

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:	Leeds GP Programme
LEP (Trust/Site) reviewed:	LTHT
Date of Visit:	Tuesday 11 th October 2016.
HEE YH Members present:	Dr D Rose, Dr J Thomas, Dr R Pool , Mr M Hayward , S Thomas, S Womersley, K Maskery, S Merter

SECTION 2: FINDINGS FROM THE VISIT	
SUMMARY	
<p>The visit was well attended with 5 out of the 6 TPDs present and 16 GPR STs from all training levels as well as the administrative team. Overall, all the GPRs would recommend the Leeds scheme and all felt it was well organised. A lot of effort had gone into the presentation, which helped describe the salient points of the activities, challenges and successes of the scheme and put this into the context of the scheme's composition. The Leeds scheme is one of the largest schemes within HEE YH, with currently 126 GPRs, covering 39 approved practices with 57 approved trainers, 49 specialty posts within 3 different trusts. This in itself can account for many challenges, which were highlighted within the presentation and the visit. It was pleasing to see that after a period of "flux" with the TPDs that over the past 6 years the scheme's TPDs have become stable, enabling a good team approach supported by an excellent administrative team which has enabled them to co ordinate a large scheme with a clear structure with well defined roles for each TPD, enabling a "caring scheme" as described by the GPRs on the visit. It should also be noted that both the TPDs and the GPRs highly recommended and applauded the abilities and support of the administrative team in some challenging times.</p> <p>The scheme does have challenges in part due to the size and number of practices, trusts and departments it needs to co ordinate with. In addition, the current OOH provider has made it difficult at times to deliver regular good quality OOH experience for the GPRs leading to apprehension for the GPR in attaining their required OOH sessions, although none have failed to attain this.</p> <p>There were some concerning "low level" mentions of bullying within secondary care which felt as though it had not been resolved as it was recurrent. This was discussed and highlighted as a significant theme that needed to be addressed.</p> <p>Other challenges discussed included the attendance at HDR and the impact that service commitment in secondary care was having on attaining a 70% attendance record. This was discussed and further information and clarification is required in order to set a uniform standard that can then be shared with all schemes and providers. Scheme induction was highlighted as excellent for those starting in August intake but failed to meet the needs of those who started at other times. This was highlighted to the TPDs.</p> <p>In primary care the overall experience was a good one but there was a minority of practices that were not delivering regular timely debriefs and educational time. Also the EWTD after any OOH commitments in primary care needs to be recognised and implemented by trainers and practices. This needs to be addressed and highlighted by the TPDs in the trainer workshops.</p> <p>The outcomes from the scheme are good with excellent CSA results (92% pass rate) and above average AKT results</p>	

(75.8% pass rate). The scheme highlight their in house CSA sessions for their CSA success. However the scheme is not satisfied with their AKT results and so has focussed on AKT sessions to improve on their pass rate. This only highlights the continual reflection and high standards that the scheme aims to attain. It is clear from further discussions on their HDR that the scheme encourages adult learning but ensures regular feedback and provides a variety of outside speakers to meet the trainee’s educational needs. Particular interest that should be noted is the active GPR committee that Leeds have developed which meets regularly and also is invited to the TPDs meetings. It also has active secure social media platforms to ensure good communication between all GPRs and the scheme. This not only fosters GPR involvement and engagement but enables greater understanding of the challenges from both a trainee perspective and scheme there by meeting some of the challenges of a large scheme.

Over all it was a pleasure to visit and meet the whole team and the GP trainees at Leeds. It is clear that there are mechanisms in place to ensure good communications in a large scheme between the TPDs and the GPRs (GPR committee, social media platforms etc). The scheme continually reflects on their delivery of educational events and encourages adult learning but are not content with “average” results and strive to better themselves in particular with their AKT pass rate. There are some challenges to the scheme, in part due to their size, but also in part due to issues with their providers all of which will need to be addressed. The lasting remark came from the GPRs that Leeds Programme is a “caring scheme”.

AREAS OF STRENGTH

No	Site	Area	
1	Leeds	Scheme Resilience (HEE Quality Standard 1.1)	After a period of turbulence and change with TPDs it is clear that the TPDs have developed a good team approach with clear roles and responsibilities ensuring a stable team that is well organised and supported by an excellent administrative team. The result is a scheme that would be recommended by all GPRs and was described by GPRs as a “caring scheme”.
2	Leeds	GPR committee (HEE Quality Standard 3.1)	The development of a GPR committee that is active, meeting on regular basis and invited to TPD meetings as well as implementing secure social media platforms demonstrates active engagement of the GPRs into the scheme’s delivery of education and increases the communication links in a large scheme.
3	Leeds	Administrative support (HEE Quality Standard 4.2 & 5.1)	It should be highlighted that both the TPDs and the GPRs highly recommended and applauded the abilities and support of the administrative team in some challenging times. This has clearly enabled the scheme to function and ease some of the burden on the TPDs.
4	Leeds	CSA (HEE Quality Standard 5.1)	CSA results were particularly impressive and should be highlighted as a strong success of their regular in house CSA sessions.

AREAS FOR IMPROVEMENT

No	Site	Area	ITEM	Recommendation	Timeline
1	Leeds	Bullying (HEE Quality Standard 1.1, Learning)		Whilst not widespread it was clear that there have been incidents of “low level” bullying. There is a potential for the GPR committee to facilitate and share information on bullying with the Scheme so that the	6 months TPD

		Environment & Culture)		scheme can then formalise the allegations and then share with the Trust Medical Director in order to resolve them. Any bullying issues should also be shared with the Quality Team so that it can be triangulated against other feedback from other trainees in the Local Education Provider.	
2	Leeds	EWTD GP OOH (HEE Quality Standard 1.4, Learning Environment & Culture)		TPDs via Trainer workshops to emphasise EWTD and OOH requirements.	12 months TPD
3	Leeds	HDR Attendance (HEE Quality Standard 1.2, Learning Environment & Culture)		Following up from previous GMC report and GPR and scheme feedback it is clear that certain specialties fall short of releasing their GPR to the mandatory HDR. Need to understand and clarify the exact figures and then quantify through GP SMT what the desired and expected standard of HDR attendance should be. This then needs to be shared with the scheme to implement.	12 months TPD SMT
4	Leeds	GP Trainees Educational time (HEE Quality Standard 3.1, Supporting & Empowering Learners)		TPDs to emphasise at Trainer Workshops the need for GP Trainee educational time to include the following: <u>1. 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>2. 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.	12 months TPD
5	Leeds	Induction (HEE Quality Standard 5.1, Developing and Implementing Curricula Assessments)		Those GPRs that do not start the scheme in August feel as though they “missed out” on their scheme induction. TPDs to ensure that those GPRS not starting in the August intake receive the appropriate scheme induction.	6 months TPD
6	Leeds	OOH service provision		Concern from TPDs and GPRs surrounding the quality and regular timely, provision of OOH.	DR / SH 6 months

		(HEE Quality Standard 1.2, Learning Environment & Culture)		DR and S to discuss about ensuring appropriate OOH experience for GPRs.	
7	Leeds	HDR Accommodation (HEE Quality Standard 1.5, Learning Environment & Culture)		LTHT have changed their booking system for the educational rooms resulting in the scheme not having enough rooms to facilitate the HDR. Scheme to liaise with LTHT to ensure the scheme have the appropriate accommodation for the HDR.	Scheme admin / LTHT 3 months

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

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 James Thomas
Title	GP School Lead for Trainer QA
Date	11.10.16

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.