

**Severn Postgraduate Medical Education**

**Severn Deanery** – **School of Primary Care Full School Board Committee Meeting Wednesday, 17 April 2013**

Local Education and Training Board for the South West Minutes Page 1 of 10

**Minutes**

**ACTION**

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| **Attendees:** |  |
| Robin While, Chair |  |
| Bill Irish, Director School of Primary Care |  |
| Paul Main, Deputy Director SoPC |  |
| Davinder Sandhu, Postgraduate Dean |  |
| Stuart Cook, Deanery QA APD |  |
| Michael Harris, APD Quality Assurance |  |
| John Edwards, APD ARCP |  |
| Phil Grimmer, APD Recruitment |  |
| Martyn Hewett, APD Appraisal & Revalidation |  |
| Becca Duffy, APD Bath |  |
| Holly Hardy, APD Bristol, S Glos & N Somerset |  |
| Jim Morison, APD Gloucestershire |  |
| Steve Holmes, APD Somerset |  |
| Jon Elliman, APD Swindon & Wilts |  |
| Shara Paulo, SoPC Education Manager |  |
| John Kyffin, Lay Chair Bath |  |
| Jenny Hepworth, Lay Chair Bristol, N Somerset & S Glos. |  |
| Peter Amos, Lay Chair Gloucestershire |  |
| Lisa Wyatt-Jones, Lay Chair Somerset |  |
| Pam Gates, Lay Chair Wilts |  |
| Sheila Pietersen, GPE Pre CCT rep |  |
| Louise Davis, TPD Bristol, deputising for Pippa Stables, GPE Post CCT rep |  |
| James Playfair, GP Educational & Clinical Supervisors Representative |  |
| Andrew Blythe, UoB Faculty of Medicine Primary Care representative |  |
| Sarah Purdy, Severn Faculty RCGP representative |  |
| Philip Kirby, Avon LMC, deputising for Rupa Parmar, LMC representative |  |
| Liz Alden, EPO representative |  |
| Alison Hutchings, Chair GP ST Committee 2012/2013 |  |
| Anne Whitehouse, GP educationalist |  |
| Jackie Pullin, GP Co-Ordinator |  |
| **Visitors:** Tom Pelly, TPD Bristol |  |
| Joanne Swallow, Peter Searle-Barnes & Mary Valentine: TPDs |  |
| Swindon & Wilts. |  |
| **1. Apologies:** |  |
| Ian Kelham, Vice Chair |  |
| Mark Vose, Deputy APD Bath |  |
| Marcus Evershed, Defence Deanery representative |  |
| Geoff Hogg, Sessional GP representative |  |
| Andrew Platt, NQGP representative |  |
| Emily Lake, Central Leadership Scholar 2012/2013 |  |
| Joe Unsworth, Hospital ES representative |  |

**ACTION**

Local Education and Training Board for the South West Action Minutes Page 2 of 10

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| 1. **Introductions**

Davinder Sandhu, Stuart Cook, Philip Kirby, Anne Whitehouse plus TPD visitors. |  |
| 1. **Minutes from last Full School Board meeting: 3 October 2012** The minutes were agreed as an accurate record. All action points completed.

With regard to Item 14, “End of Hospital Post Survey Results”, 5th paragraph with reference to “whistle-blowing” by GP trainees, Michael Harris to follow up on a forthcoming away day event with the outcome brought before the October 2013 Full SB meeting. Michael was not able to look into this prior to the April 2013 SB meeting. | Michael Harris |
| 1. **Minutes from last Mini School Board meeting: 23 January 2013** The minutes were agreed as an accurate record. All action points completed.
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| 1. **Matters Arising**

