To consider

Quality Assurance of the Foundation Programme 2010: South West Peninsula Deanery

Issue

1. Report of the 2010 QAFP visit to the South West Peninsula Deanery.

Recommendation

2. To agree that subject to implementation of the requirements the South West Peninsula Deanery meets the standards for training for the foundation programme as published in *The New Doctor* (paragraphs 14-21 and Annexes A and B).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602.
**Background**

4. Since the merger of PMETB with the GMC and the Postgraduate Medical Education and Training Board (PMETB) on 1 April 2010, the GMC has set and maintained outcomes for Foundation Year One (F1) and standards for F1 and Foundation Year Two (F2). Prior to the merger the F2 year was the responsibility of PMETB and the GMC and PMETB operated a joint quality assurance process for this period of training.

5. In March 2007 the then GMC Education Committee and PMETB Training Committee and Board agreed the *Standards for Training for the Foundation Programme*. The PMETB *Generic Standards for Training* were adopted with two additional specific standards for the foundation programme which were necessary to reflect the requirements in this period of training. In September 2009 the standards and outcomes were published together for the first time in *The New Doctor*.

6. The GMC and PMETB piloted the Quality Assurance of the Foundation Programme (QAFP) process extensively from 2005 to 2007 and the first round of live visits was undertaken in 2007/08.

7. The South West Peninsula Deanery (‘the deanery’) was required to complete a self assessment by 2 November 2009 and submit policies, procedures and data relating to their quality management (QM) of education and training. This data was analysed by the visiting team who created an action plan on the basis of this information mapped against *The New Doctor*. The action plan for the visit was set by January 2010 and was shared with the deanery on 1 February 2010 in advance of the visit on 23-25 February 2010.

8. The South West Peninsula is a relatively new and small deanery in terms of foundation doctor numbers, but is spread over a large geographical area. It is based in Plymouth, was formed in 2005 and is responsible for the training of nearly 400 foundation doctors. Prior to 2005, medical education and training in the region was managed by the South West Deanery, based in Bristol.

9. The team met with members of the deanery management team and SHA (via videoconference) on 23 February 2010. The team conducted visits to three hospital sites within the South West Peninsula deanery: Royal Cornwall Hospital, Truro and North Devon District Hospital, Barnstaple on 24 February 2010 and Derriford Hospital, Plymouth on 25 February 2010. During these visits the team met with members of the local faculty, foundation doctors and employer Chief Executives and Chairs at each site.

10. The deanery has confirmed the factual accuracy of the report (Annex A).

11. The deanery was visited by PMETB in February 2009:
Three of the four conditions from the PMETB visit to the deanery (VTD) were identified by the QAFP process as requirements showing that similar weaknesses exist in relation to foundation training as for speciality, including GP training. These conditions were regarding:

i. Producing a strategy document for the deanery and foundation programme (this was presented to the team on the visit in February 2010, rather than being included in the original evidence submission in November 2009) (requirement 29).

ii. The dissemination of policies (requirement 17).

iii. The monitoring of action plans produced from quality management visits (requirement 21).

One of the three recommendations in the PMETB VTD report was picked up as a requirement in the QAFP report; ensuring all trainers are appropriately trained, specifically regarding workplace based assessments (requirement 27). The PMETB Standards for trainers have been enforced since January 2010 and as such the PMETB VTD report was unable to introduce this as a condition at the date of the PMETB visit (February 2009).

One of the four notable practices identified in the PMETB VTD was identified in the QAFP report; the careers service that provides support from undergraduate (at Peninsula College of Medicine and Dentistry) through to CCT (notable practice 13).

In the National Training Survey, 14 negative outliers were identified for the foundation programme in the South West Peninsula deanery:

a. Overall satisfaction in surgery F2.

b. Consultant supervision in surgery F1 (requirement 18).

c. EWTD compliance in medicine F2 and surgery F2.

d. Adequate experience in surgery F2.

e. ‘Redistribution’¹ in surgery F2.


g. Induction in surgery F2 (requirement 17).

h. Consultant undermining in radiology F2.

¹ % agreeing or strongly agreeing with the statement ‘The redistribution of tasks in this post to other health professionals prevented you from achieving curriculum outcomes required for this placement.’
i. Work intensity in emergency medicine F2 and medicine F2.

j. Other learning opportunities in obstetrics and gynaecology F1.

k. Study leave in radiology F2 (requirement 26).

