

# Croydon Health Services NHS Trust

**GP Prog – Obstetrics & Gynaecology; and GP  
Prog – Medicine and Internal Medicine Training  
Risk-based review (Focus Groups and  
Education Lead Conversation)**



## Quality Review report

8 October 2019

Final Report

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## Quality Review details

<p><b>Background to review</b></p>	<p>Health Education England (HEE) conducted two focus groups, one into GP Prog – Obstetrics and Gynaecology (O&amp;G) and one into GP Prog – Medicine and Internal Medicine Training (IMT), following the results of the General Medical Council (GMC) National Training Survey (NTS) for 2019.</p> <p><b>GP Prog – O&amp;G</b></p> <p>The GMC NTS 2019 results showed a red outlier for regional teaching and pink outliers for: overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, teamwork, supportive environment, induction, adequate experience, curriculum coverage, educational governance, educational supervision and local teaching.</p> <p><b>GP Prog – Medicine, and IMT</b></p> <p>The GMC NTS 2019 results showed red outliers for the following indicators:</p> <p>GP Prog – Medicine:</p> <ul style="list-style-type: none"> <li>- Overall satisfaction;</li> <li>- Supportive environment;</li> <li>- Adequate experience;</li> <li>- Feedback;</li> <li>- Local teaching; and</li> <li>- Rota design</li> </ul> <p>Core Medical Training:</p> <ul style="list-style-type: none"> <li>- Workload;</li> <li>- Supportive environment;</li> <li>- Local teaching; and</li> <li>- Rota design</li> </ul> <p>Following the two focus groups an Education Leads Conversation was held to discuss the findings from the feedback given by trainees with the postgraduate medical education team, clinical and education lead representation from O&amp;G and Medicine, and the Medical Director and Guardian of Safe Working.</p>
<p><b>Training programme / learner group reviewed</b></p>	<p>The review team met with:</p> <p><b>GP Prog – Obstetrics and Gynaecology</b></p> <ul style="list-style-type: none"> <li>- Three Specialty Training Year one (ST1) and ST2 GP Vocational Training Scheme (VTS) trainees</li> </ul> <p><b>GP Prog – Medicine, and Internal Medicine Training (IMT)</b></p> <ul style="list-style-type: none"> <li>- Five ST1-2 GP VTS trainees working in Elderly Care and Acute Medicine; and</li> <li>- Two IMT trainees</li> </ul> <p><b>Education Lead Conversation</b></p> <ul style="list-style-type: none"> <li>- Medical Director;</li> </ul>

- Deputy Medical Director;
- Guardian of Safe Working Hours;
- Director of Medical Education;
- Medical Education Manager;
- Clinical Director, O&G;
- College Tutor, O&G;
- Clinical Lead, Medicine;
- Clinical Lead, Acute Medicine
- College Tutor, Medicine; and
- College Tutor, Elderly Care

### Quality review summary

The review team was pleased to find that trainees in both focus groups were generally enjoying their posts and welcomed the learning and clinical opportunities presented to them. From both groups the review team heard that the culture within their respective departments was good and that the consultant body and those with educational commitments were approachable and displayed an interest and commitment toward delivering education and training.

However, there were some areas that the review team felt that the Trust could improve the training experience for the trainees that it had met.

#### **GP Prog – O&G**

- Trainees reported that they had limited access to attending clinics;
- Trainees working less than full time reported that they had not been supported by the Trust to adjust their job plans to reflect their reduction in working hours;
- Trainees reported that at times staffing could be an issue and that on occasion they felt stretched holding the bleep for the antenatal ward, Early Pregnancy Unit, and the Emergency Department. In addition to this, trainees stated that they may also have been required in theatre. It was agreed among the trainees that this workload was manageable between two doctors but had the potential to overwhelm a single trainee; and
- Rota patterns meant that some trainees routinely missed GP VTS teaching days.

