

Final report of the QAFP visit to the North of Scotland Deanery

Background

1. The General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB) have different but complementary legal responsibilities to regulate Foundation Programme training. The GMC sets and maintains standards for Foundation Year One (FY1) and the PMETB sets and maintains standards for Foundation Year Two (FY2)¹.
2. The Foundation Programme started in August 2005. The PMETB assumed its formal powers in September 2005. In September 2005, the GMC and the PMETB commenced a joint Quality Assurance of the Foundation Programme (QAFP) Pilot to further refine outcomes and standards for the Foundation Programme, to understand the most appropriate method of quality assurance, and to develop a single joint process which would help them to meet their respective but complementary legal responsibilities together. The pilot was designed to ensure the free flow of information to the regulators and to the Deaneries to support the mutual definition, agreement, and improvement of standards.
3. The Visiting Teams for the pilots were recruited against a set of published competences and they were recruited in open competition. The Visiting Teams included Foundation doctors, Educational Supervisors and lay people to ensure an appropriate degree of expertise.
4. The 2005/06 pilot took place across the UK. It involved the collation of information from the Deanery, development of an Action Plan identifying areas of risk, visiting a small selection of Trust sites to provide evidence about the implementation of Deanery policy, and a reporting process. Regular feedback meetings were also set up between the GMC, PMETB, Visiting Team Leaders and the Postgraduate Deans from the pilot sites to stimulate discussion on the pilot standards and methods of quality assurance.
5. The outcomes of the pilot have been the production of draft joint standards for training and outcomes for foundation training programmes, draft standards for full registration, a revised Deanery Questionnaire to collect information, and a proposed method for quality assuring this period of training. We have also been able to provide a report setting out the findings of the visit team and their recommendations.

¹ This statement is subject to legal advice as the Foundation Programme is not mentioned explicitly in legislation.

6. As this is a developmental pilot, the teams will make their recommendations in this context. The method will be refined and piloted again during 2006/07 and will be the established process from 2007/08.
7. This report will be presented to the PMETB Training Board and the GMC Education Committee for endorsement.

Introduction

8. The North of Scotland Deanery (known hereafter as 'the Deanery') covers a wide and diverse geographical area. There are five health boards within the Deanery, four of which train Foundation Trainees: Highland; Grampian; Shetland; and Western Isles. There is one University Teaching Hospital in Aberdeen, two District General Hospitals in Inverness and Elgin, and six rural general hospitals within the Deanery, two of which are on the mainland and three of which are on islands. The Deanery recognises the challenges presented by the geography of the area and consider governance to be one of the most significant.
9. In 2005/06, the Deanery were training 132 Foundation Year One (FY1) doctors (F1 doctors²). These 132 F1 doctors will be the first trainees to undertake Foundation Year Two (FY2) in the Deanery from August 2006.
10. The visit team (known hereafter as 'the team') visited a number of sites during the visit. On 9 May the team met with Deanery personnel in Aberdeen and local faculty³ and F1 doctors from NHS Grampian. On 10 May the team split into two. One half of the visit team met with local faculty and F1 doctors from NHS Highland in Inverness. They also held a videoconference with F1 doctors from Elgin (NHS Grampian) and Fort William (NHS Highland). In order to experience the geographical area that the Deanery covers and the remote placements that are offered to F1 doctors in the Deanery, the other half of the team went to Stornoway on the Isle of Lewis and met with local faculty and F1 doctors from NHS Western Isles. On 11 May the team reconvened and returned to the Deanery in Aberdeen for further meetings with Deanery and Health Board personnel.
11. A list of those whom the team met during the visits is attached at Annex A.
12. The aim of the visit was to see a selection of personnel across the geographical region to confirm that the Deanery quality control⁴ systems were in place and being implemented at local level, and to meet the objectives identified in the Action Plan.

² This report uses the term 'F1 doctor/s' to define those training during the first year of the Foundation Programme and the term 'F2 doctor/s' to define those training during the second year of the Foundation Programme. If referring to these individuals as a group this report uses the term 'Foundation doctor/s'. These terms incorporate other commonly used definitions for these groups which include: F1 Trainees; F2 Trainees; Foundation Trainees; FY1/2 Foundation doctors; Provisionally Registered Doctors.

³ PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision. See PMETB, Generic Standards for Training, 2006, PMETB available at http://www.pmetb.org.uk/media/pdf/h/s/GenericStandardsForTrainingFinal05April06_1.pdf accessed on 7 June 2006.

⁴ This report uses the term 'Deanery quality control' to refer to Deanery measures, processes and systems in place to govern and maintain the standards for delivery of the Foundation Programme. This term incorporates other commonly used definitions which include: quality assurance; quality management system.

13. This report has been written against the draft GMC/PMETB Standards for Foundation Training.

Summary of findings

14. Although the visiting team has suggested some areas requiring additional consideration by the Deanery later in this report, these should be read in the context of our overall findings. The visiting team is satisfied that the North of Scotland Deanery is making good progress in establishing and implementing the Foundation Programme in accordance with our standards contained in The New Doctor 2005 and the PMETB Generic Training Standards.

15. As part of the ongoing monitoring of Foundation Training in the North of Scotland Deanery, the GMC and PMETB will require an update on all recommendations made in this report.

Domain 1: Patient safety

Standard

Patient safety is paramount. There must be clear procedures to address any concerns about patient safety arising from the training of foundation doctors immediately.

Summary

16. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

17. The Team have made recommendations in paragraphs 28 and 35. The team and the Deanery have agreed that the Deanery will provide an update on the recommendation in paragraph 28 within 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report. The team and the Deanery have agreed that the Deanery will provide an update on the recommendation in paragraph 35 within 3 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

Detail

Clinical Supervision

18. The Deanery advised that there is at least one named clinical supervisor on each ward and/or for each clinical session, and that there is a minimum of one named clinical supervisor for each F1 doctor. Every doctor is expected to supervise

appropriately, regardless of whether they are the named clinical supervisor. Clinical supervision was regarded a continuous activity for any junior doctor at work and therefore clinical supervision could, in some situations, fall under the jurisdiction of another health professional, for example a nurse, where appropriate.

19. In general, F1 doctors whom the team met considered that they were under clinical supervision at all times and knew who their clinical supervisors were. The team heard of one case of an F1 doctor being required to work without adequate supervision due to insufficient staffing levels. The team heard that the Deanery had raised this situation with the appropriate Health Board and the situation appeared to have been resolved. The team emphasised to the Deanery and local faculty the need to ensure the quality of clinical supervision is consistently maintained.

20. The team spoke with consultants across the Deanery who reported that all consultants had responsibility for the clinical supervision of F1 doctors. The consultants were confident that this supervision was in place.

