

Final report of the QAFP visits to the Wales Deanery

Summary

1. The Visit Team (known hereafter as 'the team') are generally satisfied that the Wales Deanery (known hereafter as 'the Deanery') is meeting the GMC/PMETB draft standards for the Foundation Programme.

Background

2. 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.

3. 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.

4. 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.

5. 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.

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

6. 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.

7. 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.

8. This report will be presented to the PMETB Training Board and the GMC Education Committee for endorsement.

Introduction

9. The Deanery covers a population of 2.9 million. The Deanery is responsible for over 2500 doctors, dentists and public health specialists. There is one medical school relating to the Deanery, Cardiff, with distributed clinical campuses across Wales (currently awarding degrees from the University of Wales). The Deanery has one Foundation School.

10. In 2005/06 the School was training 267 Foundation Year One (F1) doctors and 84 Foundation Year Two (F2) doctors². The F2 doctors were being trained as part of a pilot FY2 training programme in the Deanery. FY2 training in the Deanery will go live in August 2006.

11. The team considered extensive documentation supplied by the Deanery in response to a structured questionnaire and then conducted an introductory visit to the Deanery headquarters in Cardiff on 13 February 2006. Biographical details of the team are attached at Annex A.

12. The team conducted visits to two Trust sites within the Deanery where the Foundation Programme is delivered: the Morriston Hospital, Swansea NHS Trust; and the Wrexham Maelor Hospital, North East Wales NHS Trust. Morriston Hospital was training F1 doctors and F2 doctors. Wrexham Maelor Hospital was training F1 doctors only.

13. The team also visited West Wales General Hospital, Carmarthenshire NHS Trust, to observe a Deanery Trust Commissioning Visit (TCV), one of the Deanery's methods of quality control³.

14. A list of those whom the team met during the visits is attached at Annex B.

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 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.

15. The team wish to express their thanks to all those in the Wales Deanery for their kindness and courtesy throughout the visiting process, and for providing the information requested.

Findings

16. The following sections of this report are set out under the GMC and PMETB joint domains and draft standards for the delivery of the Foundation Programme. The domains and draft standards were developed during the 2005/06 QAFP pilot and therefore were not used during the Action Planning stages of the process. However, it was considered that the final report should be structured under the domains and draft standards because these will ultimately be the structures under which QAFP will be carried out.

17. Because the domains and draft standards have not been used throughout the 2006/06 QAFP pilot, it has not been possible to address each of the draft standards under each of the domains as fully as they will be addressed for the 2006/07 pilot, and for the established process in 2007/08. However, because the original criteria under which the 2005/06 QAFP process operated has been mapped through to the domains and draft standards, the majority of the standards have been addressed to some extent.

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.

Clinical supervision of Foundation doctors

18. The Deanery advised the team that Educational Supervisors were responsible for the daily supervision of their Foundation doctors, including their assessments, and for ensuring the Foundation Programme training met the appropriate requirements. The quality of clinical supervision of Foundation doctors was monitored through the Deanery Trust Commissioning Visits (TCVs) and through Foundation doctor surveys (for further detail on the Deanery's quality control processes see paragraphs 42 to 45, and 50).

19. On the TCV observed by the team, a site was reported as allowing F1 doctors to participate in a rota designed for Senior House Officers (SHOs) and to work with less than adequate cover from senior or consultant colleagues. The team noted that the report of the TCV recommended that the Trust take immediate action to resolve this unacceptable situation. The team considered this recommendation to be appropriate.

20. At Wrexham Maelor Hospital the team heard of occasions where F1 doctors in medicine and surgery were on call alone and experienced difficulties in reaching senior support when necessary. The team heard that these difficulties were due to a lack of support from middle grade doctors in other clinical departments. The team was concerned that such situations could potentially impact on patient safety and were therefore clinical governance issues. The team fed this back to the local faculty on the day of the visit so that prompt action could be taken.

21. The members of local faculty⁴ whom the team met did not express any concerns regarding the competence of Foundation doctors, or about their understanding of the competences expected of Foundation doctors.

22. Foundation doctors at both sites told the team that they considered they would have no hesitation in referring to a consultant if they were asked to undertake a duty that was outside their area of competence. However, they felt that the onus was on them to explain this and some Foundation doctors provided examples of colleagues who were not clear on the competences that Foundation doctors were expected to demonstrate. The team recommend that the Deanery include this subject as part of the renewed communications strategy around the Foundation Programme.

Sign-off at the end of FY1

23. Members of the local faculty and F1 doctors at Morriston Hospital reported confusion regarding the signing-off process for F1 doctors. The team met with Foundation Programme Training Directors from other Trust sites who had travelled to Morriston Hospital for the team's visit; they also reported confusion regarding the signing-off process.

24. The Foundation Programme Training Directors whom the team met with at Morriston Hospital were clear that both a consideration of the assessments completed by Foundation doctors, and a form relating to the Foundation doctors' portfolios needed to be completed before the Foundation doctors could be signed off. However, individual Foundation Programme Training Directors scrutinised the portfolios to a varying degree before confirming that the Foundation doctor had met the required competences. The extent to which they assessed the portfolios appeared to be inversely related to the different numbers of Foundation doctors for whom they were responsible (see paragraph 143 for further detail on resource provided to Foundation Programme Training Directors). Some Foundation Programme Training Directors carried out an exit interview at the end of FY1, but commented that the increased numbers in Foundation Programme training after August 2006 would prevent this continuing.

25. The Deanery advised the team on the process for signing-off Foundation doctors at the end of FY1. At the end of each 4 month placement the Educational Supervisor is required to complete a competences checklist. The checklist reflects

⁴ 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.

the domains of 'Good Medical Practice' and sections within the 'Curriculum for the foundation years in postgraduate medical training'. At the end of FY1 Foundation doctors are required to achieve a satisfactory level in all competences before being signed-off. At the end of FY1 the final Educational Supervisor is required to complete the 'Attainment of F1 competency' form to indicate whether the Foundation doctor had met the F1 competences. The Educational Supervisor's recommendation is then referred through the Foundation Programme Training Director and then to the Deanery to make the final decision.

