

Programme Review Findings Form

SECTION 1: DETAILS OF THE VISIT	
Programme Name:	YORK VOCATIONAL TRAINING SCHEME
LEP (Trust/Site) reviewed:	YORK DISTRICT HOSPITAL TRUST
Date of Visit:	21 ST OCTOBER 2015
YHHE Members present:	Dr David Rose, Dr James Thomas, Dr Peter Davies, Kim Maskery and Jemma Leckenby

SECTION 2: FINDINGS FROM THE VISIT	
SUMMARY	
<p>This was a well prepared and informative training scheme visit during which the scheme presented a range of evidence to support an excellent system of training on 7 TPD sessions.</p> <p>The scheme visit was well attended with a good representation of Trainees (23) and TPDs (3) 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, from 10 to 7, was a concern for them and the scheme, in terms of sustainability. Otherwise there were no significant issues that the panel were aware of prior to the visit.</p> <p>It was very clear on the day that all trainees were happy and would recommend their posts and scheme to their peers and colleagues. This is clearly pleasing to hear and also to understand why from the interactive session with the trainees.</p> <p>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 borne out by the impressive pass rates seen at the scheme.</p> <p>There was good evidence of GP Trainees being involved with the scheme and directing their learning especially in the ST3 year. The trainees also recognised their influence on change at the scheme and that their TPDs listen to them and enable changes.</p> <p>Trainers were actively involved with the organisation and the delivery of their own trainer workshops and trainer development and run their Trainer workshops through a GP Trainer as chair, who rotates every 2 years. Input via annual GP appraisals carried out by the TPDs helps give some direction to these training needs.</p> <p>The TPDs felt supported by the administrative team but they felt that the administrative team was under resourced and it was highlighted that there is an issue with whether appropriate funding for administrative support was being delivered by the trust. This will be brought to the attention of GP SMT.</p> <p>Administrative team felt well supported by the TPDs.</p> <p>Discussions were had regarding closer working with Scarborough VTS and it was recognised that the current impact on quality of learning and teaching may be affected due to geographical challenges as well as fragmentation of delivery of learning opportunities. Although it was recognised that now the trust were one of the same that "smarter" administrative working could be delivered and benefit both sites.</p>	

AREAS OF STRENGTH	
No	
1	<p>Induction – 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.</p> <p>There was some evidence that those GP Trainees that join in February did not receive the same induction package as those who joined in August intake and this is being address. The “vehicle to protect the egg” was well received and clearly missed by the February intake!</p>
2	<p>Clinical Supervision – 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 – especially Malton OOH setting. Further discussions were held with the TPDs and assurance was given that this has been addressed and they are currently awaiting final assurance. 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 and in fact despite initial concern about this in the secondary care setting, it must be pointed out that many GPRs feedback that there were many departments in secondary care where their experience of the WBPA and e portfolio was excellent. Praise must be given to these educational department leads for this and the way the TPDs and the leads from each department meet on a regular basis and are involved in ARCP panels to enable this understanding and subsequent valued insight to the e-portfolio.</p> <p>It also must be noted that some GPRs are not complying with EWTD with their OOH provision and this needs to be reiterated to GP Trainers, as this is the law and a mandatory requirement.</p>
3	<p>Curriculum and Learning– There is a varied, comprehensive and well-structured programme of activities to deliver the curriculum through the scheme.</p> <p>These are delivered through a variety of delivery methods including Balint groups, using the local GP Trainers, as well as external and internal expert resources and involving the GPRs through out. The scheme organises a rolling scheme of teaching whole days, which aims to cover significant aspects of the curriculum during the ST1 and 2. In the ST3 year there is opportunity to cover any aspects that may have been missed due to annual leave etc and also direct their learning sessions to their own needs. The feedback from the GP trainees was positive and all felt they could attend when in primary and secondary care now. There were some issues with ENT department but we understand that the TPDs are addressing this and this seems to be a workforce issue within the trust that is being addressed.</p>
4	<p>Clinical Opportunities – All reported this was satisfactory.</p> <p>Negative feedback regarding certain secondary care posts and OOH was discussed with the TPDs. Assurances were given that these are being addressed by the TPDs.</p> <p>There was a strong feeling amongst all GP trainees that they were struggling to access their OOH needs. Further questioning highlighted that this seemed to be an administrative problem that is making it very difficult for GPRs to book their OOH sessions with adequate time.</p>
5	<p>Educational Supervisors – All Trainees have assigned Educational Supervisors. There were no concerns.</p>
6	<p>Trainer’s needs – 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 are managed by the GP Trainers with a rotating 2 year chair. The GP Trainers arrange these to meet their educational needs and utilise their own annual GP appraisals carried out by the TPDs as a starting block for the trainer workshops.</p>