21. Patient safety has been integrated into the construction of the planned FY2 placements in general practice, which will go live in August 2006. The Deanery informed the team that F2 doctors on general practice placements will be individually monitored and assessed by their GP Educational Supervisors and, if necessary, directly supervised for each case for the whole of their placement. The Deanery have implemented training for GP supervisors to ensure that the curriculum and assessments will be carried out to the right standards.

22. The team was satisfied that there were robust procedures in place to ensure that appropriate clinical supervision was in place.

Identification and management of Foundation doctors in difficulty

23. The Deanery confirmed that the Foundation Tutor was involved with performance issues at an early stage and was responsible for managing such issues with relevant support, advice and remedial training, and for coordinating communication regarding the issue. The Deanery advised the team that concerns regarding a Foundation doctor's performance were often flagged up by the Educational Supervisor in the first instance. In this situation, the Educational Supervisor has responsibility for involving relevant personnel including the Foundation Tutor. The Deanery advised the team that sometimes concerns were initially raised directly at Deanery level rather than with the Educational Supervisor. In these cases, the Deanery would consult with the Educational Supervisor and Foundation Tutor unless it was inappropriate to do so. The Foundation doctor would be involved throughout these processes and would be supported appropriately through occupational health systems.

24. The Doctors Online Training System (DOTS, see paragraph 146 for further detail) holds information regarding the appraisal and assessment of each Foundation doctor throughout their Foundation Training. This information is monitored by Educational Supervisors and Foundation Tutors in order that concerns can be identified and followed up.

25. The Deanery work with the Medical Schools to identify individuals who have problems during their undergraduate course and may therefore require support during their Foundation Training. The Deanery will only be informed of such problems with the consent of the individual involved.

26. In general, Educational Supervisors whom the team met considered that the process for identifying and managing Foundation doctors in difficulty worked well, aided by the central record of information held in DOTS, and provided examples of this. They considered that because of the continuous audit provided by DOTS, Foundation doctors took the initiative to ask for assistance rather than wait for it to be offered. They appreciated the training that the Deanery provided for the identification and management of Foundation doctors in difficulty.

27. Some Educational Supervisors commented that the process for dealing with Foundation doctors in difficulty was informal and that they were not aware of systems in place to support them in this process. They informed us that they had asked the Deanery for further guidance in this area.

28. The Team found that there were procedures in place to ensure that Foundation doctors in difficulty were managed effectively, and that these procedures were working. However, they noted that further guidance and a more formalised approach had been requested by the Educational Supervisors. A more formal approach would help to demonstrate that Foundation doctors are dealt with systematically, fairly and consistently. The Team recommend that these observations be reviewed by the Deanery.

Signing off

29. The Deanery advised the team that the Foundation Tutors are responsible for signing-off Foundation doctors at the end of FY1 and will be responsible for signing-off trainees at the end of FY2. The team was advised that in order to sign-off each Foundation doctor, the Foundation Tutor considers the reports and certificates of completion provided by the Educational Supervisors at the end of each placement, the results of the assessments, the presented evidence, attendance at the core curriculum teaching sessions and, for F1 doctors, attendance at the critical care course.

30. The team met with some Educational Supervisors who provided an example of an F1 doctor who had not been signed-off and who had been required to repeat FY1 due to unsatisfactory completion of assessments.

31. The team was advised that training and support was provided to the Educational Supervisors and Foundation Tutors to ensure consistency in standards of assessment and signing off.

32. The team was satisfied that there were robust signing off procedures in place to ensure that Foundation doctors had met the required outcomes.

Whistleblowing

33. The Deanery advised the team that the whistleblowing policy for NHS Grampian employees, which applies to all Foundation doctors in the Deanery, was set out in the Dignity at Work Policy and Procedure document. The team was informed that efforts are being made to disseminate this information and promote an open approach, and that Foundation doctors were told about whistleblowing policies at their face to face inductions at the start of the Foundation Programme.

34. The F1 doctors whom the team met were not aware of formal procedures for whistleblowing but commented that they would be able to approach a member of Deanery staff for advice in this area if necessary.

35. The team found that procedures were in place but recommend that this guidance needs to be communicated more widely to Foundation doctors.

Domain 2: Quality assurance, review and evaluation

Standards

There must be a clear quality management system in place with standards for employers and supervisors and Foundation doctors which are fit for purpose and promote educational standards.

The quality management system will demonstrate robust procedures for approving training programmes at local level and checking their quality.

Summary

36. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

37. The Team have made a recommendation in paragraph 58. The team and the Deanery have agreed that the Deanery will provide an update on this recommendation within 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

38. The Team commend the areas of good practice identified in paragraphs 41, 45 and 53.

Lines of responsibility

39. Responsibility and accountability for the organisation and provision of Foundation Programme training in Scotland lies with NHS Education Scotland (NES) and the standards, tools and methods for quality control are set centrally by NES and rolled out to Deaneries for implementation. NES advised the team that they were currently developing the ways in which they fed into the implementation of quality control at Deanery level. Work being undertaken by NES in this area includes the development of a continuum in quality control across undergraduate and postgraduate education, the consideration of the role of all types of quality control visits that involve medical education in Scotland, and the consideration of how NES could become involved in these visits. NES also advised the team that they were facilitating the sharing of information gathered through quality control taking place within the four Deaneries in Scotland.

40. The Deanery advised the team that the Postgraduate Dean was ultimately responsible for Foundation Training in the Deanery, and that the Dean was supported by two Associate Postgraduate Deans, the Education Director, the Foundation Programme Training and Education Officer, the Foundation Programme Officer and the Quality Assurance Officer. They advised the team that the Deanery Foundation Programme team coordinated the implementation and support of programme delivery across the multiple sites via a network of Postgraduate Tutors (one in each of the six localities) and Foundation tutors (six of whom are based in Aberdeen, one in Elgin, and two in Inverness).

41. The team commend the commitment and enthusiasm of the Deanery team.

42. The team was advised that in 2005/06 Foundation Tutors were responsible for approximately fifteen F1 doctors, and as of August 2006 would also be responsible for approximately fifteen F2 doctors. A Foundation doctor's Foundation Tutor does not change during the two years of the Foundation Programme. The team was advised that Foundation Tutors are involved in allocating rotations to Foundation doctors and are responsible for signing-off Foundation doctors at the end of FY1 and FY2. The team was also advised that Foundation Tutors are responsible for supporting Educational Supervisors and are involved in the management of poor performance in Foundation doctors and Educational Supervisors. The role and responsibility of the Foundation Tutor was confirmed to the team by the Deanery, and the Foundation Tutors whom they met.