26. The team were concerned that the signing-off of F1 doctors should be carried out consistently across the Deanery and followed-up with a member of the Deanery team. Following further explanation, the team were happy that the Deanery process for sign-off was issued to all relevant Trusts by the Deanery. However, the team recommend that this guidance be disseminated again to the Foundation Programme Training Directors and to the Educational Supervisors with a view to promoting consistency in their approaches. The team considered that, given the legal nature of the move from provisional to full registration, which was authorised by the sign-off process, there should be a more defined process.

Concern about health or conduct of a colleague (whistle blowing)

27. The Deanery advised the team that the communication of whistle blowing policies to Foundation doctors was the responsibility of the individual Trusts and this was discussed during the Trust induction. The Deanery advised the team that Trust policies on whistle blowing were available on Trust Intranets.

28. Foundation doctors at both sites told the team that if they were concerned about the health or conduct of a fellow colleague they would take action to ensure that patients were protected, through talking to the colleague themselves, or to a senior colleague, or feeding back through the 360 degree process. The team was pleased to hear that Foundation doctors were well informed of these processes.

Identification and management of the Foundation doctor in difficulty

29. The Deanery advised the team that Foundation doctors in difficulty were primarily identified by their Educational Supervisors through the appraisal and educational supervisory processes and/or through the assessments. If appropriate, support was provided locally by the Educational Supervisors and the Postgraduate Organisers.

30. If necessary, Foundation doctors are referred to the Associate Deans for Foundation and for Educational Support and Disability. The Associate Dean meets with the Foundation doctor and gathers the relevant information from other individuals involved, and structures an educational support plan specifically for the individual Foundation doctor.

31. The Associate Dean for Educational Support and Disability advised the team that the educational support plan has SMART (Specific, Measurable, Attainable,

Results-focussed, Timely) objectives and is a working document provided to the Educational Supervisor and the Foundation doctor. Each case is assessed to ensure that the plan poses no risk to patient safety. The plans include training courses if appropriate. Guidance is provided to the Educational Supervisor on how best they can support the individual, and they are offered training in advanced educational supervision skills to facilitate this. The ultimate aim is to have the plan signed-off and appropriately completed by the Foundation doctor. The Associate Dean follows each case until it is signed-off. The Associate Dean provided examples of individual cases where doctors in difficulty had been successfully assisted.

32. The Deanery advised the team that they liaised with medical schools to identify those moving from undergraduate to postgraduate training who might require additional support. Consideration is given to the selection of Educational Supervisors for these trainees and additional training is provided for these Educational Supervisors by the Deanery.

33. The team commend the excellent and valuable support provided by the Deanery for Foundation doctors with special educational needs.

34. The Deanery advised the team that the lines of communication between the Deanery and the Trusts with regard to the identification of Foundation doctors in difficulty worked very well. This aspect of the relationship was formalised in the Service Level Agreements (SLAs) that the Deanery has with each Trust.

35. Members of the local faculty at both sites advised the team that there was a clear process for identifying and managing a Foundation doctor in difficulty. They advised the team that the Team Assessment of Behaviour (TAB) assessments carried out in FY1 and FY2 were useful for identifying Foundation doctors who were struggling. The team heard some confusion regarding the referral of Foundation doctors in difficulty, in that it was not always clear if such individuals should be referred to the Associate Dean for Educational Support and Disability, or the Associate Dean for Foundation. However, the team were satisfied that the Associate Deans worked together to identify the right person to handle the referral.

36. The team heard of a struggling Foundation doctor at one of the sites visited who had not been identified as promptly as they might have been due to a lack of continuity of communication between their Educational Supervisors. The fact that the Foundation doctor was moving between Trusts had contributed to the communication problems. The team were informed by a member of the Deanery team that Foundation doctors are not routinely moved between Trusts but that this only occurs when absolutely necessary, and that action was being taken to improve communication between Educational Supervisors regarding Foundation doctors' progress. The team would like to receive an update on the action being taken.

Departmental induction for Foundation doctors

37. The Deanery advised the team that guidance had been provided for Trusts on core topics to be included in site inductions and that the quality of Trust inductions was an area of discussion for the TCVs. The team heard from Foundation doctors at

both sites that Trust inductions took place and were good. The team commend the quality of provision of Trust inductions. However, the team noted that in a small number of cases when Foundation doctors moved between Trusts during their rotation it was possible for them to miss Trust induction, and suggest that the Deanery consider this.

38. The team heard from members of the local faculty at both sites that the provision of departmental inductions for Foundation doctors, which were inline with their four-month placements, varied across departments. A significant proportion of departments were providing inductions every six months and not making provision for Foundation doctors to receive equivalent inductions at the start of their four-month placements.

39. The team heard from Foundation doctors at both sites who had not found the content of some departmental inductions helpful, although the team heard that some were very useful. They confirmed that the departmental inductions were not synchronised with their four-month rotations, resulting in some of them not receiving full departmental inductions. The team heard that this resulted, in some cases, of Foundation doctors being placed on-call at the start of their placements having had no departmental induction.

40. The Deanery advised the team that they had not received feedback from Foundation doctors that specialty induction was not helpful and that the departmental inductions were not synchronised with Foundation Programme rotations, and indicated that this had not appeared in the feedback from the Post Assessment Questionnaires (PAQs).

41. The team consider it important to ensure that the departmental inductions are provided for all grades, particularly because the provision of departmental induction impacts on patient safety. The team recommend that the Deanery review the content and timing of departmental inductions with the Trusts and ensure at the TCVs that both Trust and departmental inductions are taking place.

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 trainees 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.

Deanery quality control processes

42. The Deanery carries out annual TCVs to all Trusts in Wales to review the provision of postgraduate medical education against the requirements set out in the SLAs that the Deanery has with each Trust. The visit teams include a Deanery representative, a junior doctor, and a lay person. Prior to a TCV, the Trust provides a response to a commissioning visit questionnaire and other relevant documents. Reports of visits are produced which include recommendations and areas of good practice. Recommendations are monitored until they have been satisfactorily addressed.

43. The team heard that the Deanery was piloting a Balanced Scorecard approach which quality controlled Trusts against a set of Performance Targets. Each Performance Target requires defined evidence from the Trusts and has defined outcomes. The Balanced Scorecard produces a traffic-light report.

44. Foundation doctor feedback is gathered through the use of End of Post Evaluation Questionnaires at the end of the FY1 and FY2 rotations, and in face-to-face meetings during the TCVs.

45. The team commend the Deanery quality control processes and consider the pilot Balanced Scorecard to be useful in informing the TCVs and an area of good practice.

