


Patch QA report for 2012: Gloucestershire

Background	<ul style="list-style-type: none"> Recent changes in structure of Scheme or CPD Recent changes in team Names of TPDs/GPEs, main responsibilities, number of sessions worked, length of time in post
Report	<ul style="list-style-type: none"> No changes in Scheme structure Bill Foster & Colin Burgess retired July 2012. Dave Martin retires 31/12/12 New Team members are <ul style="list-style-type: none"> Cath Kingcombe 1 session, rising to 2 on DM retirement. Ex Glos Fellow Paul Crouchman 1 session, rising to 2 on DM retirement. Ex Bath Fellow Lizzie Dunckley 1 session (with additional time as BBT Lead) Anne Hampton (Fellow) Programme roles – see embedded document  Copy of Copy of Programme roles Oct Length of time in post <ul style="list-style-type: none"> DK (2 sessions) 16 years JB (2 sessions) 5 years TA (3 sessions) 2 years CK (1 inc to 2 sessions) <1 year PC (1 inc to 2 sessions) <1 year LD (1 with additional BBT time) < 1 year
Progress on recommendations	<ul style="list-style-type: none"> Action taken & progress on each of last year's Visiting Team's or Quality Team's recommendations <p>Continue to work on increasing trainer capacity – explore further barriers and potential solutions to increasing capacity within existing training practices as well as seeking new training practices.</p>

from last year

We reviewed this in August and found that our training practices are functioning at about 90% capacity given the variation due to OOPs and LTFTs etc. We have therefore listed the non training practiced in the county (list attached) and are slowly tackling them on an opportunistic basis. Hopefully this is creating some interest but so far no actual applications. Some we already know why there is a lack of interest (Space, partnership relationships etc) DM



Copy of Practice
capacity info.xls



GLOUCESTERSHIRE
NON Training Practices

Trainers workshops – suggest asking the trainers to review the composition and functioning of these groups at the next patch trainers day.

We identified the following issues and these will form the basis of some work at the annual trainers day in February

- Gaps between Trainers and Deanery
- Size of workshops an issue.
- A desire to retain popular traditional formats & a need for smaller functioning groups
- Need to focus on issues relevant to training
- To pose the question “How does your workshop help you develop as a trainer and how does your trainer workshop help support new trainers”.

Ask for a educational plan from each group as well as an annual report prior to receiving their grant.

See embedded documents



Gloucester Workshop
March 2012.pdf



Meeting Minutes
Stroud Trainers Work Workshop Oct 2010.r



Cheltenham



Stroud 2.doc

Consider how fallow trainers could contribute to the HDRC and other educational activities.

- **Informal swapping of trainees for tutorials**
- **BBTs may spend 10% of their time with fallow trainers (subject to funding)**
- **Encouraged attendance at federation workshops**

Report	<p>Excellent system for identifying potential of non-training practices.</p> <p>Need, as planned, to focus on trainer groups to ensure that their work is relevant to training. Avoid “Nut Islands”.</p>
<i>Achievements over the past year</i>	<ul style="list-style-type: none"> • New Team • Palliative Care attachment • First 5 group • Continuation of Federation beyond pilot • Responded to trainee feedback (killed ortho) • Closer co-ordination with GGPET
Report	<p>Lots going on, well done.</p> <p>Important to keep on top of poorly performing posts; enlist central support if needed.</p>
<i>Problems</i>	<ul style="list-style-type: none"> • Loss of Team memory – Enthusiasm/dynamism of new Team & incorporation of new ideas • 4m rotation – Overcome by hard work & skilful negotiation
Report	<p>Impressive transition to the new team. Already has strong team ethos.</p>
<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? <p>I am particularly proud of being part of the 3 who sat down to look at how we teach communication skills across the 3 years and of my role in how we have done this so far. (CK)</p> <p>I am pleased that over the last year I have raised the profile of the need to actually teach consultation skills, and I have contributed to developing the skills of Educational Supervisors in teaching consultation skills. This has involved designing learning events which I have delivered at Established Educational Supervisor courses, and several Educational Supervisors’ workshops. I am pleased that the Consultation Navigation Tool has been well received by colleagues, and is being disseminated around the deanery. (DK)</p> <p>I'm proud to be in the role full-stop at the moment. I'm proud to work with learners as they become GPs, to hopefully be something like the trainer I had during my registrar year, and to work with the team at C&G (PC)</p>

I'm proud to be part of a great team that continues to evolve (DM)

As an individual so far I'm proud of my small group facilitation, the STs have engaged very well with discussion about cases, and topics.