43. The team was advised that in 2005/06 each Educational Supervisor was responsible for approximately four F1 doctors who were allocated to them by the Foundation Programme Officer according to the placements that each Foundation doctor was undertaking. The team was advised that Educational Supervisors are responsible for monitoring their Foundation doctor's progress in assessments through DOTS, and for meeting with their Foundation doctors three times during each four month placement. The team was advised that Educational Supervisors complete end of placement reports and certificates of completion (see paragraph 92

for further detail) for their Foundation doctors through DOTS and are responsible for unit inductions for their Foundation doctors at the start of each placement. Educational Supervisors also provide pastoral support and careers guidance when appropriate. The role and responsibility of the Educational Supervisor was confirmed to the team by the Deanery and the Educational Supervisors whom they met.

44. The team was advised that Clinical Supervisors are responsible for monitoring Foundation doctors during their clinical training (see paragraphs 18-20 for further detail). The role and responsibility of the Clinical Supervisors was confirmed to the team by the Deanery and the Clinical Supervisors and consultants whom they met.

45. The team commend the motivation and dedication of many individuals whom they met with who were involved in the teaching and assessment of Foundation doctors.

NHS Education Scotland (NES)

46. NES is one of five Special Health Boards in Scotland. The Chair of each Special Health Board reports to the Scottish Minister for Health and Social Services and the Chief Executive Officer (CEO) of each Special Health Board reports to the CEO of NHS Scotland (Scottish Executive Health Department). NES designs, commissions, assures and, where appropriate, provides education and training for the NHS in Scotland. NES has a budget of £315 million per year, £280 million of which is for medicine and is predominantly used to fund training salaries.

47. The NES Board comprises of a Chair, eight non-executive members, six executive members (including the CEO and Medical Director) and observers from the Scottish Executive Health Department and the NES Education Quality Assurance Committee. The team was advised that quality assurance was given significant consideration at NES and it was recognised that it was essential that the standards of the GMC and PMETB with regard to medical training were met.

Deanery

48. The Deanery advised the team that the challenges in providing a quality educational experience and consistent standard of training across the Deanery are recognised. The team was advised that the Postgraduate Dean has ultimate responsibility for quality control in the Deanery and works with the Deanery management team on this area.

49. The Deanery has a Foundation Programme Quality Assurance Group (FPQAG) which meets every four months. The Group is chaired by a member of the Deanery management team and attendance includes: the Foundation Tutors; the MMC leads from the four Health Boards that train foundation trainees; Educational Supervisor representatives from each site; and representatives from the junior doctor committees of NHS Grampian and NHS Highland. This group's constitution includes the responsibility to quality assure and approve Foundation Programmes across the North Scotland Deanery and to ensure Foundation Programmes deliver training to

meet the curriculum. Three members of the team observed a meeting of this group on 10 May and found that the group was operating in accordance with its constitution.

50. The Deanery has three main approaches to quality control: Deanery quality control visits; trigger visits; and Post Assessment Questionnaires (PAQ).

51. The team was advised that Deanery quality control visits were carried out to each post at least once every three years and more frequently if problems were identified. Three visitors are drawn from a pool of Deanery staff, including Postgraduate Tutors and Educational Supervisors. The lead visitor is always a member of the Deanery management team. The Deanery's Quality Assurance Officer also attends the visit. The relevant unit is required to provide documentation in advance of the visit. Following the visit a report is written which includes mandatory areas for improvement and recommendations for improvement. The report is sent to the unit for factual correction and then presented to FPQAG for approval. The length of approval is generally three years, this can be extended to five years if appropriate, or reduced to one year if there are concerns. The finalised report is then sent to the unit and this circulation includes appropriate Health Board and NES personnel. The Mandatory and non-mandatory recommendations and proof of actions taken to meet them are recorded in a database and followed-up.

52. The Deanery takes measures to apply these quality control mechanisms consistently across the board. Formal guidance is provided for visitors and the lead visitor is always an experienced member of the Deanery management team. New visitors are paired with those who are more experienced. Templates are used for the questions to ensure that the same information is gathered at all visits and thus that standards are applied consistently. The Quality Assurance Officer attends all visits and writes the reports.

53. The Deanery consider that they have good cooperation from the Health Boards and local faculty for the quality control visits. The team recognise this to be important because positive relationships at these levels ensures Deanery recommendations on training at local level are implemented. The team commend the strong relationships evident between the Deanery and the Boards.

54. Trigger visits are carried out in the same way as scheduled Deanery quality control visits and arise, for example, from Foundation doctor's feedback on the PAQs and from feedback from the Educational Supervisors.

55. PAQs are completed by Foundation doctors at the end of each placement through DOTS and require them to rate aspects of their training on a four or five point scale. Foundation doctors are asked to rate areas such as: quality of formal teaching; access to study leave; amount of inpatient clinical experience; and frequency of progress/feedback meetings with consultants. The Deanery began this process with Pre Registration House Officers (PRHOs) and Senior House Officers (SHOs). Specialist Registrars (SpRs) also complete PAQs. The results of the PAQs are collated in an annual report which is used to inform the quality assurance visits. The Deanery advised the team that the response rate for the PAQs was good, particularly as units encouraged Foundation doctors to complete PAQs because

units were scored on the return rates. The team was advised that if the PAQs identified an area needing improvement, the Deanery worked with the unit to achieve this. If a serious issue was identified, a trigger visit would be carried out.

56. F1 doctors whom the team met commented that they had some opportunities to provide feedback through the PAQs, on core curriculum teaching, and ad hoc directly to Deanery staff, but they did not know how their feedback was processed and whether any action was taken as a result. They commented that they would appreciate access to the results of PAQs. F1 doctors were not confident that their feedback, provided through PAQs and on an ad hoc basis, would be responded to. They would like to have the opportunity to provide feedback formally other than through the PAQs. F1 doctors thought that a forum for them to express their views and provide feedback would work if the lines of communication to local faculty and the Deanery were clear and that there was confidence that their feedback would be acted upon.

57. The Deanery commented that securing appropriate Junior doctor representation on committees and groups was challenging. The Deanery advised that they used British Medical Association (BMA) representatives to represent junior doctors on committees and groups, but considered that there might be better ways to get representation which reflected the overall view of the cohort.

58. The team consider that the Deanery are experiencing challenges in engagement in a continuous dialogue with Foundation doctors regarding the provision of formal feedback, this being currently limited to PAQs. The team note that Foundation doctors provide feedback through informal channels but consider that more robust channels should be developed. The team recommend that the Deanery consider, in collaboration with Foundation doctors, ways in which they can provide formal feedback in addition to through the PAQs.

59. An Educational Supervisor forum is run approximately three times per year at the Deanery during the lunchtime period. The agenda for these meetings is set by the Educational Supervisors. The Educational Supervisors whom the team met appreciated these fora and commented that in addition they could approach Deanery staff with ad hoc feedback. They also commented that they had had input into the design, development and piloting of the assessment tools for the Foundation Programme. Some Educational Supervisors whom the team met were concerned that their feedback on the assessment tools and the Foundation Programme as a whole was not taken into account. Some Educational Supervisors were considering setting up a feedback group themselves.