#### **GP Prog – Medicine, and IMT**

- Trainees reported that there were some areas across the site where there was no signal to receive bleep calls;
- Workload for IMT trainees in some medicine subspecialties had a negative impact on trainees' ability to attend scheduled teaching sessions;
- The review team heard that out of hours working could be challenging for GP trainees working in Elderly Care. Trainees noted the marked positive difference made on the nights when the additional training or Trust-grade doctor was rostered to work, and there were concerns that this resource would not be maintained going forward;
- GP Trainees reported that that they often updated their e-portfolios in their own time; and
- Trainees would welcome the opportunity to undertake or participate in quality improvement projects.

Quality Review Team			
<b>HEE Review Lead</b>	Dr Jo Szram, Deputy Postgraduate Dean, South London	<b>GP Representative</b>	Dr Veni Pswarayi, Associate Dean – GP Training
<b>School of Medicine Representative (GP Prog – Med and IMT session only)</b>	Dr Catherine Bryant, Deputy Head of School	<b>Lay Representative</b>	Robert Hawker, Lay Representative
<b>HEE Representative</b>	John Marshall, Learning Environment Quality Coordinator	<b>Lay Representative (Observer)</b>	Anne Sinclair, Shadow Lay Representative
<b>HEE Representative (Observer)</b>	Gemma Berry, Learning Environment Quality Coordinator		

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
GPM 1.1	<p><b>Patient safety</b></p> <p><b>GP Prog – O&amp;G</b> Trainees reported that they had no concerns for patient safety; however, it was agreed among those that the review team met with that there was potential risk to patient safety when the department was under pressure due to short staffing.</p> <p><b>GP Prog – Medicine, and IMT</b> The review team heard that there were two ‘dead zones’ for bleeps where there was no signal to receive bleep calls, these were identified as the Edgecombe and Resuscitation Units. It was reported that on one occasion the trainee holding the bleep was unaware that they were being called to a cardiac arrest and it was only when a member of the nursing team alerted them in passing.</p>	Yes, please see GPM1.1

	<p>At the subsequent ELC the review team heard that this issue had been reported via datix but that feedback had yet to be received.</p> <p>Following the visit the review team lead received information from the School of Medicine survey of a cardiology trainee who stated that for on calls they were rostered to be paired with another doctor of the same grade on the rota, but that for the majority of on calls they had not had another colleague so were having to manage the workload of at least two doctors. In addition, they stated that on multiple occasions they had to hold up to four bleeps covering both junior and middle-grade trainee and Trust-grade shifts. They felt that this made attending cardiac arrests or emergencies as potentially the single doctor a potential risk. The trainee also expressed concern that within six weeks of starting they were asked to hold middle tier bleeps and to lead cardiac arrests. The review team lead sent this information to the College Tutor for Medicine, Director of Medical Education and Medical Education Manager.</p>	Yes, please see other actions
GPM 1.2	<p><b>Appropriate level of clinical supervision</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>The review team was pleased to hear that support and clinical supervision were readily available to trainees and that escalation pathways were well established and communicated to trainees.</p> <p><b>GP Prog – Medicine and IMT</b></p> <p>Trainees reported that they felt that the level of clinical supervision available was appropriate. They did note however, that there were occasions – particularly whilst the GPs were at their scheduled teaching – that Foundation Year one trainees were left unsupervised on the ward.</p>	
GPM 1.3	<p><b>Rotas</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>The review team heard that that trainees had responsibility for designing their own rota and that this proved challenging at times. This had particular impact on less than full time trainees who reported that they had been left to fit their flexible working pattern into the rota without any support from the Trust. It was unclear to the review team how the remainder of the whole time equivalent (WTE) unfilled by trainees was accommodated in the rota – the review team heard from two trainees that worked on a less than full time basis, 0.6 WTE and 0.8 WTE.</p> <p>At the ELC that followed the focus group the review team heard that there was administrative support in place with regard to rota design and ensuring that the rota was maintained and compliant. However, it was noted that the Trust did not have a flexible working champion in place who could have advised and supported trainees who worked on a less than full time basis.</p> <p><b>GP Prog Medicine and IMT</b></p> <p>The review team was pleased to hear that trainees received their rota well in advance of the start of their rotations. Trainees also reported that they had not encountered any issues when booking annual leave.</p>	<p>Yes, please see GPM1.3a</p> <p>Yes, please see GPM1.3b</p>
GPM 1.4	<p><b>Induction</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>The review team heard that trainees received both a Trust-wide and a departmental induction. Both were described as being valuable in preparing trainees for their roles. The departmental induction in particular was described as being especially valuable in preparing trainees for a variety of triage scenarios, as well as signposting trainees to guidelines and escalation pathways. However, it was noted that the induction did not cover placing patients on the theatre list – something that had posed challenges to</p>	