Visit Team observation of the TCV process

46. The team observed a Deanery local TCV to Carmarthen NHS Trust to see the operation of the Deanery system in action.

47. The team concluded that the informal relationships between the Trust and the Deanery undoubtedly contributed to the smooth running of training across Wales. During the TCV, data collection was carefully undertaken as was its analysis, and the consequential actions suggested.

48. However, there the team considered that there are conflicts of interest inherent in any Deanery based scheme that might make it difficult to address all issues identified. The team recognised that resources were an issue, and that there was a focus on light touch regulation and maintaining relationships between the Deanery and Trusts. The team considered that it was important for recommendations that were made as a result of TCVs to be rigorous, and implemented. The team recommend that the views of trainees, including the rotas they are required to work and the degree of clinical support available, are obtained formally and confidentially prior to each visit.

49. For QAFP requirements the team considered that the need for totally independent data collection, analysis and reporting remained. The team asked to receive any written information produced during the visit and the report of the visit in order to undertake a full consideration of the process. Following the receipt of this information, the team considered that at this stage of the implementation of the

Foundation Programme it was probably not possible to utilise the local quality control visits as part of the QAFP assessment as the only direct collection of evidence.

Foundation doctor feedback

50. The team heard that in general Foundation doctors did feel able to provide feedback on their educational experience and provided some examples of their feedback which had resulted in changes being made. However, the team heard that the Foundation doctors would have appreciated the opportunity to provide feedback on the application process for FY2 placements (see paragraph 68 for further detail).

Domain 3 – Equality, diversity and opportunity

Standard

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

51. The Deanery advised the team that responsibility for equality and diversity was held by the Trusts as the employers. The Balanced Scorecard includes standards relating to equality and diversity training for Educational Supervisors, requiring them to have completed this training every three years. The Deanery provides training in equality and diversity to the Postgraduate Organisers and Foundation Training Programme Directors where required.

52. The Foundation doctors whom the team met did not report any incidents of discrimination. They considered that they would know who to approach for assistance and advice if such an incident arose.

53. The Deanery provided examples of arrangements that had been made to support Foundation doctors with disabilities. The Associate Dean for Educational Support and Disability advised the team that individuals who were diagnosed as having a disability were provided with the relevant support including an individually-designed training programme and advice on disability discrimination legislation if necessary. The Associate Dean considered the work that had been done in this area in the Deanery to be very successful.

54. The Deanery works with medical schools to provide support for Foundation doctors with dyslexia. This support is co-ordinated by the Associate Dean for Foundation.

55. The team commended the provision made in the Deanery to support Foundation doctors with special educational needs.

56. The team met with the Associate Dean for Less Than Full Time (LTFT) Training who advised the team that individuals who want to work LTFT are interviewed and assessed against UK-wide eligibility criteria. Following successful

application, Foundation doctors are referred to the Associate Dean for Foundation who works with the Associate Dean for LTFT training to provide a programme that suits the individual and meets the Foundation Programme competences. Such training programmes are generally provided through a slot-share system or through supernumerary posts. If an individual is working LTFT due to health problems, the Associate Deans work with occupational health and the individual's own clinicians to develop the training programme.

57. The percentage of doctors in LTFT training programmes in a Trust is assessed as one of the standards on the Balanced Scorecard. The Deanery aims to have 5% of doctors in training in each Trust on LTFT training programmes.

58. The team commend the excellent and valuable support provided for Foundation doctors who are eligible to train Less Than Full Time.

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 into the Foundation Programme.
- b. Selection into placements within the Foundation Programme.
- c. Selection of local faculty

Selection into and allocation of placements within the Foundation Programme

59. The Deanery advised the team that medical undergraduates in their final year apply for a F1 post through an electronic matching scheme, in open competition.

60. The Deanery advised the team that the allocation of F2 placements takes place at the mid-point of FY1. In their applications to F2 placements, Foundation doctors were asked to select and rank up to eight rotations. F1 doctor's applications were considered and ranked by the Educational Supervisors for the posts concerned, and matching occurred following this ranking.

61. Education Supervisors whom the team met with at both sites expressed concerns regarding the system for allocating F2 placements. They were required to rank foundation doctors on the basis of 625 word personal statements, which they felt were biased in favour of those individuals who could express themselves well in an essay format. The local faculty reported that they would have liked to have seen details of applicants' academic achievements, training history and references as they felt this would have allowed them to make a more informed judgement.

62. The Educational Supervisors were concerned that they had not been provided with sufficient guidance to score the F2 applications and that therefore there was no consistent approach used by Educational Supervisors to score and rank the applications. The team heard that some Educational Supervisors were approaching the process as if selecting for training in their specialty. The team heard from an Educational Supervisor who felt exposed by the process and had kept separate records recording the reasons for the ranking to ensure that they could withstand challenge if required to do so.

63. From the General Practice Associate Dean the team heard that Educational Supervisors in General Practice (GP) had developed their own criteria and guidance to help them to assess the applications more consistently. This practice did not appear to have spread beyond the GP community.

64. The Deanery told the team that there was guidance on scoring the applications. The Deanery acknowledged that the criteria might not be distinguishing candidates sufficiently.

65. The views of the local faculty at both sites on whether they had had adequate opportunity to provide feedback to the Deanery on the F2 application process varied. The Deanery advised the team that they were not aware of the concerns that member of the local faculty had with regard to this process.

66. The Foundation doctors whom the team met at both sites did not express satisfaction with the application system and process for allocating F2 placements, partly because they felt that the process had not been clearly explained to them. They reported that they did not think the system identified the best individuals for the rotations, and considered that the application process might disadvantage those less fluent in English.

67. Foundation doctors reported that rotations which they had selected and would have liked to have undertaken but were not allocated (instead being allocated to a placement which was lower in their ranking) were offered in the clearing system at the end of the process. The trainees wondered why they had not been allocated to the rotations that were higher in their ranking when it appeared that they were available as they had been offered in clearing.

68. The Foundation doctors at both sites did not consider that their feedback on the application and allocation process to F2 placements had been heard by the Deanery. They felt that they would like a formal opportunity to provide this feedback.

69. The Deanery advised the team that feedback from the Foundation Doctors on the allocation system was positive, though this feedback was based on a response rate of only 10%. The Deanery also advised that a British Medical Association (BMA) survey in Wales had provided positive feedback about the application process.