Domain 3: Equality, diversity and opportunity

Standard

All bodies involved in the commissioning, management and delivery of training for provisionally registered doctors must be aware of and implement their legal obligations under law.

Summary

60. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

61. The Team have made a recommendation in paragraph 64. The team and the Deanery have agreed that the Deanery will provide an update on this recommendation within 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

Detail

Responsibility for equality and diversity

62. NES has overall responsibility for adherence to equality and diversity legislation, and the Deanery follows the NES policies in this area. The Health Boards are also responsible for ensuring that they operate within legislation and policy to promote equality and value diversity. Health Board personnel whom the team met with commented that they had, in recent times, improved their equality and diversity policies, including the implementation and monitoring of these policies, and were aware of standards that needed to be achieved in this area.

Training in equality and diversity for the local faculty

63. Individuals employed by NES or the Health Boards are required to have training in equality and diversity. The Deanery advised the team that they offered regular training in equality and diversity, and that training in this area was covered in the Supporting Clinicians on Training in Scotland (SCOTS) course (see paragraphs 129-130 for further detail). The team spoke with members of the NHS Grampian Board who advised that team that the Board was cascading equality and diversity training to all its employees, though it was considered that this would take some time due to the fact that NHS Grampian employed approximately 16500 people. Some Educational Supervisors whom the team met did not feel that they had undertaken specific training in equality and diversity. However, they commented that they could have received relevant training in this area but that this had perhaps not been labelled as equality and diversity.

64. The team recommend that the Deanery review the delivery of formal training in equality and diversity and provide an update in 12 months on the numbers of Educational Supervisors who have received training in this area.

Training in equality and diversity for Foundation doctors

65. Equality and Diversity training begins in the undergraduate curricula for all Medical Schools in Scotland and is also included in the DOTS induction for Foundation doctors (see paragraph 111 for further detail). Foundation doctors

develop their awareness of equality and diversity as they gain work based experience. The F1 doctors whom the team met could not easily identify if and/or when they had had specific training in equality and diversity, but agreed that their awareness developed in the work environment. They commented that the nurses were particularly helpful in assisting them in this area.

66. Educational Supervisors whom the team met at NHS Western Isles told us that Foundation doctors at the Stornoway Hospital site are made aware of the Gaelic culture in the Western Isles and the considerations that must be made within service provision as a result. The F1 trainees agreed that this was the case and commented that much of this raising of awareness was facilitated by the nurses.

Domain 4: Recruitment, selection and appointment

Standards

The following processes must use objective and fair selection procedures without being biased or unfairly discriminating against anyone:

- a. Recruitment and selection to the Foundation Programme.
- b. Selection to placements within the Foundation Programme.
- c. Selection of local faculty.

Summary

67. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

68. The Team have made a recommendation in paragraph 72. The team and the Deanery have agreed that the Deanery will provide an update on this recommendation within 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

69. The Team commend the area of good practice identified in paragraph 75.

Detail

Appointment to Foundation Programme placements

70. The Deanery advised the team that Foundation doctors were allocated FY1 and FY2 rotations at the same time. At the time of the team's visit some changes had recently been made to the allocation of FY2 rotations.

71. The F1 doctors whom the team met with expressed concern that the changes that had been made to the FY2 rotations were significant. Some were concerned that as a result of these changes they would not be able to gain appropriate experience to enter run through training for the specialty of their choice. Some were unhappy that they had not been consulted on the changes that had been made to the FY2 rotations.

72. The team recommend that in future the Deanery makes the rationale for any changes to FY2 rotations clear and accessible to Foundation doctors.

Selection of local faculty

73. The team was advised that the Deanery had developed a person specification for Educational Supervisors in order to formalise the role, and was working towards making access to this role more transparent with a view to increasing interest in the role. Currently, the Postgraduate Dean appoints Educational Supervisors from names proposed by the employing Health Board. Educational Supervisors are usually consultants or GP Trainers. Where selection is necessary, an informal interview process is used.

74. The Educational Supervisors whom the team met commented that in some short staffed departments there was considerable pressure for consultants to be Educational Supervisors.

75. The team commend the formalisation of the process to appoint Educational Supervisors, which emphasises the importance of education within the service.

Domain 5: Delivery of curriculum, including assessment

Standards

The Foundation Curriculum must meet the outcomes and standards for training used by the GMC and the PMETB.

The Foundation Curriculum (including assessment) must be delivered.

These standards might be demonstrated through the following criteria:

a. A clear programme description which outlines how the competences including general professional competences will be covered in the placements and what evidence and information will inform a judgement about the performance of the Foundation doctor.

b. Sufficient practical experience must be available to support acquisition of competencies as set in the Curriculum.

- c. The assessment system defined in the curriculum must be implemented.
- d. Formal educational documentation including appraisal must be completed within each post.
- e. Foundation doctors must have regular feedback on their performance within each post.

Summary

76. The team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

77. The team have made recommendations in paragraphs 96, 98, 103 and 105. The team and the Deanery have agreed that the Deanery will provide an update on the recommendations in paragraphs 96, 98 and 103 within 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report. The team and the Deanery have agreed that the Deanery will provide an update on the recommendation in paragraph 105 within 6 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

78. The team commend the areas of good practice identified in paragraphs 87, 91 and 95.

Clinical teaching

79. The FY1 rotations consist of three, four-month placements in two educational localities. The FY2 rotations are also being constructed in this way. If Foundation doctors do a remote placement in NHS Western Islands or NHS Shetland they spend the rest of their Foundation Training, FY1 and FY2, in Aberdeen. The Deanery advised the team that this approach ensured that Foundation doctors gained an appropriate balance of training in different environments in order to achieve the Foundation Programme competences.

80. The Educational and Clinical Supervisors whom the team met considered that Foundation doctors were able to meet the outcomes of the Foundation Programme on the placements. They commented that they are responsive to Foundation doctor's needs and will try to arrange for them to get experience in a specific area if they express such an interest as part of their career planning. F1 doctors whom the team met considered that they had been, and would be, able to meet the required outcomes, and commented that they would approach clinical supervisors if they felt they needed more experience in a specific area. The team found the F1 doctors to have a good awareness of the standards that they needed to achieve to meet the requirements of the Foundation Programme.

81. The Educational and Clinical Supervisors whom the team met commented that there was a need to encourage Foundation doctors to be more proactive in their

learning and to, for example, identify areas where they needed further experience and seek out opportunities to gain this experience. The team recommend that the Deanery consider how they could support Foundation doctors to identify their own learning needs.

82. The team heard that on the majority of placements F1 doctors did not undertake night working, but did undertake night working during placements at the Stornoway Hospital site in NHS Western Isles. Some F1 doctors commented that they would like more exposure to night working which they regarded as being a valuable educational experience.