	<p>trainees when first encountered – and would have been easily avoided had written guidance or a trainee handbook been available. Trainees indicated that a lot of their shared knowledge was recorded informally in a Whatsapp chat group. The review team and the trainees were in agreement that a formal handbook to supplement the departmental induction would be a valuable resource for current and future trainees.</p> <p>At the Trust-wide induction it was reported that the Guardian of Safe Working was in attendance and the importance to exception report and report clinical attendance was covered. However, the review team found that trainees were unaware that they could submit exception reports for missed formal educational opportunities or scheduled teaching sessions.</p> <p><b>GP Prog – Medicine and IMT</b></p> <p>Trainees reported that they received a trust-wide induction, although it was noted that one trainee started their rotation on nights and so was unable to attend. The review team heard that the Trust-wide induction would benefit from the inclusion of a site orientation exercise. There was agreement from a number of trainees that they had received bleep calls and had not been sure of where they needed to go.</p> <p>GP trainees on the medicine rota reported that their departmental induction was good and covered out of hours working and signposted them to guidance and escalation pathways. IMT trainees working in Endocrinology reported that they had an introductory meeting with the MDT.</p> <p>From its discussion with trainees it became apparent to the review team that whilst trainees saw the need to report incidents via Datix they felt that this was something that was seen as led by the nursing staff.</p>	
GPM 1.5	<p><b>Handover</b></p> <p><b>GP Prog – Medicine and IMT</b></p> <p>Trainees reported that the recording of patient information by phlebotomists at weekends was challenging to keep track of with no clearly set out handover of patient records. This was acknowledged at the ELC and had been flagged as a recurrent issue and noted that trainees saw the benefit in an additional phlebotomy round on weekday afternoons.</p> <p>GP trainees in Elderly Care also reported that the morning handover could be challenging owing to a lack of consistency and familiarity of the clinical environment and agreed processes within the everchanging multidisciplinary team (MDT) dependent on agency or bank staff. The review team heard that there was a potential risk to patient safety as staff coming on to shift in the morning often had to unpick the sometimes confusing handover notes and patient records left for them.</p>	
GPM 1.6	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>The review team heard that one trainee had devised a personal development plan with their clinical supervisor at the start of their rotation and that progress against this was being assessed through on the job learning. It was not clear to the review team that this model was consistent for all trainees.</p> <p>It was clear from all of the trainees that the review team met with that they had all encountered challenges in attending clinics and sometimes felt that the need for service provision at times came at the expense of their education and training. It was reported that on occasion trainees had been pulled into day surgery at short notice and had missed valuable clinic attendances as a result. Whilst described as interesting, it was felt that time in theatre had no overall bearing on their future roles as GPs.</p> <p>At the ELC the department was surprised to hear that trainees had encountered difficulty getting to clinics and agreed to work with trainees and monitor clinic attendances. It was reported that the recently appointed Physician Assistant in the</p>	Yes, please see GPM1.6a

