due to service commitment) and the scheme has produced a well developed modular course program that GPRs (especially in ST2) can attend using their study leave. These modular courses cover a variety of GP related issues and topics, some related to the curriculum and others to WBPAs and ARCP processes. All trainees found these useful and were all able to attend. The scheme should be commended on this and also the Wednesday teaching sessions. These are for trainees in practice and is an interactive session based in practice, delivered mainly by GPs. There had been some issues raised last year regarding attendance but when this was challenged by the TPDs the unanimous response was to continue with the sessions. The scheme also maintains their HDR sessions which act as the main method of delivering the curriculum and pastoral support. This is well attended and the feedback on the day from the trainees was positive. 4 **Clinical Opportunities** – All reported this was satisfactory. Negative feedback regarding certain secondary care posts was discussed with the TPDs. However it was clear when discussing with the trainees that they had actively engaged with dealing with the issues and with the TPDs to resolve the situation. This was very pleasing to hear and demonstrated and confirmed the professionalism of the current trainees. 5 Educational Supervisors – All Trainees have assigned Educational Supervisors and see them on a regular basis either face to face or via e mail. There were no concerns. 6 Trainer needs – Whilst trainers were not present, discussion took place with the TPDs regarding the scheme's provision to support GP Trainers. It was clear that the trainer workshops and residential sessions were well thought out and managed with good attendance. The GP Trainers arrange these to meet their educational needs and utilise key leads within HEYH for support and disseminating information. GP Trainer approval and re approval pathways were also discussed around the process and changes as it evolves.

| | AREAS FOR IMPROVEMENT | | | | | |
|----|-----------------------|------|---|--|----------|--|
| No | Site | Area | ITEM | Recommendation | Timeline | |
| 1 | N/A | N/A | Clinical Supervision: Practice de briefing sessions (GMC 3.13 Supporting Learners.) | Demonstrate how the scheme has fedback to all GP Trainers and Training practices the need to deliver protected de briefing sessions that are meaningful. Current HEYH guidance recommends a minimum of 20 mins after each surgery. Review of GP Trainee feedback at next review. | 31/03/16 | |
| 2 | N/A | N/A | Clarification of TPD roles and responsibilities | DR to discuss at SMT and feedback to scheme. | 31/03/16 | |

| ırthe | r action required – | Yes |
|---------|--|------|
| 1. | Reinforce with GP Trainers and Training practices the need to ensure that debriefing sessions take place in practice as per HEYH guidance. This will be monitored via GP Trainee feedback. | |
| 2. | Scheme QA team to review TPD contract with SMT regarding what constitutes as above TPD contracted duties and therefore would potentially attract the ability to enable payment. | |
| | Therefore, claims for work that is completed for development and organization of the Training programme above and beyond the TPD's duties and paid sessions could constitute a claim for | |
| | additional payment. Evidence will need to be supplied by the claimant. This will need further development by the QA team to ensure that any claim has a declaration to justify this. | |
| Monito | oring by School | Yes |
| Specia | ity to be included in next round of reviews | None |
| evel 2 | : Triggered Visit by LETB with externality | N/A |
| _evel 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 | | | | |
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| Name | James Thomas | | | |
| Title | GP School Lead for Trainer QA | | | |
| Date | 12.10.15 | | | |