70. The team were concerned that there was an very significant discrepancy between the Deanery perception of the application and allocation process for F2 processes, and that of the local faculty and the Foundation doctors at both sites that the team visited. The team recommend that the Deanery initiate a clear, formal

opportunity for feedback from the local faculty and Foundation doctors on this process. The team recognised, however, that the process was at an early stage of development and noted the expressed commitment of the Deanery to the continuous improvement of this process.

71. The team noted that many of the recruitment and allocation systems across the UK had suffered from criticism and that there was a culture shift in allocations moving away from a relatively informal system of interviews to a more objective system. The team suggested that it might be possible for the Deanery to involve the Educational Supervisors from both secondary and primary care and Foundation doctors in the review and evaluation of the system to ensure that they were given the opportunity to understand the benefits of the new system.

Selection of local faculty

72. The Deanery advised the team that Foundation Training Programme Directors and Postgraduate Organisers were appointed jointly by the Deanery and the relevant Trust.

73. At this stage of the development of the delivery of the Foundation Programme in the Trust, there was no formal appointment system for Educational Supervisors.

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 in practice.

These standards might be demonstrated through the following criteria:

- a. A clear programme description which outlines how competences including general professional competences will be covered in the placement and what evidence and information will inform a judgement about the performance of a trainee.
- b. Sufficient practical experience must be available to support acquisition of competences 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. Trainees must have regular feedback on their performance within each post.

Clinical training

74. The team spoke with members of the local faculty and Foundation doctors at both sites that they visited regarding the provision of clinical training.

75. In general, F1 doctors whom the team met at both sites were happy with the experience provided by the FY1 placements. The team were pleased to meet with groups of Foundation doctors who were enthusiastic about their training and considered the Foundation Programme to be providing a good educational and clinical experience.

76. The Foundation doctors at both sites provided examples of some situations where the local faculty did not fully understand what Foundation doctors were able and allowed to do. This had resulted in some cases of confusion between the prescribed roles of Foundation doctors, Pre-Registration House Officers (PRHOs), and SHOs. Some Foundation doctors considered that these situations were occurring less frequently as the local faculty grew more accustomed to delivering the Foundation Programme but others were concerned that these situations would increase with full F2 implementation from August 2006. The team fed this issue back to the local faculties.

77. At Wrexham Maelor Hospital, F1 doctors were allocated two of their three placements in medicine and surgery, and were offered a choice of a wide list of specialties for their third placements. The F1 doctors at the Wrexham Hospital appreciated the choice that was offered to them in an otherwise fixed rotation.

78. The Foundation doctors at both sites advised the team that departmental clinical teaching varied in quality, with some teaching being very good, but some not delivered at an appropriate level for FY1. The team suggested that good practice in departmental teaching could be shared.

79. The Trust Foundation Programme Director at Morriston Hospital advised the team that there was a variety in terms of the service commitment expected from F2 posts, with higher expectation placed on posts that had previously been held by SHOs. The team considered that it was important to ensure that the correct service/training balance was maintained.

80. The Trust Foundation Programme Director advised the team that he had received feedback from the F2 doctors which indicated that they preferred providing a service commitment to being supernumerary.

81. Some of the members of the local faculty at the Morriston Hospital considered that there was a tension between the generic nature of Foundation Programme training in FY2, as opposed to SHO training, and the service required in some of the specialties.

82. The F2 pilot doctors at Morriston Hospital spoke very positively about the education provision in their FY2 pilot rotations. They agreed with the local faculty at Morriston Hospital in that they considered that the F2 pilot placements required varying levels of service commitment. The team heard that some Foundation doctors worked in posts where there were few patients, and others in very busy posts with lots of patients, necessitating long working hours. The Foundation doctors reported that they had told the Deanery about these issues and were unsure as to how this feedback had been processed.

83. The team wondered if the Deanery had responded to this feedback and how it could be taken into account in the development of the Deanery's renewed communications strategy.

84. The team met with the Director of General Practice in the Wales Deanery. He reported that the numbers of GP placements had not expanded from the original numbers provided for the FY2 pilots. The team were advised elsewhere that this was a result of the funding from the Welsh Assembly for GP placements not being repeated following the original provision of funding for the pilot FY2 GP placements, resulting in GP places only being available in those Trusts involved in the FY2 pilots. Therefore, in 2006/07 only 13% of F2 doctors will be able to undertake a general practice placement in FY2.

85. The Director of General Practice confirmed that there was sufficient capacity and interest in general practice to accommodate greater numbers.

86. The Trust Foundation Programme Director at Morriston Hospital advised the team that the pilot F2 GP placements had gone well and feedback had been positive. The Foundation doctors were also very positive and enthusiastic regarding the value of the pilot F2 GP placements.

87. In the North East Wales NHS Trust there were no FY2 pilots so there will be no F2 GP placements in the Trust in 2006/07. Local faculty and Foundation doctors whom the team met at Wrexham Hospital expressed regret that F2 GP placements were not being offered in the Trust. The local faculty advised the team that Foundation doctors were leaving the Trust in order to have the opportunity to do an F2 GP placement elsewhere in the Deanery.

88. The team notes the difficulty in obtaining funding from the Welsh Assembly Government to increase the number of General Practice placements available and recommend that the Deanery continue to attempt to address this deficit.

Core curriculum teaching

89. The Deanery advised the team that a generic taught core curriculum was delivered to all Foundation Trainees throughout the Deanery. The Foundation Programme Training Directors and the Postgraduate Organisers ensured that this was delivered to all Foundation doctors within their Trust by appropriate personnel.

90. The Deanery had not developed detailed guidelines for the content and delivery of the core curriculum, but some guidance had been produced on the areas that should be covered and the timelines that should be met. The Deanery considered that responsibility for this area of training should be at a local level and should not be subject to too much Deanery guidance. The Deanery is in the process of developing guidance on the areas that should be covered during F2.

91. The Foundation doctors at both sites spoke favourably about some of the teaching delivered from the Foundation Curriculum. However, they found some of the topics in the Foundation Curriculum less useful and felt that some of the teaching sessions were unproductive. They reported that they had been able to feed this back and that their feedback had been taken into account. Local faculty at both sites agreed that they had received some negative feedback on the core curriculum teaching and were making changes to the delivery as a result.