	<p>Early Pregnancy Unit would relieve trainees of some of the workload pressures that could be impacting on their ability to get to clinics. The review team also heard that GP trainees were not routinely required to assist in theatre and that any reported instances should be highlighted. The Trust agreed to review GP O&amp;G trainees' theatre attendances.</p>	Yes, please see GPM1.6b
GPM 1.7	<p><b>Protected time for learning and organised educational sessions</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>The review team heard that trainees could generally attend their scheduled GP Vocational Training Scheme teaching if they were working on that day and that this was bleep free. However, rota patterns could mean that some trainees would routinely miss scheduled teaching due to a combination of working nights, post-nights and zero days.</p> <p>All of the trainees the review team met with reported that they had encountered some challenges getting to the departmental teaching on Friday afternoons due to service pressures. It was reported that the departmental teaching was multidisciplinary team-based and doubled up as the weekend handover. Whilst this was described as being interesting by the trainees the review team met with, it was not necessarily trainee-focused or planned with the particular learning needs of GPs in mind.</p> <p>At the ELC the review team heard that the department had devised a local GP O&amp;G programme-specific teaching programme. This was due to be implemented to from mid-October 2019 and would be held out of hours on Thursdays with trainees offered time back in lieu. From its earlier discussions with trainees it was evident that trainees were not aware of this proposed teaching and had expressed a preference for setting up a weekly session on Tuesday lunchtime</p> <p><b>GP Prog – Medicine and IMT</b></p> <p>IMT trainees reported no issues in getting released for the fortnightly programme teaching which was hosted at the Trust.</p> <p>Neither the GP or IMT trainees reported any issues in attending their respective departmental teaching. However, one IMT trainee in Gastroenterology who was unable to attend this review due to service demands on the day had asked their colleague in attendance to report that they often found it challenging to attend their scheduled teaching because of workload within the department.</p> <p>The review team heard that GP trainees were often updating their e-portfolio in their own time as there was not enough time within their working day to do so. Likewise, GP trainees felt that they were missing the opportunity to undertake or participate in quality improvement projects despite being well placed to identify issues, devise solutions, and implement change due to the length of their rotations.</p> <p>At the ELC the review team heard that trainees were encouraged to attend as broad a range of medicine subspecialty scheduled teaching that they could and that in some cases trainees needed to be encouraged to attend the teaching for Elderly Care as it would prove beneficial for trainees' community posts in ST3.</p>	<p>Yes, please see GPM1.7a</p> <p>Yes, please see GPM1.7b</p>

## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**

**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**

**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**

**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**

GPM 2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p><b>GP Prog Medicine and IMT</b></p> <p>The review team heard that some trainees were unable to login to the exception reporting system as the system had them listed as not on any current assignment, and in one case a trainee was listed as working at another Trust. This had a particular impact on IMT trainees who reported that they would often work beyond their contracted hours. At the subsequent ELC this issue was recognised as being a technical issue that was not in the Trust's gift to resolve and that a solution was being sought.</p> <p>GP trainees in Elderly Care reported that they found the local faculty group meeting to be a valuable forum for raising issues about the rota and their education and training.</p>	Yes, please see GPM2.1
GPM 2.2	<p><b>Impact of service design on learners</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>The review team was pleased to hear that trainees found the working environment within the department to be supportive from across the MDT and that there were plenty of opportunities for on the job learning. Trainees reported that feedback and support from senior colleagues was readily available and that there was a culture of openness and approachability throughout the department.</p> <p>Trainees reported that they felt the workload and level of responsibility they had was commensurate with their level of training and that there was a degree of flexibility to gain exposure to a broad range of obstetrics and gynaecological practices.</p> <p>However, trainees reported that at times staffing could be an issue and that on occasion they felt stretched holding the bleep for the antenatal ward, EPU, and the Emergency Department. In addition to this, trainees stated that they may also have been required in theatre. It was agreed among the trainees that this workload was manageable between two doctors but had the potential to overwhelm a single trainee. It was recognised by trainees that the department was aware of these pressures and that the recent appointment of a Physician Associate (PA) would alleviate some of these pressures.</p> <p><b>GP Prog – Medicine and IMT</b></p> <p>The review team was pleased to hear that all trainees found their respective clinical environments to be busy but that they generally well supported by their senior colleagues and the wider MDT, both of whom were described as approachable.</p> <p>All of the trainees that the review team met with reported that they felt there had been occasions where service provision had come at the expense of their education and training – especially those IMT trainees working in Gastroenterology.</p> <p>The review team heard that out of hours working could be challenging for GP trainees working in Elderly Care. Trainees noted the marked positive difference made on the nights when the additional training or Trust-grade doctor was rostered to work, and there were concerns that this resource would not be maintained going forward. The review team heard that trainees felt that the demands of clerking and the responsibility for the handover of a large number of patients could be too great for two trainees. Trainees also reported that they were spending lots of time carrying out duties – such as inserting cannulas and taking bloods – that could otherwise be undertaken by nursing staff or PAs. Trainees reported a hesitancy in some nursing staff who felt that they did not have the requisite skills or experience. Trainees did however note the contribution made by PAs to relieving such pressures.</p>	