Clinical Teaching at remote placements

83. NHS Western Isles currently runs two FY1 placements, one in surgery and one in general medicine. As of August 2006 two FY2 placements will also be run, one in orthopaedics and one in general medicine. These placements are based at the Stornoway Hospital site. Local faculty whom the team met at this site expressed a keenness to run an increased number of Foundation placements.

84. Clinical teaching sessions are run at Stornoway on Tuesday and Friday lunchtimes, and Wednesday afternoons. The Tuesday lunchtime session focuses on general medicine and includes elements such as: interactive discussions; clinical case presentations; short case presentations; and audit case presentations. This teaching is not bleep free, attendees are contactable in an emergency. The Wednesday afternoon session is broken into three sections: a case or audit presentation; a presentation from a local consultant or guest speaker; and small group discussion. This teaching is bleep free. The Friday lunchtime session focuses on the presentation of orthopaedic cases and is not bleep free, attendees are contactable in an emergency. Feedback on the clinical teaching is collected locally. F1 doctors at Stornoway provided good feedback on the clinical teaching and confirmed that they did have sufficient bleep free teaching.

85. The local faculty at Stornoway Hospital commented favourably on the educational environment at NHS Western Isles. The local faculty informed the team that close working relationships between consultants and F1 doctors could be formed because of the small size of the unit and the fact that there are no SpRs to supervise, only SHOs and F1 doctors. The team was informed by the local faculty and the F1 doctors that educational and clinical supervision at Stornoway Hospital overlapped and was frequent and regular.

86. The local faculty commented that because Stornoway Hospital was small and the remote location required provision of service in all specialties there were few boundaries between specialties, with many consultants operating in more than one specialty. The local faculty told the team that the hospital therefore offered Foundation doctors a wide variety of training opportunities, exposure to the foundation programme competences, and a unique clinical experience. F1 doctors at Stornoway agreed that the placement allowed them to gain good clinical experience and appreciated the high level of clinical and educational supervision that the placement allowed.

87. The team commend the remote training placements at NHS Western Isles which they consider to be of a very high standard and an excellent experience for Foundation doctors.

Critical care and Intermediate Life Support (ILS) courses

88. The Deanery advised the team that during FY1 Foundation doctors are required to attend a one day ILS course. If F1 doctors have completed a one day ILS course in their final year at medical school they are required to undertake a half-day 'maintenance' ILS course. During FY2 Foundation doctors will be required to attend a course which will bring their skills up to Advanced Life Support (ALS) level.

89. During FY1 Foundation doctors are required to attend a two day critical care course. The course is primarily problem based learning and is delivered in Aberdeen, Inverness and Elgin. The team were advised that a formal survey of the critical care course had been conducted and feedback had been very good. F1 doctors whom the team met were complimentary about the critical care course, reporting that it helped them achieve greater understanding and confidence in managing the critically ill patient, and considered it to be a valuable part of their training. Some F1 doctors commented that they would have like to have the critical care course earlier in FY1. The team heard that, in response to this feedback, as of August 2006 all F1 doctors will undertake the critical care course in the first four months of FY1.

90. Personnel involved in the delivery of the critical care and ILS courses commented that maintaining the faculties that deliver the courses is a challenge. They commented strongly that maintaining provision in job plans for those who deliver these courses is crucial. They advised the team that the ALS and critical care courses are 'in-house' and not recognised outside the North of Scotland Deanery. They advised the team that they are looking at ways to gain UK-wide accreditation and recognition of the courses.

91. The Team commend the commitment of the staff involved in the delivery of the critical care and intermediate life skills courses. The team consider the critical care course to be an example of good practice in teaching.

Assessment

92. The assessment tools used in the Deanery were piloted in 2004 and are being used across Scotland. The results of all assessments are maintained through DOTS (see paragraph 146 for further detail) in each Foundation doctor's e-portfolio, including the end of placement reports and Certificates of Completion which are carried out by their Educational Supervisors at the end of each placement. Certificates of Completion are a summary of the Foundation doctor's assessment results for that placement.

93. The assessments include three types of tools which are termed 'Presented Evidence' and are primarily completed by the Foundation doctors: reflective log of educational activity; personal development plans; and significant event analyses.

The presented evidence is intended to demonstrate that the Foundation doctor has the ability to be a reflective self-directed learner, can use audit in the form of significant event analysis to improve personal performance, is participating in the teaching programme, and has the ability to learn from personal experience. The Foundation doctors also undertake workplace assessments, which provide evidence of the acquisition of the practical competencies required in the Foundation Programme, and multi-source feedback assessments, which require the Foundation doctors to get feedback from four colleagues on the following areas: Professional Relationships with Patients; Communication Skills; Team Working/Working with Colleagues; Maintaining Trust; Clinical Care; Probity; and Health.

94. The Educational and Clinical Supervisors whom the team met were generally happy with the assessments, though some Educational Supervisors and Foundation Tutors at the Raigmore Hospital felt that they had not been trained adequately in the use of the assessments. Some Educational Supervisors commented that not all personnel who carried out assessments had been trained in the use of the assessment tools. They provided the example of the multi-source feedback assessment, for which Foundation doctors select the assessors themselves, so the selected assessors will not necessarily have had training in carrying out the assessments. Foundation doctors do provide written guidance to their assessors, however. Some Educational Supervisors had not been able to attend locally run training in the assessment tools. They commented that it would be beneficial to formalise the roles of grades other than consultants, and other healthcare professions (particularly nurses) in the assessment of foundation trainees.

95. The team commend the fact that local training sessions have been run for local faculty involved in assessing Foundation doctors. This will help to ensure consistency in standards.

96. The team note that training in the Foundation Programme assessment tools is still being rolled out and would like to receive an update on the stage that this training has reached in 12 months.

97. The F1 doctors whom the team met considered the standards required for the assessments to be achievable. They commented that the workplace based assessments assessed procedures that they were able to do at graduation and therefore seemed to be pitched at a low level. In general, the F1 doctors considered the multi-source feedback and significant event analyses to be good methods of assessment.

98. The F1 doctors were concerned that it was hard to tell how they needed to improve on their assessments because the seven point scale used for marking them had no corresponding detailed descriptor for each number. Therefore, if the assessor does not provide comments, which F1 doctors reported that they often do not, F1 doctors simply have a number which they do not consider very useful for providing guidance on how they should improve. Some Educational Supervisors agreed that the seven point scale caused confusion and it would be better to have a straight pass or fail mark. The team recommend that the Deanery and NES consider how these concerns regarding the marking system for assessments can be taken into account.

99. Some F1 doctors commented that, due to pressures of time, it was difficult for assessors to formally observe procedures for assessment and they instead complete the assessments online based on past informal observation of the Foundation doctor carrying out that procedure.