They have established themselves as a well organised group, which respects other's opinions & provides a supportive environment for discussion, they have started to explore their own feelings in consultations & I have encouraged them to reflect on this, what it tells them about the patient & also themselves as doctors & individuals.

I have been involved with starting to review the HDR topic teaching programme in more detail, which I have found interesting (LD)

Surviving the transition from an experienced team to a new team - and together creating a popular and full VTS programme this year.

-Continuing to drive up standard of the hospital posts for GPSTs through work with the relevant departments.

-Introducing the new palliative care attachment for ST2s. (TA)

- What makes you particularly proud of yourselves as a GP Education team?
- We feel that the changeover from our previous very experienced colleagues to our new colleagues seems to be going well. The enthusiasm and commitment of the new team members is impressive, and we feel confident that they will continue with good quality GP education in Gloucestershire. (DK)
- Residential went well with new Team
- Responding to feedback from trainees

What ideas, systems and methods would you like to share with other teams?

- Buddying didn't work
- Don't lose the residentials – be clear about the target
- Weekly HDR meeting and interaction of groups obviates need for a second residential

Report	Justifiably lots to be proud of, including from the new team members.
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? • Curriculum review – developing plans from awayday • Trainers workshops – Reducing size, pushing peer feedback reapproval process which will require new and smaller learning sets to form. Anxious not to “throw the baby out with the bathwater” vis a vis those workshops still thriving on “awaydays” • Further integration with GGPET • Reviewing focus and planning of spring residential “preparing for practice”
Report	The standards of teaching that we observed was high, even from new TPD team members.
<i>Developmental needs</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 achieve them? Bedding down, establish new team. Changing roles of individual members in January ?Links with appraisal post DM – is there a need or not?
Report	Re ST comments: lots of worthwhile suggestions there, continue to consider them over and act where needed.

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	GP trainee teaching in Gloucestershire is generally thought of highly by the trainees. Highlights of the training include small group work with good facilitators, well organised sessions with updates from specialists and the trainees are well supported - in the sense that there's the expectation we must
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to be developed or addressed.	<p>go so it generally isn't a problem leaving our jobs to attend. GGPET is also very valuable, well advertised, well organised, high quality and the trainees always feel welcome.</p> <p>Areas which we feel could be developed are structure of teaching sessions - perhaps link the two halves of the afternoon/have an O+G/dermatology/ENT/cardiology etc afternoon, possibly drawing on strengths of trainees who have previously been specialist trainees in certain areas.</p> <p>Occasionally hospital doctors presenting to us don't seem to consider that we are GP trainees and seem to focus on specialist management (one that springs to mind was the recent rheumatology one when the consultant was talking about aspirating joints for diagnostic purposes). Another thought is a session (maybe trainee-led) about exams - e.g. when to take, resources to use etc. We also wonder why there is a reduction in scheduled teaching sessions in the second half of the year - is there a reason for this?</p> <p>Lastly, it would be helpful to have teaching on a couple of specific areas earlier in the schedule - telephone triage skills and minor ops.</p> <p>I would end on the fact that most trainees really enjoy the weekly teaching sessions and having the opportunity to get together with cases to informally discuss cases, which is invaluable learning that I think we don't often realise we're doing!</p> <p>Jenny Hope ST3 Education Scholar</p>
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Date completed and submitted to Michael Harris: [date] 2012

Gloucestershire patch annual report 2013: comments and feedback

Feedback from: Michael Harris

13th February 2013

Highlights

- An impressive transition following the retirement of some very experienced team members; there is already a strong team ethos
- Excellent system for identifying potential of non-training practices
- Lots of patch activity and developmental work
- The standard of teaching that we observed was high, including that from new TPD team members.
- The team has lots to be proud of, including from the new team members

Areas that must be changed in the next year

- None

Recommendations

- Need, as planned, to focus on trainer groups to ensure that their work is relevant to training; avoid “Nut Islands”
- Important to keep on top of poorly performing posts; enlist central support if needed
- The ST in his/her addendum to the Annual Report made lots of worthwhile suggestions; the team needs to continue to consider them over and act where needed

Summary

- The patch has made the most of changes within the team and continues high quality teaching and year-on-year development