13. The National Training Survey identified 24 positive outliers for the foundation programme in the South West Peninsula deanery:

a. Overall satisfaction in emergency medicine F1.

b. Clinical supervision in paediatrics and child health F1 (requirement 18).

c. Consultant supervision in emergency medicine F1, GP F2 and psychiatry F2.

d. Workload in GP F2, paediatrics and child health F1 and psychiatry F1.

e. Handover for emergency medicine F1, obstetrics and gynaecology F1 and F2, paediatrics and child health F1 and F2 (requirement 17).

f. Hour education for paediatrics and child health F1 and F2 and radiology F1.

g. Adequate experience in emergency medicine F1 and obstetrics and gynaecology F1.

h. Redistribution in medicine F1.

i. Feedback in psychiatry F1.

j. Induction in obstetrics and gynaecology F1 (requirement 17).

k. Internet access in GP F2 and surgery F1.

l. Other learning opportunities in psychiatry F1.

Discussion

14. Overall, foundation doctors are content with the training provided and the deanery is adept at tracking the outcomes of their foundation training programme. However, the deanery appears to have little oversight in terms of quality management and little power and influence over the LEPs in terms of enforcing change. The deanery also has many draft policies that have not been disseminated with clear guidance as to their status, leading to confusion at LEPs.
15. The team were particularly concerned that several of the areas identified at LEPs by the deanery during quality management visits and subsequently signed off as remedied were still occurring, including inappropriate consenting and working beyond competence.

16. The report contains six areas of notable practice, 13 requirements and four recommendations. Compared to other QAFP reports, this is an average number of areas of notable practice, a high number of requirements, and a low number of recommendations.

17. The team identified requirements principally around policy development and dissemination, improving quality management, curriculum mapping, monitoring training undertaken by those responsible for training foundation doctors, and developing its strategic plan. Subject to the implementation of the requirements in paragraphs 17-29 of the report the deanery meets the standards for delivering the foundation programme.

18. A chart showing the domains in which the requirements, recommendations and notable practice fall in follows and attached at Annex B is a table showing QAFP findings by deanery and domain to allow comparison.

![South West Peninsula Findings by Domain](image)

19. During the visit, one Level 2 concern (a serious concern that doesn’t pose an immediate threat to patient or foundation doctor safety, but could do if left unresolved) was raised, regarding foundation doctors inappropriately consenting for procedures in Trauma and Orthopaedics at two sites and Obstetrics and Gynaecology at one of these two sites.
20. The deanery has undertaken to provide a plan to address paragraph 37, as referenced by the requirement of paragraph 17, together with an audit of implementation of this by 31 July 2010. For all other requirements and the recommendations, the deanery has undertaken to provide a plan to meet these within three months and an audit of implementation within nine months of the GMC Postgraduate Board’s endorsement of this report.

21. The team encountered notable practice within the deanery, foundation school and sites visited. Paragraphs 11-15 of the report summarise the areas of notable practice identified during the visit. An area of notable practice that stands out is the analysis of outcomes data, which is something that deaneries often do not undertake to such an extent.

**Recommendation:** To agree that subject to implementation of the requirements in paragraphs 17-29 of the report the South West Peninsula Deanery meets the standards for training for the foundation programme as published in *The New Doctor*.

**Resource implications**

22. The GMC and PMETB each contributed 50 per cent towards the total cost of QAFP in 2009/10, excluding each organisation’s staff costs. The full cost of the QAFP process from April 1 2010 is included in the Education Directorate’s budget.

**Equality**

23. The QAFP self-assessment requests information regarding deanery compliance to the standards and outcomes of domain 3 in *The New Doctor*: Equality, diversity and opportunity. QAFP action planning and deanery visits provide an opportunity for visitors to investigate how the deanery meets and quality manages the standards and criteria for equality and diversity (E&D) for Foundation Programme training. QAFP visitors are trained in equality.

24. There are two requirements in the report regarding equality and diversity (E&D); one regarding the analysis of data collected, and the other regarding the collection of data regarding the completion of E&D training for foundation doctors and trainers. The former of these is a common requirement in QAFP, and like many other deaneries, South West Peninsula collects this data but does not yet analyse it and use this to inform the development of its foundation programme. As the deanery is quite small, there are few cases to analyse and the deanery has committed to collecting data over a number of years to analyse.

25. The GMC recently facilitated a workshop at the UKFPO Annual Quality Conference focussing on what constitutes notable practice in Domain 3 of *The New Doctor*. 
26. The QAFP report and deanery 28 day right of reply will be published on the Education pages of the GMC website.