92. Foundation doctors at Wrexham Maelor Hospital reported concerns regarding the Friday afternoon core curriculum teaching sessions. They considered that these sessions should be bleep free because some senior colleagues did not recognise that they were required to attend the teaching and frequently called them out of the sessions. Some Foundation doctors had experienced situations where senior colleagues discouraged them from attending the teaching. Foundation doctors considered Friday afternoons to be a busy time in the hospital and therefore felt that it was an inconvenient time to hold the core curriculum teaching. The team fed these issues back to the local faculty.

Appraisal and assessment

93. The Deanery advised the team that Foundation doctors in the Wales Deanery were required to complete the assessments as set out in 'Curriculum for the foundation years in postgraduate education and training'. These assessments include: Team Assessment of Behaviour (TAB), or 360 degree assessment; Mini Clinical Examination Exercise (MiniCEX); Direct Observation of Procedural Skills (DOPS); and Case Based Discussions (CBD). During FY1, Foundation doctors are required to complete one TAB assessment. During FY2, Foundation doctors are required to complete one TAB assessment at some point during the year and two MiniCEX, two DOPS and two CBD assessments during each four-month post. Foundation doctors were also required to keep a learning portfolio

94. The Deanery advised the team that at the beginning of each four-month placement both Foundation doctors and Educational Supervisors are required to sign an 'Educational Agreement' outlining their commitment to the educational process over the course of the four-month placement. Mandatory appraisal meetings between Foundation doctors and Educational Supervisors take place at the beginning and end of each four-month placement. There are also non-mandatory mid-point reviews which are encouraged, particularly if the Educational Supervisor and/or the Foundation Doctor have concerns.

95. The Foundation Programme Training Directors at Morriston Hospital advised the team that some Educational Supervisors linked with relevant consultants and

other health professionals involved in the assessment process to make a judgement about the performance of their Foundation doctors. The Educational Supervisors at Morriston Hospital agreed that the sharing of information regarding Foundation doctors progress did take place, but that there were few formal arrangements and generally meetings were only held if the Foundation doctor was considered to be having difficulties.

96. The team were advised that at Wrexham Maelor Hospital, Foundation doctors have the same Educational Supervisor for the duration of FY1. In the first placement the Educational Supervisor is also the Clinical Supervisor for the Foundation Doctor. This individual continues to provide educational supervision in the second and third placements, meeting with the Foundation doctor at the beginning and end of each placement. The Foundation doctor is allocated separate Clinical Supervisors for the second and third placements, who meet formally with them at the beginning and end of each placement and usually at the mid-point of each placement. This practice will be continued into FY2 when the site begins to train F2 doctors.

97. The local faculty at Wrexham Maelor Hospital reported that the feedback on this supervisory structure from the Foundation doctors was good. Foundation doctors at the site reported that they considered the system to be good. The team commend the system which they consider to be a positive step to promote continuity across rotations, and suggest that in the future such a structure might be considered for the whole two years of the Foundation Programme.

98. The local faculty at Morriston Hospital considered that the training for, and use of, the assessment tools required considerable time commitment, particularly in FY2. The local faculty at Wrexham Maelor Hospital anticipated that when F2 doctors started training at the hospital there would be considerable time pressures on them to carry out the FY2 assessments.

99. The team considered that there was merit in fixing rotations so that Educational Supervisors in the same rotation with the same Foundation doctors could create networks to discuss the progress and assessment of their Foundation doctors, continue their own training as trainers, and provide mutual support. The team considered that formal handover between Educational Supervisors could be advisable, particularly to facilitate channels of communication between Educational Supervisors, including those in general practice, on the progress of Foundation doctors.

100. The Foundation Programme Training Director at Morriston Hospital commented that as only the TAB assessments were used in FY1, these provided the only objective data to make judgements regarding F1 doctors. However, they considered that this was fit-for-purpose as the TAB assessments had been successful in identifying trainees who required extra support.

101. The local faculty at both sites considered that the TAB assessments were very useful in identifying Foundation doctors who were struggling or achieving borderline passes. The local faculty at Morriston Hospital considered the CBD assessments to be useful in exploring the thought processes of F2 doctors.

102. The Foundation doctors at both sites reported differing experiences of assessment. Some Foundation doctors found that the assessments were very much a box-ticking exercise, whereas other foundation doctors had found that the assessments were more thoroughly reviewed.

103. The Foundation doctors at both sites considered the TAB assessments to be a good method of assessments. However, the Foundation doctors at both sites advised the team that they did not routinely receive feedback the TAB assessments, but often had to ask for such feedback. The Foundation doctors reported that the provision of this feedback varied across different Educational Supervisors.

104. The Foundation doctors at both sites advised the team that in most cases they had met with their Educational Supervisor on three occasions during each placement. They reported that the quality of these meeting varied. Some Foundation doctors had had very positive experiences of meeting with their Educational Supervisors who had arranged additional clinics and training to help the them to achieve the required competences.

105. Some Foundation doctors seemed unclear regarding the use of the portfolio. They were unsure whether the portfolio was a public document to be used as part of their assessments. They wondered, therefore, how much personal reflection they should put into them. The team suggested that Foundation doctors would benefit from some clarity and some examples of a completed portfolio to help them use these tools effectively as part of their development.

Domain 6 – Support and development of Foundation doctors, trainers and local faculty

Standards

Support, training and effective oversight must be provided for foundation doctors.

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

Support, training and effective oversight for foundation doctors

Shadowing and induction

106. The Deanery advised the team that Foundation doctors received their main induction to the Foundation Programme in August, and site specific inductions at the start of each rotation.

107. Undergraduates from Cardiff University completed a six week clinical consolidation module in their final year which involved each undergraduate shadowing the placements that they would undertake in the Foundation Programme.

This module included an Advanced Life Support course. Foundation doctors attended a one-day shadowing session on the day prior to starting their first Foundation Programme placement.

108. In general, the F1 doctors at both sites informed the team that they had completed six weeks of shadowing prior to starting the Foundation Programme and received a main induction and site specific inductions. However, there were some exceptions, see paragraph 37 for further detail.

Careers guidance

109. The Deanery advised the team careers guidance should be provided to trainees through Postgraduate Organisers and Postgraduate Centre staff, who would refer to other information if appropriate.