	<p>At the ELC the review team heard that the GMC NTS results for 2019 had been anticipated in GP Medicine and Core Medicine and that the Trust held an internal focus group with the cohort of trainees that completed the survey. The focus group found that trainees had enjoyed their posts but that the on-call and out of hours demands had been challenging. The review team heard that the Trust recognised the pressures faced when there were two trainees at night and was seeking to address this. It was hoped that a review of the rota, and the addition of two PAs – business case pending, would allow for a third substantive training or trust grade doctor at night. The review noted that a review of the wider medical rota was also under consideration beyond Elderly Care. HEE offered to assist the Trust in its review of out of hours service design through its Workforce Transformation Programme.</p>	<p>Yes, please see GPM2.2a</p> <p>Yes, please see other actions</p>
GPM 2.3	<p><b>Organisation to ensure access to a named clinical supervisor</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>All of the trainees the review team met with reported having a named clinical supervisor (CS). Whilst some had yet to formally meet and discuss their roles and progress in them with their CS, the review team was encouraged to hear that all of the trainees found their CS' to display a keen interest in education and training and were readily available to support trainees.</p> <p><b>GP Prog – Medicine and IMT</b></p> <p>GP trainees reported that they had met with their CS' but that they were unaware that they were meant to have a mid-rotation review to assess their progress.</p>	<p>Yes, please see GPM2.3</p>
GPM 2.4	<p><b>Systems and processes to identify, support and manage learners when there are concerns</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>The review team heard that trainees had concerns about the competency of a locum doctor working within the department and that when these had been raised they felt that their feedback was listened to and acted upon. These concerns were acknowledged and recognised at the subsequent ELC.</p>	
<h3>3. Supporting and empowering learners</h3>		
<p><b>HEE Quality Standards</b></p> <p><b>3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.</b></p> <p><b>3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.</b></p>		
GPM 3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>Neither of the trainee groups that the review team met with had witnessed or been subject to any behaviours that could be construed as bullying or undermining.</p> <p>At the ELC the review team heard that it was recognised that pressure on services could at times lead to heated discussions or tension within the clinical environment and that this could have negatively impacted trainees' perception of a supportive environment.</p>	
GPM 3.2	<p><b>Regular, constructive and meaningful feedback</b></p> <p><b>GP Prog – O&amp;G</b></p>	

	<p>The review team heard that when necessary they received feedback on serious or clinical incidents at the departmental teaching on Friday afternoons. This was described as constructive, informing, and supportive. If a traumatic incident had taken place there was a process in place to hold a drop-in meeting on Wednesday mornings that trainees could attend if needed to be offered pastoral support and signposting to additional support services.</p> <p>The review team heard that trainees received lots of informal feedback and on the job learning in the process of carrying out their duties.</p> <p><b>GP Prog – Medicine and IMT</b></p> <p>All of the trainees the review team met with reported that they received constructive and meaningful feedback on a regular basis but that this was not on a formal basis. The review team was pleased to hear that trainees felt their senior colleagues were approachable and readily willing to offer feedback and support.</p> <p>At the ELC the review team heard that there was acknowledgement that the feedback given to trainees could be more formalised and that this had been encouraged of all educational supervisors (ES) and CS'. However, it was noted that for GP trainees this could be time consuming as trainees' assigned ES' worked outside of the Trust meaning that Trust-based CS' had to fulfil the dual role of ES and CS.</p>	
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#### 4. Supporting and empowering educators

##### HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

GPM 4.1 **Access to appropriately funded professional development, training and an appraisal for educators**

N/A

#### 5. Developing and implementing curricula and assessments

##### HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

GPM 5.1 **Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum**

**GP Prog – Medicine and IMT**

The review team heard that trainees had limited opportunities to carry out workplace assessments and were dependent on meeting their curriculum requirements through on the job learning. GP trainees in Elderly Care reported that they had been told that the department did not have the budget to facilitate GP education and training.