**5.1 Quality Panels:**Patch APDs were requested to monitor progress of “C” and below graded hospital posts and report back with measures taken to bring about an improvement to acceptable quality.**5.1.1 Bath****ENT:** No further concerns expressed. The lack of induction issue has been addressed.**Medical Assessment Unit (MAU):** The concern regarding GP HDR has been addressed by the introduction of an additional floating post which should enable flexibility. Training Programme continuing to monitor trainee HDR attendance record but optimistic matter will now be resolved.**Neuro-Rehab:** Post withdrawn due to departmental closure. **5.1.2 Bristol****Care of the Elderly, NBT Frenchay:** This post has been reinstated. In process of arranging a visit to check environment.**Stroke Rehabilitation, NBT Southmead:** Continued marked improvement and no further concerns have been raised.**A & E and Endocrinology/Internal Medicine, Weston General:**Further to comments stated in minutes from the SB meetings held on 3 October 2012 and 23 January 2013, progress checks are still on-going with regard to these two posts. Holly Hardy happy with progress to date regarding A & E post towards potential “B” grading.With regard to Internal Medicine, monitoring progress continues on a monthly basis. Jenny Hepworth and Louise Davis holding Face to Face meetings with trainees concerned.No departmental/ward induction offered; only Trust induction. |  |

**ACTION**

Local Education and Training Board for the South West Action Minutes Page 3 of 10

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| Trainees continue to feel unsupported and unsupervised. Although encouraged by consultants, there is no time for ward rounds with consultants or attending out-patient clinics. The HDU gives most cause for concern due to lack of supervision and F2s are taking on ward rounds alone. No senior doctor/consultant to call upon in a crisis situation. Bed allocation is very random and rotas are haphazard. Trainees are being spread too thinly without support; often being responsible for 35 patients at a time, leaving them feeling vulnerable. Alison Hutchings also reiterated that trainees in these hospital posts feel unsupported and unsupervised although the number of trainees highlighting concerns to the GP ST Committee has fallen during the last couple of years.On a positive note, the physicians’ assistants and nursing staff are good and very helpful and the experience of being in one of these posts is deemed as good education if trainees can cope. The general performance of the hospital is satisfactory and it has the potential to be an excellent learning environment. The two new core medical trainee posts being introduced will improve the rota. These have been agreed as have two locum consultant posts and one full-time consultant post within Acute Medicine.Holly Hardy has agreement from the DME, Bee Martin, that with effect from the start of the next academic year, our trainees will be given the better hospital post options for education and supervision; probably within Cardiology and Respiratory.Stuart Cook advised the SB members that Weston General is classed as a very small hospital which serves approximately 120,000 patients annually within a largely deprived social environment consisting of a high density elderly population and a large population of drug addicts; many of whom are homeless. The hospital has 70 consultants including 12 physicians who are all very stretched. North Somerset has a population of approximately 193,000.The future of Weston General is currently uncertain as neither FT nor “integrated care” status has been gained and regular high level meetings are being held; the next is scheduled for 25 April and will be attended by Davinder Sandhu, Selena Gray and Holly Hardy. General Practice is just part of the overall situation at Weston.The shortage of medical staff within Emergency Medicine has been temporarily resolved by the employment of EM physicians on 2-year contracts from India. However, it is recognised that this may not be a long term solution. The recruitment of more trainees may assist the workload but will not alleviate the lack of supervision.Davinder Sandhu acknowledges all the concerns raised. The intensity of work from the number of elderly patients with complex cases together with the inability to deliver adequate healthcare gives major cause for concern. What is being demonstrated at Weston General is sadly the current and future situation within much of the NHS; deprived populations, stretched resources, reduced staff and funding shortages. Quality visits need to be analysed to see how and what support can be provided to try to improve matters on a Deanery level; not just within each specialty. Unless we take a positive approach to the Weston community, the situation will not improve. |

**ACTION**

Michael Harris

Bill Irish/ Davinder Sandhu

Local Education and Training Board for the South West Action Minutes Page 4 of 10

Davinder recognises that Bill Irish is looking into GP expansion and how this can be taken forward within community care; respiratory, geriatric, primary care, etc. Increased investment is required to address the issues together with patient and education led leadership.