110. The Foundation doctors told the team that there had been very little specific, well informed careers advice or support. Although they acknowledged that such provision was difficult in the changing climate of MMC, there was a strong feeling that it was important to improve the provision of careers advice because they were making careers choices without the appropriate information. Foundation doctors felt able to approach members of the local faculty for careers advice, but the majority found that career advice was often limited to the consultant's own speciality.

111. Some of the Foundation doctors undertaking FY2 pilots at Morriston Hospital had had the opportunity to explore 'taster' weeks in other specialties to inform their career choices. They found these weeks relevant and helpful.

112. The Foundation doctors at both sites were concerned about the uncertainty that surrounded the restructuring of specialist training. They did not feel that adequate information had been provided. They also felt that it was important to be able to get particular experience during their Foundation Training in order to bolster their chances of getting into their preferred specialty training programme.

113. The Foundation doctors at both sites did not have access to workforce planning data for Wales which indicated the number of consultant vacancies in each speciality.

114. The team suggest that the Deanery develop a proactive approach to the dissemination of careers guidance to Foundation doctors. The team suggest that access to workforce planning data for Wales might be helpful to Foundation doctors in planning their careers.

Pastoral support

115. The Deanery advised the team that Pastoral support should be provided to trainees through Postgraduate Organisers and Postgraduate Centre staff, who would refer to other sources of information as appropriate. The Deanery liaises with Cardiff Medical School in order to identify and make provision for trainees who require

particular support. A support service is also available for trainees who come from other medical schools. Postgraduate Organisers and Educational Supervisors can refer Foundation doctors to this service, and Foundation doctors can also self-refer.

Implementation of bullying and harassment policies

116. The Deanery advised the team that bullying and harassment policies were set out in the learning portfolio provided to Foundation doctors. Foundation doctors who encountered problems of this nature are advised to report them to the local Postgraduate Organiser. If the problem was not resolved at a local level, the Deanery is advised and takes appropriate steps to resolve the problems.

117. The Foundation doctors at both sites considered that they were able to seek appropriate guidance and assistance if they were experiencing bullying and/or harassment. They provided examples of such behaviour and its positive resolution.

Support, training and effective oversight for local faculty

Training for the local faculty

118. The Deanery advised the team that the responsibility of ensuring that the Educational Supervisors are adequately trained as trainers has been devolved to the employing Trusts. Foundation Programme Training Directors and Postgraduate Organisers are responsible for providing training for Educational Supervisors in the assessment and signing off of trainees, and on how to provide feedback to trainees. Postgraduate Organisers hold records of the training that their Educational Supervisors complete and discuss their training needs with them. The provision of training for Educational Supervisors is a standard addressed on the Balanced Scorecard.

119. The team consider the adequate training of Educational Supervisors essential to the success of the Foundation Programme and support the Deanery in tightening this standard with a view to ensuring that all Educational Supervisors are appropriately trained by a set date within the next five years.

120. The Deanery advised the team that the development and delivery of training in educational supervisory skills was included in the strategic plan each year, but implementation of these plans was dependent on whether funding from the Welsh Assembly could be secured. The Deanery provided the team with an example of an instance where Assembly funding had provided for a training course in mentoring and coaching for Educational Supervisors.

121. Postgraduate Organisers are advised to complete the National Association of Clinical Tutors' basic training package and attend a 'train the trainers' course. They are also required to attend bi-annual meetings of all Postgraduate Organisers as part of their continuing professional development.

122. The Deanery has plans to increase the number of assessors, and broaden the base of personnel who could take on this role by potentially including Specialist Registrars (SpRs), nurses, pharmacists and other groups, as well as consultants. It was recognised that this would need to be implemented gradually. The Deanery had made applications for funding to train SpRs in appraisal and assessment which was out to tender at the time of the visit.

123. The team heard of a pilot that was carried out in the Swansea NHS Trust with approximately fifty individuals, which sought to integrate the training and appraisal of GP Educational Supervisors and Hospital Educational Supervisors. The team considered such an integration was an excellent use of resources.

124. The Foundation Programme Training Directors advised the team that 'train the trainer' courses for their local faculty were provided in their Trusts. The team noted that take up rates for 'train the trainer' courses varied across the Trusts, but that opportunities were present for Educational Supervisors to receive this training. The team heard that training was also provided in the use of the assessment tools and in most Trusts this training was provided by the Foundation Programme Training Directors.

125. The team were advised that advanced courses for GP Educational Supervisors were used in General Practice. The team considered that these courses could be utilised at Trust level for Hospital Educational Supervisors. The team suggest that the Deanery consider this possible integration of training for Educational Supervisors.

126. The team heard from members of the local faculty at both sites that they were supported by their Trusts to attend training courses.

Support for the local faculty

127. The Deanery recognises that there is a need to ensure that Educational Supervisors have sufficient time in their job plans to participate in the assessment of Foundation doctors. The Deanery hopes to gain support for this from the Trusts, because Foundation doctor assessment fed in to patient safety and clinical governance.

128. The team were told that the Deanery was aware that individuals who were particularly interested in the Educational Supervisor role could take on higher numbers of trainees, and recognised this in their contracts.

129. The Deanery were carrying out a scoping exercise on the development of an appraisal system for Educational Supervisors to cover their role as trainers. However, the Deanery was mindful that it did not want to create more work for the Trusts with regard to the appraisal of Educational Supervisors.

130. Postgraduate Organisers are responsible for the Educational Supervisors in their Trust and for taking action if an Educational Supervisor are having difficulties, or

receiving negative feedback. In this they are advised by the relevant members of the local faculty and refer to the appropriate Associate Dean if necessary.

131. The Deputy Chief Executive of Swansea Trust advised the team that education was regarded as important at the Trust and had strong management backing. The team were advised that there were regular six-weekly meetings between the MMC Trust Programme Directors, the MMC Primary Care Advisor and the Deanery to discuss issues across service and education provision.

132. The Medical Director of Wrexham Maelor Hospital and the Chief Executive of North East Wales NHS Trust advised the team that the provision of education was incorporated into the Trust's core values.

133. The team commend the Swansea and North East Wales NHS Trust's commitment to supporting the provision of education.

134. The team were advised by the Deanery that 2 SPA sessions for education were allocated to Foundation Programme Training Directors and a management allowance was provided to Postgraduate Organisers.