	One trainee reported suggested conducting a trainee led ward round to their CS as a means of meeting some of the requirements of the curriculum – something that the review team would encourage both trainees and the Trust to undertake or facilitate.	
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## 6. Developing a sustainable workforce

### HEE Quality Standards

**6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.**

**6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.**

**6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.**

**6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.**

**6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**

GPM 6.1	<p><b>Learner retention</b></p> <p><b>GP Prog – O&amp;G</b></p> <p>Whilst trainees recognised the breadth of education and training opportunities available, the review team noted a degree of hesitation among those working less than full time when asked if they would recommend their posts to their peers if they were required to work full time. Despite this, it was clear to the review team that all of the trainees it met with had valued their time in their posts. All of the trainees agreed that more availability to attend clinics would vastly improve the GP trainee experience in O&amp;G.</p> <p><b>GP Prog – Medicine, and IMT</b></p> <p>The review team was pleased to hear that all of the trainees it met with would recommend their posts to their peers.</p>	
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## Good Practice and Requirements

### Good Practice

N/A

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
GPM1.1	The Trust is required to put measures in place to address bleep 'dead zones' and if no technological solution can be found to remove the bleep from trainees if working in these areas.	Please provide HEE with an update on the feasibility of rectifying bleep signal 'dead zones' or an appropriate workaround should this prove difficult to rectify.	R1.6

GPM1.3 a	The Trust is required to review the rota for GP O&G trainees to ensure that all trainees have protected time to attend scheduled teaching and that trainees working less than full time (LTFT) fulfil their curriculum objectives.	Please provide an update on the outcome of this rota review, along with a copy of the rota that displays protected time for scheduled teaching.	R3.10
GPM1.3 b	The Trust is required to ensure that a member of staff has the defined role of championing flexible working to support trainees working less than full time.	Please provide an update on the steps taken to appoint a named flexible working champion.	R3.10
GPM1.6 a	The Trust is required to ensure that GP trainees working in O&G have protected time within the rota to attend a minimum of four clinic attendances per rotation.	Please provide a copy of the rota that displays protected clinic attendances and the arrangements put into place to ensure that that trainees are released from clinical duties to attend these clinics, with evidence that this has achieved the stated requirement from trainee feedback or audit of attendance.	R1.16
GPM1.6 b	The Trust is required to audit GP O&G trainees' time spent in theatre.	Please provide an update on GP O&G trainee theatre attendances.	R1.15
GPM1.7 a	The Trust is required to work with trainees to implement a GP O&G programme-specific teaching schedule at a time that best suits trainees' shift patterns.	Please provide a record of subjects covered and trainee attendance for either the Tuesday or Thursday teaching, or suitable alternative, once agreed.	R1.16
GPM1.7 b	The Trust is required to ensure that all IMT trainees are released from clinical duties to attend scheduled programme teaching.	Please provide confirmation of IMT trainee attendance of scheduled programme teaching.	R1.16
GPM2.1	The Trust is required to ensure that all trainees have access to the exception reporting system.	Please confirm that the technical issues preventing some trainees from submitting exception reports is resolved, or that a workaround solution has been designed and communicated to all junior doctors at the Trust.	R1.3
GPM2.2	The Trust is required to review the rota for out of hours service design to identify a way of ensuring that a third training or Trust-grade doctor is substantively incorporated into the rota.	Please provide an update of this rota review and how the Trust plans to ensure that an additional doctor is included on the out of hours rota on a substantive basis.	R1.12
GPM2.3	The Trust is required to ensure that all GP trainees have a mid-point review with their clinical supervisor.	Please carry out an audit of all GP trainees working across all specialties regarding mid-point reviews and share the findings with HEE.	R1.19

## Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
	N/A		

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
Trust to investigate the specific return received in the recent School of Medicine survey and provide feedback to HEE on their investigation including an action plan.	Trust
HEE to provide the DME with the information on accessing the resources of the HEE Workforce Transformation toolkit and contact details of the support staff in the London office.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Jo Szram, Deputy Postgraduate Dean, South London
Date:	13 November 2019

### What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process.