100. The F1 doctors commented that the reflective log of educational activity was restrictive because it only allowed information to be recorded under a certain set of headings. They thought the reflective log would benefit from being more flexible. Some commented that the headings in the log were overly detailed and repetitive. However, F1 doctors appreciated that the log encouraged them to reflect on their practice.

101. The team found that the DOTS system was providing a good support in the use of the assessment tools. The team noted that further work is required to ensure that assessments are logged appropriately by individuals who have been trained in the use of the assessment tools.

Core curriculum teaching

102. Core curriculum teaching takes place each week during hour long sessions over lunchtime which are bleep free. Three half-day themed sessions are also delivered during the year, and focus on particular topics. Core curriculum teaching is delivered at Aberdeen, Inverness and Elgin. Foundation doctors based in Fort William, Shetland and Western Isles videoconference in to the teaching at Aberdeen.

103. Foundation doctors are required by the Deanery to attend 70% of the core curriculum teaching sessions. If they are unable to attend a teaching session because they are on annual leave or working nights they are 'credited' with attendance for that session. Sessions are delivered twice to give Foundation doctors additional opportunity to attend. The team heard from some F1 doctors and Educational Supervisors who considered that the target of 70% was not realistic in some cases because of service constraints on their time. For example, the team heard that F1 doctors in Inverness who were on placements in orthopaedics were not consistently able to attend core curriculum teaching as it took place on the same day that at least one F1 doctor was required to be on the ward to receive patients. The team recommend the release of Foundation doctors from departments to attend core curriculum teaching is non-negotiable.

104. The F1 doctors whom the team met considered some of the core curriculum teaching to repeat areas that they had covered at medical school, and to be pitched at too low a level. They commented that they would appreciate more training in clinical areas. The team heard that F1 doctors had fed this information back to those redesigning the core curriculum teaching in order that the importance of undertaking core curriculum teaching as a paid professional in a working environment could be emphasised.

Educational supervision and appraisal

105. Foundation doctors are required to meet with their Educational Supervisors three times during each placement. The F1 doctors that we met provided variable feedback on the regularity of their meetings with their Educational Supervisors. Not all F1 doctors were meeting with their Educational Supervisor three times during a placement. The team was concerned to hear this as these meetings are a requirement of the Foundation Programme. The team recommend that the Deanery ensure that these meetings take place three times during each placement and are monitored appropriately.

106. Some F1 doctors reported that they met formally and informally very regularly with their Educational Supervisors and, in some cases, with their Foundation Tutors, and considered this relationship to be very positive.

Domain 6: Support and development of trainees, trainers and local faculty

Standards

Support, training and effective supervision must be provided for Foundation doctors.

Support, training and effective oversight must be provided for local faculty.

Summary

107. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

108. The Team have made recommendations in paragraphs 115 and 126. The team and the Deanery have agreed that the Deanery will provide an update on these recommendations within 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

109. The Team commend the areas of good practice identified in paragraphs 120, 123 and 135.

Support and development for Foundation doctors

Shadowing and induction

110. Shadowing takes place during the same week across Scotland and is mandatory for all graduates from Scottish Medical Schools. The Deanery works with staff from the Medical Schools to synchronise this process. F1 doctors whom the team met felt it would have been useful to have the shadowing week immediately before they started their placements, rather than in the middle of the holiday period. Those who were Aberdeen graduates commented that they had shadowed on wards where they had done placements during their undergraduate course, so much of the experience was repetitive. However, they understood that shadowing would be useful for non-Aberdeen graduates.

111. Foundation doctors receive the main part of their induction through the DOTS system. This induction covers a variety of modules which include: Consent; Radiation Protection; Infection Control; Religions and Culture; and Payroll and Expenses. Completion of these modules is monitored and Foundation doctors are prompted to complete induction modules in relevant areas as they move from placement to placement.

112. The DOTS induction operates alongside, and compliments, the Deanery's face to face induction for all Foundation doctors at the start of the Foundation Programme. The face to face induction includes: checking of qualifications; disclosure declarations; allocation of identification badges; and tours of wards.

113. The team were advised by the Deanery and Health Board staff that unit inductions should be provided at the start of each placement by the Educational Supervisors. It is the responsibility of the employing Health Board to release Foundation doctors from clinical duties to attend the unit inductions.

114. The F1 doctors whom the team met reported variable experience of unit inductions. The inductions for surgery and paediatrics were considered to be good, whereas some had not had protected time for unit induction in any of their placements. They suggested that it would be useful if there was a checklist of points that all units are required to cover in induction so inconsistencies were minimised.

115. The team recommend that departmental inductions are considered as part of the Deanery quality control process in order to introduce an element of consistency, which is important both for patient safety and for the educational development of the Foundation doctors.

Educational support

116. The Deanery advised the team that there was provision for flexible training for SHO's and SpR's, and that no Foundation doctors had yet requested flexible training. The Deanery was working towards having permanent flexible training posts in larger departments to accommodate those who wish to train in this way. The F1 doctors whom the team met were uncertain as to whether they were permitted to train flexibly. The team were pleased to hear at the wrap-up meeting with the Deanery on 5 September 2006 that the flexible training for Foundation doctors is now available on DOTs.

Pastoral support

117. Educational Supervisors provide the main source of information regarding pastoral support. If a Foundation doctor does not wish to approach their Educational Supervisor, their Foundation Tutor and Deanery staff are also available to provide support. Information is provided to Foundation doctors about Occupational Health Services to which they can be referred or self-refer.

118. Some Educational Supervisors whom the team met commented that they would like a systematic approach to providing pastoral support and reported that they had fed this back to the Deanery. The team suggest that it would be helpful to formalise the system for Educational Supervisors to provide pastoral support in order to ensure that they are fully trained and comfortable with the systems in place.

119. The F1 doctors whom the team met commented that they felt able to approach appropriate individuals for pastoral support, though there was some concern that they would be assessed as struggling if they raised a difficulty with their Educational Supervisor. They commented that peer support was very important in these situations. They appreciated the support provided by Deanery staff, particularly the Foundation Programme Officer. F1 doctors who were on placements at Fort William commented that, as it was a small hospital, pastoral and educational support was easily accessible, and appreciated this.

120. The team commend the individual support provided for Foundation doctors.

Careers guidance

121. Careers sessions are provided as part of the core curriculum teaching and local informal advice is provided by Educational Supervisors and Foundation Tutors. The Associate Postgraduate Dean for Less Than Full Time Training and the Director of Postgraduate General Practice Education provide formal advice. The Deanery is approaching units to request provision of five day taster sessions in order that Foundation doctors can experience specialties that they do not have placements in and inform their career planning and entry to specialist training.

