

Bath patch QA report 2012/3

Background

- Recent changes in structure of Scheme or CPD
- Recent changes in team
- Names of GPEs, main responsibilities, number of sessions worked, length of time in post

Report

GPE	Main responsibilities	No of sessions worked	Length of time in post
Becca Duffy APD	Overseeing the delivery of GP Education in the Bath Patch Doctors in difficulty	3 sessions	Appointed Aug 2009
Mark Vose Deputy APD	Practice re-approval visits MSc project group Development of community based innovative ST2 posts	1 session	Appointed Aug 2009 (Previously acting APD 14 months)
Chris Bevan	ST3 HDRC	2 sessions	Appointed April 2005
Louise Willcocks	ST3 HDRC Trustee BGPRT	2 sessions (ML from Dec 11 – Oct 12)	Appointed April 2007 (maternity leave Dec 11 – Oct 12)
Freya Evans	ST1 and 2 release course QA Hospital Posts	2 sessions	Appointed Oct 09 (Fellow 08/09, Locum Aug-Oct 09)
Adrian Curtis	ST1 and 2 release course TPD-rotations	2 sessions + 1 locum session to cover	Appointed Oct 09 (Locum Sept-Oct 09)

		Tutor MSc	Louise's ML	
	Karen Prees	ST3 HDRC	2 sessions – covered 1 session Louise's ML from Dec – Aug, increased an additional permanent session.	Appointed Oct 09 (Locum Sept-Oct 09)
	Sarah Street	Fellow	1 session	12 months post commenced Sept 12
<i>Progress on recommendations from last year</i>	<ul style="list-style-type: none"> Action taken & progress on each of last year's Visiting Team's or Quality Team's recommendations 			
Report	<p>Neuro rehabilitation at the RNHRD has had poor feedback for over a decade. The appointment of 2 new enthusiastic consultants may help but if there are no signs of consistent improvement the post should be referred to the Deanery QA team for possible withdrawal.</p> <ul style="list-style-type: none"> We have been active discussion about this post as very sadly one of the new consultants had a intracebral bleed and subsequently died in the Autumn. However we have just been informed that the neuro-rehab unit is to close at the end of March. <p>MAU post: 2 years of poor feedback. Refer to QA team as above if no sustained improvement.</p> <ul style="list-style-type: none"> A float post has been appointed which should enable trainees to attend small group teaching more readily – this has always been the main problem with this post. We are monitoring the situation. <p>It would be helpful to have figures on the attendance of GPSTRs at BGPRT events.</p> <ul style="list-style-type: none"> We have requested these from BGPRT as part of our on-going negotiation with them over the membership fees for GPSTs. <p>Bath, on the whole, gets very high performing trainees on its programmes. It is important however that the occasional struggling trainee is picked up. We would encourage the team to set up a systematic method for reviewing “soft” data suggesting poor engagement/performance early in ST1.</p>			

	<ul style="list-style-type: none"> Small group leaders monitor engagement with the e-portfolio which is a useful indicator of engagement. Attendance rates at small group teaching is also monitored and any trainee falling below the 70% cut off without good reason is identified.
<i>Achievements over the past year</i>	<ul style="list-style-type: none"> What other achievements would you like to tell us about?
Report	<p>Introduced new ST1 induction session – run as single session repeated twice on one day to facilitate attendance. Well received and good opportunity to meet the new trainees early in the year and given them important info, and start the eportfolio (practical session as part of induction). This was in addition to the residential induction with ST3s in September.</p> <p>Improved 'how to teach' session for ST1 at residential, aiming to encourage them to experiment with their teaching methods in ST1/2 sessions</p> <p>Introduction of 'finishing school' for ST3s worked well. Due to financial constraints not able to make this a residential course as we would have preferred. Had a whole day looking forward to time as newly qualified GPs. Topics covered included appraisal, staying up to date working as a locum. Feedback was very positive.</p> <p>V. Successful ST1 /3 residential in new venue at Folly Farm</p> <p>ST2 GP group now well established and receiving very good feedback</p> <p>Have managed team changes well with maternity cover and utilising fellow.</p>
<i>Problems</i>	<ul style="list-style-type: none"> What have been your team's biggest problems over the past year, and how have you addressed them?
Report	<ul style="list-style-type: none"> Maintaining our high standards of DRC delivery. We have attended national conferences to seek new ideas. We have reviewed and restructured the some aspects of the ST1/2 DRC, including formal ST1 induction programme.