It was agreed that the SoPC has responsibility to assist the Weston community and its secondary care but recognition has to be given to our trainees who only have one chance at hospital training during their GP training programme and the support given to them must be paramount. Concerns regarding patient safety need addressing and we, as GPs, must look at what practices we can offer to facilitate improvement. However, the data available does not suggest that patients are at higher risk than at other Trusts.

Paul Main highlighted that during the summer months the increased population exacerbates the situation but this may provide an opportunity for trainees to gain knowledge in drug mis-use and elderly care.

The Lay representatives expressed their concerns regarding lack of patient and trainee safety. Our trainees should not have to “cope” in potentially dangerous situations and should be placed within sound learning environments. Likewise, vulnerable patients in unsafe environments with unsupported trainees should not be permitted. Unless significant improvements are made within the next 18 months, decisive action should be taken.

Andrew Blythe expressed his view that Weston General provided challenges of the modern NHS and some of our under and postgraduates thrive on challenges. It will not alleviate the current situation if trainee posts are withdrawn. A culture change is required utilising the resources available. Weston General is a thriving part of the UoB Medical School as are other hospitals and trusts within the Deanery area. Any prospective actions should be discussed with the Medical School beforehand. Peter Mathieson is responsible for hospital inspections.

Real efforts have been made during the last 18 months to try to make long-term improvements; largely brought about due to the scrutiny given by the School of Primary Care. Developing more training practices within the area will enhance community-based medicine.

In conclusion, it was acknowledged that this was a very difficult situation but that no trainee hospital posts could be withdrawn as yet. We need to define a time limit for demonstrable improvements in the quality of care and support provided to patients and our trainees. Quality Panels should take place on site rather than off site to encourage more engagement and should be joined up across the specialties.

Quality data will be collated from the UoB Medical School and SoPC; Michael Harris is involved with the SoPC aspect of this process. We need to build encouraging, supportive relationships with the hospital consultants. The next Quality Panel being held at Weston should hopefully restart the process. At Sarah Purdy’s request, it was suggested that as well as keeping the Chief Executive aware of the concerns of the SoPC, the Hospital Board should receive written notification. A supportive letter expressing these concerns and a suggested action plan offering our assistance will be sent by Bill Irish/Davinder Sandhu.

**ACTION**

All SB members

Martyn Hewett/ Holly Hardy

Local Education and Training Board for the South West Action Minutes Page 5 of 10

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| We need to clarify what trainee supervision we require from August 2014 after the new junior doctor rotas have been in place for 12 months; ward rounds, HDU, departmental induction, etc.All Board members to feedback suggested outcome measures to Bill and Michael.**Addendum:**Following the GMC/Deanery visit on 25 April 2013, the agreed action plan is as follows:* An updated action plan demonstrating progress against targets to be submitted to the Deanery by the end of May 2013.
* An interim report on progress with the Medical Admissions Unit is required at the end of July 2013.
* A report detailing progress against all key areas is required by 30 September 2013.
* A further visit by the team (to include GMC) will be undertaken in November 2013.

Jon Elliman suggested monitoring the participation of hospital medical consultants in the Deanery’s ES criteria, refresher training, etc. to ensure their engagement.Both Jenny Hepworth and Louise Davis will ensure that prior to the next Full SB meeting, current trainees and trainees who will be commencing posts in August will be visited.Martyn Hewett will be willing to discuss some ideas with Holly which the Swindon team found useful in a similar situation.**5.1.3 Gloucestershire****Trauma & Orthopaedics:** This department appears to be coping since the three trainee posts were withdrawn with effect from the start of the current academic year.Within **Care of the Elderly**, the trainees in these two posts are happy.**A & E:** TPDs are continuing to monitor progress of the pending re-organisation involving both A & E Departments at Gloucester and Cheltenham hospitals where GRH will become the main A & E centre and CGH will provide the minor injury unit. The additional trainee post created has not improved matters as yet but should do so once the re-organisation has taken place. It is expected that the Minor Injury Unit will host the GP trainee posts.**Cardiology:** After three consecutive Quality Panels, no real improvements have been made to enhance the quality of teaching offered although the consultants appear to be open to providing increased education. The post has been downgraded. No patient safety issues. The Deanery QA visit will take place within the next month or so involving both cardiology departments at GRH and CGH; the outcome of which is eagerly awaited.**5.1.4 Somerset**No current concerns. |