122. The Deanery has recently circulated computer software termed 'Sci 45' to all postgraduate centres. Sci 45 is a psychometric tool which is intended to assist

individuals identify appropriate career paths. This tool will be made available to Foundation doctors, possibly as a DOTS module.

123. Work is currently taking place in Scotland to provide a national managed careers service. This service will link with MMC and other NHS careers guidance. All Postgraduate Deans in Scotland are involved in developing this national strategy. Part of this development will result in a Careers Manager being employed by NES to co-ordinate with all the postgraduate deaneries and implement consistent provision of careers guidance across Scotland. The team commend the strategy to provide a national careers service.

124. The Deanery recognises the challenge in providing careers advice in the current uncertain climate, and the concerns felt by Foundation doctors with regard to how their Foundation placements might feed into their applications for run through training. The Deanery had a meeting with Foundation doctors in early June 2006 to advise them on this area.

125. F1 doctors whom the team met commented that the uncertainty regarding run-through training was frustrating and that they felt ill-informed about the situation. They commented that they would appreciate practical advice career planning in the current climate.

126. The team noted these concerns regarding the communication between the Deanery and Foundation doctors of information about career planning, but recognise that this uncertainty is a UK-wide issue and that work is being done in this area nationally. The team comment that communication in this area was particularly important in view of the pace of changes to medical careers structures. The team recommend that Deanery policies regarding communication in this area are developed, implemented and monitored.

Support and development of trainers and local faculty

Induction, training and appraisal

127. The Deanery provides induction and mandatory training in appraisal and assessment for Educational Supervisors. The Deanery also run a non-mandatory training programme for clinicians who provide education entitled 'Supporting Clinicians on Training in Scotland' (SCOTS) which members of the local faculty are encouraged to attend. This course is based in Aberdeen and runs for two days and includes training on: appraisal and assessment; management of poor performance; clinical skills training; instructional techniques; and objective setting. To date approximately 100 Educational Supervisors from the Deanery have had SCOTS training. There are also a number of alternative training courses that Educational Supervisors can attend in Dundee, Glasgow or Inverness. An advanced one-day SCOTS course which covers the management of poor performance is also available.

128. The Deanery would like the SCOTS course to be mandatory for Educational Supervisors. Currently, all new Educational Supervisors are required to complete the

course. There are challenges in attendance as many Health Board sites will not provide the Programme Activity (PA) sessions for their staff to attend. The Deanery are working to improve this situation through their Quality Management System, their main lever being the high level Training and Learning agreements that they have with the Health Boards.

129. The Educational Supervisors whom the team met considered that they received support to attend training which is covered by their study leave. They felt able to contact Deanery staff for ad hoc support.

Inclusion of education in job plans

130. Foundation Tutors are sessional NES staff and are co-managed by their employing Health Board and NES for their educational role. They have one PA per week allocated in their job plans for their educational role.

131. Educational and Clinical Supervisors are Health Board personnel and are required to negotiate allocation for their educational role in their job plans with their employing Health Board. The Deanery is working with Health Boards to include an agreement in the Memorandum of Understanding that Educational Supervisors are allocated one PA in their job plans for every four Foundation doctors that they supervise. At present the Educational Supervisors have provision in their job plans for their role but this is not formalised by a sessional payment.

132. Health Board personnel whom the team met commented that they were committed to education within the service. They stated that they were not under pressure to reduce consultant PA s and therefore remove provision for education in consultant job plans.

133. The team found that there was variability in the amount of time allocated for supervising and assessing Foundation doctors in the job plans of the Educational and Clinical Supervisors whom the team met with, the majority having no time allocated in their job plans. The Educational Supervisors commented that the role often depended on the goodwill of individuals, due to the fact that adequate provision was not made in job plans. The Educational Supervisors were aware that NES support individuals in lobbying their Health Boards for allocated time in their job plans for education. Some commented that their Health Board aspired to include education in job plans.

134. The team recognise that the inclusion of time for education in job plans is an issue which affects the NHS across the UK, but would like to feed these issues back to the Deanery for consideration in their own quality control mechanisms.

135. The team noted the high level representation from NES and the Boards at the meetings during the visit and commend the demonstration at these levels of commitment to the delivery of education within the service.

Domain 7: Management of education and training

Standard

Education and training for the Foundation Programme must be planned and maintained through transparent processes which show who is responsible at each stage.

Summary

136. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

Detail

Identification and development of placements

137. The Deanery identified placements for Foundation training through the consideration of existing PRHO and SHO placements with a view to determining which of the posts could be modified to deliver the outcomes of the Foundation Curriculum. New posts were developed in anaesthetics and accident and emergency. The Deanery consulted with medical undergraduates to find out which specialties they wanted to experience and this fed into the process of identifying placements. Placements are being monitored through the Deanery quality assurance systems.

138. The Deanery does not currently have funding for academic rotations. In collaboration with Aberdeen University, the Deanery has developed two types of rotation with an academic content. One type includes a placement in medical education and training and is available to three F1 doctors each year. The other type includes clinical placements which are supervised by clinical academics and is available to five F1 doctors each year. The Deanery hopes to develop academic rotations further.

139. The team commend the work being carried out by the Deanery to develop academic rotations despite the lack of funding.

FY2 placements in general practice

140. 15 general practice placements are available in FY2, eight in Aberdeen, four in Elgin and three in Inverness. This equates to the inclusion of placements in general practice in 34% of FY2 rotations. In order to organise the general practice placements, the Deanery worked with interested practices to approve them for foundation training and provided GP Educational Supervisors with one and a half days of training in the use of DOTs and the e-portfolio, the foundation curriculum and

the assessment tools, and the implementation of these elements. The Deanery commented that there was little guidance available for approving GP Educational Supervisors and their practices. The method that the Deanery has developed is based on the existing Scottish GP Trainer approval mechanism.

Domain 8: Educational resources and capacity

Standard

Overall educational resources and capacity should be fit for purpose.

Summary

141. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

142. The Team have made a recommendation in paragraph 146. The team and the Deanery have agreed that the Deanery will provide an update on this recommendation within 6 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

143. The Team commend the area of good practice identified in paragraph 148.

Detail

Resources to enable the delivery of education

144. NES has developed an electronic training tool for Foundation doctors called the Doctors Online Training System (DOTS). Each Foundation doctor has an individual profile within DOTS and Educational Supervisors, Foundation Tutors and Deanery Administrators also have access at varying levels. One of the main functions of DOTS is that it provides induction material for Foundation doctors (see paragraph 111 for detail). Foundation doctors also access their e-portfolio through DOTS (see paragraph 92 for detail).

145. The Educational Supervisors whom the team met commented that DOTS was a good system, particularly because it allowed them to monitor the Foundation doctor's progression over time and familiarise themselves with their strengths and areas that they needed to improve on.