135. The Deanery advised the team that provision of time in consultant's job plans for their roles as Educational Supervisors is included in the Supporting Professional Activity (SPA) sessions. The local faculty at both sites considered that it was a challenge to incorporate their Educational Supervisor role into their SPAs.

136. The team found that there were no forums in place to facilitate discussions between Hospital based Educational Supervisors about their Foundation doctors. The team heard of an e-group in place within the Swansea NHS Trust for Educational Supervisors in General Practice which the Foundation Programme Training Director advised was working well, but there was no link between Hospital and GP supervisors. The team recommend that the Deanery consider the formation of such forums.

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.

Lines of responsibility

137. Foundation Training Programme Directors operate in each Trust and are responsible for implementing the Foundation Programme. They liaise with Postgraduate Organisers in their Trust on the delivery of the Foundation Programme.

138. Postgraduate Organisers are responsible for ensuring that Foundation doctors receive a satisfactory training programme in their hospital. They implement changes as a result of local faculty or Foundation doctor feedback at local level where appropriate, and escalate more significant issues to the relevant Trust or Deanery personnel. They provide advice to the Deanery on the suitability of established and new training posts, and monitor these.

139. Educational and Clinical Supervisors are responsible for the educational and clinical supervision and training for their designated Foundation doctors at local level, including the assessment and appraisal of Foundation doctors.

140. The team considered that there was some confusion surrounding the roles and responsibilities of the Postgraduate Organisers and the Foundation Programme Training Director in the Swansea NHS Trust. It appeared that the Postgraduate Organisers were responsible for aspects of F1 including the delivery of the Foundation Curriculum at some sites in the Trust. However, FY2 pilots were in the main the responsibility of the Foundation Programme Training Director.

141. The Foundation Programme Training Director at the Swansea NHS Trust advised the team that some of the Postgraduate Organisers had disengaged from Foundation Programme training as a lot of the duties were being undertaken by the Foundation Programme Training Directors. They acknowledged that some of the duties of the Postgraduate Organisers and the Foundation Programme Training Directors would overlap and others would perhaps not be covered by either post. They also acknowledged that as F2 went live and the numbers of trainees increased, the capacity of the Foundation Programme Training Directors would require further consideration and the relationships with the Postgraduate Organisers would need to be consolidated.

142. The team considered that the roles and responsibilities of the Postgraduate Organisers and the Foundation Programme Training Directors would benefit from some clarification, particularly as the number of foundation doctors in the Swansea Trust increased. The team considered this to be particularly important given the fact that Postgraduate Organisers were site-based whereas the Foundation Programme Training Director was Trust-based and was not therefore present on all sites all of the time. The team recommend that this issue be followed up by the Deanery, and suggest that a consideration of these roles in all Trusts training Foundation doctors in the Deanery might also be beneficial.

Domain 8 – Educational resources and capacity

Standard

Overall educational resources and capacity should be fit for purpose.

143. The MMC Programme Directors found that they had varying levels of resource to look after their Foundation doctors. The distribution of resources did not

appear to be in proportion to the number of Foundation doctors in the Trusts. This contributed to the variation in the review processes used by the MMC Programme Directors to sign-off F1 doctors (please see paragraph 24 for further detail). They commented that as numbers increased, further administrative support would be required to ensure that the Foundation Programme was implemented effectively. The team suggested that a review of these issues would be helpful to ensure consistency in delivery across the Trusts in Wales.

144. The team spoke with members of the local faculty responsible for providing learning resources and educational facilities at each site. The team found that appropriate resources and facilities were available at each site. The team commend the support provided for Foundation doctors and for the delivery of the Foundation Programme by these members of the local faculty.

Domain 9 – Outcomes

Standard

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

145. The team were satisfied that the Deanery met the standards under this domain appropriately at this stage of the development of the Foundation Programme.

Good practice

146. This section of the report draws together areas of good practice identified in the findings of this report. Figures in brackets refer to later paragraphs in the report where appropriate.

147. The team highly commends the enthusiasm and commitment that the Deanery has shown in volunteering to participate in the QAFP pilot programme.

148. The team recognises and commends the significant achievements of the Deanery in implementing the delivery of the Foundation Programme.

149. The team commends the enthusiasm of the Clinical Tutors whom they met, and support that they provide for Foundation doctors.

150. The team commends the commitment and enthusiasm of the members of the local faculty whom they met, and recognise the significant support that they provide to the delivery of the Foundation Programme, and to Foundation doctors.

151. The team commends the excellent and valuable support provided by the Deanery for Foundation doctors with special educational needs. (33, 55)

152. The team commend the Deanery quality control processes and consider the pilot Balanced Scorecard to be useful in informing the TCVs and an area of good practice. (42-45)

153. The team commends the excellent and valuable support provided for Foundation doctors who are eligible to train Less Than Full Time. (58)

154. The team were pleased to meet with groups of Foundation doctors who were enthusiastic about their training and considered the Foundation Programme to be providing a good educational and clinical experience. (75)

155. The team commend the system of a common Educational Supervisor for FY1, and as of August 2006 for FY2, at Wrexham Maelor Hospital. (96-97)

156. The team commend the Swansea and North East Wales NHS Trust's commitment to supporting the provision of education. (131-133)

157. The team commend the support provided by members of the local faculty responsible for providing learning resources and educational facilities at each site for Foundation doctors and for the delivery of the Foundation Programme. (144)

Recommendations

158. This section of the report draws together recommendations identified in the findings of this report. The team and the Deanery have agreed that the Deanery will provide an update on the recommendations within six months of the GMC Education Committee and PMETB Training Committee's endorsement of this report. Figures in brackets refer to earlier paragraphs in the report where appropriate.