7	<p>TPDs – Excellent leadership and innovation was highlighted in a time when TPD sessions had been reduced. Discussion was had regarding the scheme’s sustainability, given the reduction in TPD sessions from 10 to 7. It is clear that excellent outcomes are being delivered by the current TPDs, despite this reduction and also with recent TPD illness. This is credit to all the TPDs and their clear enthusiasm and loyalty to the scheme. It was recognised that the scheme are nearer the top limit for number of trainees per TPD session and this also called into question the sustainability and resilience of the TPDs. Closer links with Scarborough VTS was discussed but it was clear that geographical issues had previously affected this and diluting and fragmenting the educational scheme and trainees was not manageable or effective for the TPDs and the outcomes. It was agreed that administrative sharing would seem to be one way forward.</p> <p>It was also agreed that further discussion would be planned at GP SMT and feedback to the TPD scheme.</p>
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AREAS FOR IMPROVEMENT

No	Site	Area	ITEM	Recommendation	Timeline
1	N/A	N/A	<p>Induction:</p> <p>Non August intake of GPRs (GMC 5.9c Developing and Delivering Curricula and assessment)</p> <p>Contracts:</p>	<p>Ensure parity of induction at other intake periods. (e.g February)</p> <p>Evidence by HEYH survey</p> <p>TPDs to re iterate to GP trainers to ensure all GP Trainees are on an approved contract.</p>	<p>12 Months</p> <p>Immediate</p>
2	N/A	N/A	<p>Clinical Supervision:</p> <p>OOH CS approval and re-approval (GMC 4.6 Supporting Educators.)</p> <p>EWTD (GMC 2.19 Educational Governance)</p>	<p>JL to raise with EJ regarding the approval and re-approval process for clinicians in the OOH setting who provide Clinical Supervision for the GP STs.</p> <p>TPDs to Feedback to GP Trainers that it is mandatory and the law that GPRs stick to the EWTD after evening/overnight OOH session.</p> <p>HEYH Trainee feedback</p>	<p>1 Month</p> <p>12 Months</p>
3	N/A	N/A	<p>TPD Workload:</p> <p>Consideration of number of TPD sessions required at York VTS. (GMC 4.3 Supporting Educators)</p>	<p>DR to discuss at SMT and feedback to scheme.</p>	<p>3 months</p>

4	N/A	N/A	Learning a. Visiting- quantity vs quality (GMC 1.15 Learning Environment and Culture)	TPDs to remind GP Trainers re balance between quantity of visiting and quality of visiting. Especially on HDR days. HEYH Trainee feedback	12 Months
			b. Access to OOH training (GMC 1.12 Learning Environment and Culture)	TPDs to review alleged OOH administrative concerns regarding GPR access to OOH shifts. HEYH Trainee feedback	3 Months
5	N/A	N/A	Administrative funding Allocation of funding via the trust. (GMC 4.3 Supporting Educators)	DR to discuss at GPSMT.	3 Months

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

Further action required – <ol style="list-style-type: none"> 1. TPDs to ensure appropriate induction into scheme for non- August starters. 2. TPDs to re iterate to GP Trainers the need for GP Trainees to have an approved GP contract. 3. Re enforce with GP Trainers and Training practices the need to ensure that the GPR works within EWTD with OOH commitments. This will be monitored via GP Trainee feedback. 4. HEYH QA team to review OOH re-approval process for HEYH. 5. DR to discuss TPD sessions at York VTS at GP SMT. 6. TPDs to remind GP trainers about the balance of visits GPRs are recommended to do in terms of quantity and quality. 7. DR to discuss Trust funding to administrative GP VTS at GPSMT. 	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

Name	James Thomas
Title	GP School Lead for Trainer QA
Date	11.11.2015