**ACTION**

Local Education and Training Board for the South West Action Minutes Page 6 of 10

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| **5.1.5 Swindon & Wilts.** No current concerns.**5.2 Unbanded GP ST1 & ST2 Hospital Posts**Further to this matter being raised under Item 8 of the October 2012 SB minutes, Phil Grimmer recently sent his proposals to the appropriate patch TPDs for consideration and, once agreed, implementation will take place. Posts that are usually unbanded will be highlighted on future rotations and as banding changes occur, the trainees should be advised to liaise with the Hospital Trust concerned. Alison Hutchings is happy with this arrangement. |  |
| 1. Chairman’s Actions

Four requests were received and granted by Robin While since the January 2013 SB meeting. All endorsed by the Full School Board members. |  |
| 1. **GP Director**’s **Report** The following items were discussed:
* HEE/LETB organisation. Phil Kirby explained the set-up of the LETBs and their various roles. The SW LETB is significantly underfunded in comparison to national benchmarks but discussions with the HEE are still in hand regarding this matter. A single LETB is deemed more helpful to the SW Deaneries rather than a split between two LETBs.
* Stage 3 Recruitment: GP ST applications most competitive since SoPC established.
* AKT & CSA results very high compared with national results.
* Expansion of GP trainee posts: The numbers of posts will be increased by six in Somerset and four in Bath with effect from August 2013. A paper will be submitted to LETB in June for a further expansion in 2014.
* Lead Employer project: 40 hospital posts were transferred in February with the remainder being transferred in August 2013.
* Medical Indemnity project: Progressing well and a considerable contribution from the MDU has been accepted towards the annual sponsorship of the GP Trainee Awards Event.
* Jim Morison’s retirement on 19 July 2013. Many thanks were expressed for Jim’s valued contribution to the SoPC.
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| 1. **GP ST Committee Report**

Alison Hutchings had no major GP trainee concerns to report. |  |
| 1. **Quality Reports**

 **9.1 Patch QA Visit**The Patch QA visit by Bristol to Swindon took place on 27 February 2013. Jenny Hepworth and Holly Hardy made the presentation whilst Pam Gates and Jon Elliman replied with assistance from the TPDs present. On behalf of the SB, the Chair congratulated Swindon and thanked Bristol for their well written report. The visit proved to be very positive for all parties concerned. Several innovations could be utilised to assist the current situation at Weston General, particularly with regard to building relationships. **9.2 EPO Visits**The School Board has no statutory obligation to carry out such visits, however, these are carried out at the request of the EPOs. | Jackie Pullin |

**ACTION**

Local Education and Training Board for the South West Action Minutes Page 7 of 10