159. The team recommend that the Deanery include provision of information to members of local faculties regarding the competences of Foundation doctors as part of their renewed communications strategy around the Foundation Programme. (22)

160. The team recommend that guidance on the process for signing-off be disseminated again to the Foundation Programme Training Directors and to the Educational Supervisors with a view to promoting consistency in their approaches. (26)

161. The team would like to receive an update on the action being taken to improve communication between Educational Supervisors regarding the progress of Foundation doctors. (36)

162. The team recommend that the Deanery review the content and timing of departmental inductions with the Trusts and ensure at the TCVs that both Trust and departmental inductions are taking place. (41)

163. The team recommends that the views of trainees, including the rotas they are required to work and the degree of clinical support available, are obtained formally and confidentially prior to each visit. (48)

164. The team recommend that the Deanery initiate a clear, formal opportunity for feedback from the local faculty and Foundation doctors on the application and allocation process for F2. (70)

165. The team notes the difficulty in obtaining funding from the Welsh Assembly Government to increase the number of General Practice placements available and recommend that the Deanery continue to attempt to address this deficit. (84-88)

166. The team recommended that the Deanery include in their communication strategy review the provision of information to Foundation doctors on UK-wide issues such as the restructuring of specialist training. (109-114)

167. The team recommend that the Deanery considered the formation of forums for Hospital based Educational Supervisors to discuss their Foundation doctors. (136)

168. The team recommend that the Deanery consider clarifying the roles and responsibilities of the Postgraduate Organisers and the Foundation Programme Training Directors, and suggested that a consideration of these roles in all Trusts training Foundation doctors in the Deanery might also be beneficial. (140-142)

Annex A

The Wales Visiting Team

Professor Justin Allen (Team Leader)

Current role:

MMC Primary Care Advisor

Recent roles:

Advisor General Practice Postgraduate Dean, LNR Deanery

Officer and Lead QA Visitor, Joint Committee on Postgraduate Training for General Practice 93-05

General Practitioner 73-03

Dr Barbara Buckley

Current roles:

Consultant Paediatrician Hertfordshire Partnership NHS Trust

Medical Director (job share) Hertfordshire Partnership NHS Trust

Dr Jennifer Ciechan

Current roles:

Postgraduate Medical Officer, Royal Army Medical Corps

QABME Visitor

Professor David Croisdale-Appleby (Lay Team Member)

Current roles:

Chairman of Buckinghamshire Hospitals NHS Trust

QABME Visitor

Visitor for the Postgraduate Medical Education and Training Board

Dr James Paris

Recent roles:

Director of Public Health, Blackburn with Darwen PCT and Borough Council (May 2002-October 2004)

Programme Director, Mersey Deanery for Training in Public Health (July 2002-October 2004)

General Practitioner

Currently retired

Annex B

List of those whom the team met during the QAFP visits to the Wales Deanery

Dr Helen Baker, MMC Project and Implementation Manager

Dr Ian Bowler, Trust Programme Director

Mr Tim Brown, Postgraduate Organiser, Morriston Hospital, Swansea NHS Trust

Mr John Calvert, Medical Director, Morriston Hospital, Swansea NHS Trust

Mr John Carr, Trust Board Chairman, Swansea NHS Trust

Dr Peter Donnelly, Director of Postgraduate Medical Education, Swansea NHS Trust

Dr Campbell Edmonton, Associate Postgraduate Organiser,

Dr Mary Ellis, Postgraduate Organiser, Cefn Coed Hospital, Swansea NHS Trust,

Dr Brendan Harrington, Trust Foundation Programme Director, Wrexham Maelor Hospital, North East Wales NHS Trust

Dr Anthony James, Postgraduate Organiser

Dr Lisa Joels, Postgraduate Organiser, Singleton Hospital, Swansea NHS Trust

Dr Malcolm Lewis, Sub-Dean & Director of General Practice

Dr Sian Lewis, Associate Dean for Foundation

Ms Hilary Pepler, Chief Executive, North East Wales NHS Trust

Ms Jane Perrin, Chief Executive, Swansea NHS Trust

Dr David Price, Trust Foundation Programme Director, Morriston Hospital, Swansea NHS Trust

Dr Alan Rogers, MMC Primary Care Advisor

Chris Roseblade, Postgraduate Organiser, Wrexham Maelor Hospital, North East Wales NHS Trust

Dr Peter Rutherford, Medical Director, Wrexham Maelor Hospital, North East Wales NHS Trust

Professor Simon Smail, Postgraduate Medical Dean

Professor Howard Young, Wales Foundation School Dean

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

Annex C

Response from the Wales Deanery to the findings of the report

Received: 6^h December 2006

Professor Peter Rubin and Dr Anita Thomas
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Dear Professor Rubin and Dr Thomas

Wales Deanery Response to GMC/PMETB Report of the QAFP Visit 2006

*Coleg Meddygaeth, Bioleg,
Gwyddorau Bywyd a Iechyd
Cymru Prifysgol Caerdydd
Mynydd Bychan
Caerdydd CF14 4XN*

We would like to thank the PMETB and GMC teams for providing us with this opportunity to participate in the QAFP pilot. We highly value this development in Postgraduate medical Education and both the work which has gone into developing the draft Foundation Programme Standards and the structure of the quality assurance process.

We found the process informative and it has allowed us to further focus the future development of our programme. We found both the GMC/PMETB team developing the process and the inspection team to be constructive and thorough in their approach.

A major stumbling block, however, for both the inspection team and our deanery was the lack of draft standards at the start of the process. A number of difficulties stemmed from this. Firstly, the data requested at the initial stages was extremely broad based often requiring documents to be submitted more than once. Secondly, certain potentially very useful pieces of data were not requested, such as evidence of our ability to close loops following quality control processes. With regards this second point, we feel this may weaken any judgement on our performance in delivering a quality assured foundation programme.

A further difficulty both for the inspection team and the deanery was the lack of peer involvement in the inspection process with no members of our inspection team having relevant experience in Foundation Training. This caused particular frustration for those delivering the programme in the Trusts.

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We recognised and agreed with all the recommendations in the report and felt this was extremely useful in helping us taking forward our further development. Some of the recommendations however noted problems related to delivery of training at specific sites. In some of these instances we felt the focus would have been more appropriately placed on the deanery's ability to identify these quality issues and rectify them rather than simply repeating deanery's own QC processes.

With regards the identified areas of good practice we continue to be concerned that judgement of processes rather than outcomes can be highly subjective and some processes would not necessarily translate into good practice in all situations. We feel serious consideration should be given as to whether this is appropriate for a report which has been sanctioned by both the GMC and PMETB Education Committees.

We note that the potential outcomes of any QAFP inspection are not yet clearly stated and will of course be essential before the process can be more widely rolled out.

Finally, we were pleased to have been able to take part in this important development and hope our comments will contribute to the excellent work which has already been done.

Yours sincerely

Professor Derek Gallen
Head of School and Dean
And
Dr Sian Lewis
Foundation Lead