146. The F1 doctors whom the team met commented that the use of DOTS was time-consuming and frequently had to be done in their own time. A main reason for this was that they were unable to use DOTS during work hours due to problems accessing computers and being called away from the computer to do other tasks. They expressed concern that, due to technical issues, DOTS had been unreliable for

recording assessment results. F1 doctors had fed this issue back to the Deanery and had been informed that improvements were being made to the system to enhance reliability. Some F1 doctors also considered DOTS to be difficult to navigate. The team would like an update on the improvements made to DOTS and user feedback on these improvements.

147. Videoconferencing is used to support learning. Core curriculum teaching sessions are held in Inverness and Aberdeen and trainees from elsewhere in the Deanery videoconference in to the teaching sessions. F1 doctors whom the team met commented that there were technical difficulties with videoconferencing fairly often.

148. The team commend the Deanery's development of an information infrastructure that supports the delivery of the Foundation Programme across the challenging geographical area.

149. Deanery quality assurance visits to Belford Hospital in Fort William, most recently in April 2005, identified inadequate library, IT and videoconferencing resources and recommended to NHS Highland that these facilities be improved. F1 doctors that we met who were on placements in Fort William commented that the library and IT facilities were very basic, but that the videoconferencing facility was satisfactory.

150. In general, IT facilities across the sites visited varied. The team was pleased to hear that three new PCs for the doctor's mess at Raigmore were due to arrive during the week of the visit. F1 doctors that the team met raised concerns regarding the limited software packages available to them on some PCs.

Domain 9: Outcomes

Standard

The outcomes for F1 and F2 are published. All Foundation doctors should meet these outcomes before being signed off as competent in the Foundation Programme competencies.

Summary

151. The Team was satisfied that the Deanery met this standard at this stage of the development and implementation of the Foundation Programme.

Detail

Meeting the outcomes of the Foundation Programme

152. The Deanery management team have worked to ensure that all F1 rotations allow F1 doctors to meet the outcomes of the Foundation Programme and that each placement offered experience in all of the competences. Educational Supervisors work with each Foundation doctor to highlight and discuss how they will be meeting the competences within their rotation.

153. The team would like an update on the mapping of the outcomes of the Foundation Programme curriculum onto the F2 posts in due course.

Conclusion

154. The GMC, PMETB and the visiting team would like to thank the North of Scotland Deanery and all those that they came into contact with during the course of the visit for their cooperation and openness.

Annex A

List of those we met with during the QAFP visits to the North of Scotland Deanery

Ms Margaret Burns, Non Executive Board member NHS Grampian
Dr Ann Cadzow, Foundation Tutor, North of Scotland Deanery
Mr Richard Carey, Chief Executive Officer, NHS Grampian
Mr David Currie, Chairman Health Board, NHS Western Isles
Mrs Kath Deans, Foundation Programme Officer,
Mr Chris Driver, Foundation Tutor & Consultant Paediatric Surgeon
Ms Evelyn Dykes, Acting Postgraduate Dean & Consultant Paediatric Surgeon
Mr Roger Gibbons, Chief Executive, NHS Highland
Dr Alison Graham, Medical Director, NHS Highland
Mr John Hiscox, Foundation Tutor/Associate Dean LTFT & Consultant in A&E
Dr Peter Johnston, Postgraduate Tutor & Consultant in Laboratory Medicine
Professor Ron Keenan, Postgraduate Tutor & Consultant General Surgeon
Dr Kesarakodi Achar, Postgraduate Tutor and Consultant General Physician, NHS Western Isles
Dr Izhar Khan, Foundation Tutor & Consultant Renal Physician
Dr Malcolm Laing, Undergraduate Dean, NHS Highland & Consultant ENT Surgeon
Dr Rob Laing, Foundation Tutor & Consultant in Infectious Diseases
Mrs Evy Mackland, Quality Assurance Officer, North of Scotland Deanery
Dr Mary Jo MacLeod, Phase IV Associate Co-ordinator, North of Scotland Deanery
Dr Ronald MacVicar, Associate Director of General Practice and GP
Dr Ken McHardy, Associate Postgraduate Dean & Consultant in Diabetes & Endocrinology
Mr Robert McIntyre, Foundation Tutor & Consultant General Surgeon
Dr Hamish McKenzie, Associate Dean Undergraduate Medicine & Head of Dept of Microbiology, North of Scotland Deanery
Mr Ken McLay, Medical Lead, NHS Grampian
Miss Elaine Mead, Chief Operating Officer, NHS Highland
Mrs Christine Murray, Head of Hospital Training, North of Scotland Deanery
Miss Lindsey Murray, Project Manager - Hospital at Night and MMC, NHS Highland
Dr Suzanne Nabavian, Foundation Programme T&E Officer, North of Scotland Deanery
Professor Gillian Needham, Postgraduate Dean & Consultant Radiologist

Dr Rona Patey, Director of Clinical Skills & Consultant Anaesthetist

Professor Andrew Sim, Medical Director & Consultant General Surgeon, NHS Western Isles

Mr John Smith, Medical Director Health Board, NHS Western Isles

Miss Jackie Sutherland, Medical Staffing Manager, NHS Highland

Dr Mike Taylor, Director of Postgraduate General Practice Education, North of Scotland Deanery

Dr Malcolm Valentine, Assist. Director of Postgraduate General Practice Education & GP

Dr Kim Walker, Education Director, North of Scotland Deanery

Dr Mike Watson, Medical Director, NES

The team also met with members of the local faculty and Foundation doctors at each of the site visited.

Annex B

Response from the North of Scotland Deanery to the findings of the report

North Region

Forest Grove House
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Professor Peter Rubin
Chair, GMC Education Committee

Received: 10 November 2006

Dr Anita Thomas
Chair, PMETB Training Committee

Dear Professor Rubin and Dr Thomas

Re: Report of the QAFP visits to the North of Scotland Deanery

Thank you for your letter of 6 November 2006 informing us of the endorsement by the GMC Education Committee of the QAFP Pilot Visit, and the agreement by the PMETB Training Committee that the Foundation Programmes in this Deanery meet the draft standards for Foundation Training.

The Deanery will ensure that the report is widely circulated to all our stakeholders.

It is our intention to rapidly develop an action plan based on the suggestions and recommendations within the report and to ensure timely report back to the GMC Education Committee and the PMETB Training Committee as indicated by the time-frames within the report.

We would like to thank the GMC and PMETB visiting team and the excellent staff support for ensuring the process felt rigorous whilst cognisant of the context across the training environments of the North of Scotland.

With kind regards

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Gillian Needham'. The signature is fluid and cursive.

Gillian Needham
Postgraduate Dean

Cc Dr Kim Walker, Education Director
Ms Evelyn Dykes, Associate PG Dean
Dr Mike Watson, Medical Director, NES
Ms Pauline Browell-Hook, Business Manager