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| It was recommended and agreed by the Board that all EPO visit reports would be published on the SoPC website in order that the various EPOs could learn from each other.**9.2.1 Doc2Docs – 15 01 2013****9.2.2 Weston PLANET – 17 01 2013** |  |
| Recognition was given to Nigel Lakin who set up this EPO which engages well with the local PCT and trainees. 100% attendance rate at meetings. | Jim Morison |
| Jim Morison will draft a letter of acknowledgement on behalf of the SB to this |  |
| EPO in recognition of Nigel including his leadership skills and achievements. |  |
| **PMN: A letter was sent to Nigel on 25 April 2013.** |  |
| **9.2.3 BASD – 23 01 2013** |  |
| **9.2.4 Avon GP Education (previously k/a Avon LMC) – 29 01 2013** |  |
| **9.2.5 Somerset GP Education Trust – 27 02 2013** |  |
| **9.2.6 Gloucestershire GP Education Trust – 22 03 2013** |  |
| Michael Harris visited this EPO and he confirmed improvements had been made during the last two years. An “A” grade was recommended. |  |
| **9.2.7 Bristol GP Education – 10 04 2013** | Jackie Pullin |
| Jackie to write to each EPO on behalf of the School Board. |  |
| **PMN: Completed.** | Bill Irish/ |
|  | Jackie Pullin |
| Jackie to send reports to the appropriate LMCs after direction from Bill Irish. |  |
| Liz Alden and Anne Whitehouse thanked Jim for his contributions and time spent with regard to EPO visits and other related matters during the last few years. |  |
| **9.3 OOH Service Provider QA Visit: GWAS – 21 01 2013** |  |
| This OOH SPO meets all necessary criteria. | Jackie Pullin |
| Jackie Pullin to write to GWAS on behalf of the School Board. |  |
| **PMN: Completed.** |  |
| 1. **Equality & Diversity Matters**
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| Shara Paulo’s paper was received. |  |
| 1. **Recommendation for Standardising Slot Sharing for LTFT GP**
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| **Trainees in Practice Posts** |  |
| Jim Morison’s proposal was put forward suggesting that slot sharing becomes the normal standard for LTFT trainees in practice placements as it is in hospital posts. This would provide greater flexibility in placing trainees. Two trainees working at 60% LTFT is equivalent to one full-time trainee in a hospital post. |  |
| It was suggested that combined training/supervision for trainees based at the same practice could be supported but only at the discretion of the local APD and ES concerned; subject to enough investment being given to education. |  |

**ACTION**

Local Education and Training Board for the South West Action Minutes Page 8 of 10

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| APDs to monitor placements and report back to the October 2013 SB. | Patch APDs |
| 1. **Quality Development**

**12.1 MDU, Deanery, RCGP Excellence Awards 2013** – **24 July 2013:** |  |
| It was confirmed that the first call for nominations for the 2013 event had been circulated. A considerable contribution from the MDU has been secured for the next five years towards the annual sponsorship of the GP Trainee Awards event. The MDU has utilised this in their advertising campaign for handling bulk membership bids from other Deaneries. |  |
| Jamie Andrew, a very well known, highly respected Scottish mountaineer, will be the main guest speaker at this year’s ceremony. He has overcome many personal obstacles. His presentation should be fascinating, inspirational and very humbling. |  |
| Both Robin While and Anne Whitehouse were thanked for their personal time and commitment given to co-ordinate this innovative event. |  |
| Immediately afterwards, the Michael Lennard Award ceremony, co-ordinated by the Severn Faculty, will take place. This combined event provides a very good opportunity to encourage excellence and recognise the achievements of our trainees. |  |
| **12.2 ARCP** – **External QA Report from RCGP** – **Winter 2012** |  |
| John Edward’s paper was received. The trend of continual improvement is evident throughout all aspects of these statistics. |  |
| **12.3 MRCGP** – **CSA & AKT Pass Rates** – **Winter 2012** |  |
| This item was covered against Item 7, GP Director’s Report. |  |
| 1. **GP Educational & Clinical Supervisor Reports**
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| **13.1 GP Supervisor Approval & Re-Approval Applications** |  |
| All applications submitted were discussed, granted (re)approval and endorsed as recommended. On behalf of the School Board, Jackie to notify all supervisors and associated parties concerned. | Jackie Pullin |
| **PMN: Completed.** |  |
| **13.2 Retirements & Resignations** |  |
| All supervisor retirements and resignations were acknowledged and, on behalf of the School Board**,** Jackie to send letters to each and associated parties concerned. | Jackie Pullin |
| **PMN: Completed.** |  |
| It was brought to the attention of the School Board, that Andrew Platt, NQGP representative, tendered his resignation on 16 April. As per the School Board |  |
| Constitution, a representative should be appointed for this post from the “First |  |
| 5” or another group of NQGPs to represent these GPs. Liz Alden asked to | Liz Alden/ |
| make first contact and liaise with Paul Main. | Paul Main |
| **13.3 RCGP Fellowship Nominations & Awards:** |  |
| Mark Kingston was nominated for Fellowship of the RCGP by Bill Irish in |  |
| January 2013. James Playfair is currently in the process of being nominated with the support of Becca Duffy. |  |