	<ul style="list-style-type: none"> Managing the ST rota with creation of new posts last year and maternity / LTFT trainees. Varied rotations, more 6 mth posts and some GP posts in ST1 to improve flexibility.
<i>Ideas to help others</i>	<ul style="list-style-type: none"> What are you particularly proud of in your individual roles in the GP Education team? What makes you particularly proud of yourselves as a GP Education team? What ideas, systems and methods would you like to share with other teams?
Report	<p>Freya – finally finished CME</p> <p>Team – very cohesive, work well together. Everyone willing to try new things and innovate. Flexibility within individual roles. Ready to try new ideas. Strong team ethos and peer support. Respect for each other's skills</p> <p>Joint sessions for ST1,2 and 3 trainees.</p> <p>No expert resources now, all delivered by GPE team and trainees. Topic teaching integrated with BGPRT</p> <p>Successful changes to residential and induction</p>
Development needs and plans for the next year	
<i>Teaching development</i>	<ul style="list-style-type: none"> What are your plans for development of your ST scheme, Clinical and Educational Supervisors and their practices, release course and CPD over the next year?
Report	<p>New 'joint sessions' 3 x per year for all STs – aim to cover broad topics 'what kind of doctor are you', 'communication' etc – aim to integrate trainees and encourage lateral thinking. These are in addition to our established joint topic teaching sessions. Good opportunity for GPE team to work together also</p> <p>Continue involvement of CS/ES in delivery of HDRC.</p> <p>Involving CS/ES in QA process, especially in developing QA of practices – regular updates via Regius, email contact. Rolling out the Peer Review visits.</p> <p>Closer working with BGPRT on development and delivery of Topic teaching sessions</p>
<i>Developmental</i>	<ul style="list-style-type: none"> What do you see as your development needs as a GP Education team or as individuals, and how can you

<i>needs</i>	achieve them?
Report	<p>Continue involvement with APCE – plan to deliver some workshops at the conference in May (Freya is deanery rep).</p> <p>Considering further postgrad quals maybe through Bath MsC (Karen)</p> <p>Adrian Curtis interested in becoming a CS / ES for personal development and increasing patch TPD representation amongst trainers – is going on the PESC in Jan 13.</p> <p>Maintaining innovation and enthusiasm by ensuring regular peer review of current practice.</p> <p>Continue team building and assimilate a new member. Develop communication skills and leadership skills teaching skills within the team. Further facilitation skills teaching possibly with Damian. Attending national conference as a team (we are all going to Medicine Unboxed at Cheltenham in November) Opportunity for more team away day time for reflection and development of new ideas.</p>

Report from the patch's ST Representative(s)

To be completed independently by one or more of the patch's ST reps

Please give your views on the quality and quantity of your patch's educational provision, its highlights, and areas that need to be developed or addressed.	<p>Feedback from 2011/2012</p> <ul style="list-style-type: none"> - Excellent topic teaching sessions run by BGPRT - Group sessions variable as peer led – emphasis on relevancy to GP to be made in future and advice on not to cover whole curriculum but aspects only in order to cover pertinent areas. - Good support from tutors and nice relaxed atmosphere. - Trainees would like more regular sessions as if miss one due to rota there can be
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large time periods without GP specific teaching.

Peer led teaching feedback to be improved via group discussion and then personal feedback to presenters. (now currently in place)

The ST3s met on a weekly basis for their half day release course. These sessions tended to follow a pattern of an initial structured section covering a clinical case and guideline relevant to the subject being covered as well as a News / Journal Update. This part was delivered by different ST3s each week and proved to be a useful and interesting way of covering material. The second part of the teaching allowed the larger group to split into two smaller groups and each was facilitated by a GP educator in the discussion of difficult cases or situations that they had encountered in the past week. This smaller group remained the same each week and allowed trust and confidence to build within its members. It was seen as a valuable part of the teaching session. Part way through the year the Educators switched over groups which was met with some resistance and a compromise was reached where it was a fortnightly arrangement.

A final project for the ST3 group was to arrange an afternoon topic teaching session for ST1s and ST2s on the subject of ophthalmology. They managed this task very well by sharing ideas in small groups and then delegating roles to individuals. The afternoon ran well with good feedback from the ST1s and 2s. The attendance was less than expected so this would be an area to try to improve on for future meetings.

The GP registrar scholars for the year 2011/12 were Sarah Street (leadership scholar) and James Harrop (education scholar). The scholars met on a regular basis with their mentors (leadership – Mark Vose, education – Karen Press) who enabled them to make maximum use of their role. The scholars both had busy and productive years. Both scholars helped on 2 days of GP recruitment at Gloucester and were actively involved in the running of an F2 regional teaching day in Weston Super Mare.

Sarah helped to develop a GP education tool for the early detection of cancer which was then presented as a poster at the RCGP national conference. She went on to win the

	<p>Registrar excellence award for academic and research. She also arranged an evening of mock interviews for her peer group which was well received.</p> <p>James was organised an afternoon of topic teaching for the ST1s – 3s and made good use of his GP educator team too help manage the small groups within this teaching afternoon. He also regularly attended the TPD meetings alongside the GP educator team.</p> <p>Overall the education provision for the Bath patch was well received and well attended. The main area feedback as an area for improvement was to have a session on how to apply to jobs, when to start looking and where.</p>
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Date completed and submitted to Michael Harris: January 2013