**ACTION**

Local Education and Training Board for the South West Action Minutes Page 9 of 10

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| Christopher Kenyon, although considered another worthy nominee, has also been approached by Becca but will not put himself forward.It was noted that our SoPC has the greatest number of RCGP fellows across the UK. Bill and Robin suggest this becomes a standard item on the Full SB agendas in order that patch APDs can identify suitable candidates.Jackie will ensure this item is included forthwith. | Patch APDs/ Jackie Pullin |
| 1. **Proposal for QA Grading of Hospital & GP Practice Trainee Posts** Further to the action point raised at the October 2012 SB against Item 12, a further meeting took place on 4 April 2013 from which Pam Gates compiled the proposal submitted. The SB agreed in principle that there should be no distinction between “Good/Satisfactory” and “Excellent” grades for GP supervisors, their practices or our hospital posts. They would be subsumed into a “Green” grade. However, Michael Harris was asked to liaise with the Deanery Quality team to ensure that this proposal is acceptable.
 | Michael Harris |
| 1. **Progress on 6-Year Supervisor Re-Approval Cycle**

Although progressing well throughout the patches which have adopted this process, this item will be deferred until the October 2013 SB meeting to allow Michael Harris and Jon Elliman to compile a report which will include feedback from educational supervisors. | Michael Harris/Jon Elliman |
| 1. **Patch Annual Reports: QA of Release Course Teaching:**

**16.1 Gloucestershire****16.2 Somerset**Michael Harris presented his papers. His recommendation that we continue to utilise this process was fully endorsed by the SB members present. The visit to Bath has been rescheduled to June 2013 and the subsequent report will be brought to the October 2013 SB meeting. | Michael Harris |
| 1. **Report on School of Primary Care Capacity**

Shara Paulo’s paper was received. On behalf of the SB, Bill Irish thanked Shara for her well-presented report. |  |
| 1. **Non-**Executive Members’ comments on Performance of, and **Recommendations for, the SoPC from their Perspectives**
* SB working well as a team. Meetings are constructive.
* Pre-meetings working well.
* Non Exec members feel well supported in their roles.
* Further to Item 14, it would be nice to reach a compromise on grading

specifications.* Appreciative of the time taken to discuss the Weston General issue at length. Feel supported in measures the Deanery is taking with these issues.
* It was suggested that, with the agreement of the DME concerned, we

could investigate further the idea of setting up a liaison group between the SoPC, Foundation School, UoB Medical School and Weston General with facilitation provided by Martyn Hewett. Local retired ESs may be able to foster relationships also.Peter Amos to put a proposal together. | Peter Amos |

**ACTION**

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| 1. **Any Other Business** No items raised.
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| 1. **Dates of Future Meetings**
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| **20.1 Mini School Board Conference Call:** |  |
| **Thursday, 25 July 2013 commencing at 1.30 pm.** Paul Main will deputise for |  |
| Bill Irish and Robin While, Ian Kelham and Peter Amos will also participate. |  |
| **20.2 Full School Board Meeting: Wednesday, 23 October 2013 commencing at 1.00 pm, Blackwell Room, Deanery House, Hambrook,** |  |
| **Bristol.** |  |
| **A pre-meeting for Non Executive SB members will be held in the Cabot** |  |
| **Room, Deanery House commencing at 11.00 am on 23 October 2013.** |  |

Local Education and Training Board for the South West Action Minutes Page 10 of 10