

## Final report of the QAFP visits to the West Midlands 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)<sup>1</sup>.
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 improvement of standards.
3. 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.
4. 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.
5. As this is a developmental pilot, the teams will make their recommendations in the context of the stage of implementation of the Foundation Programme. The method will be refined and piloted again during 2006/07 and will be the established process from 2007/08.

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

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

## Introduction

7. The West Midlands Deanery (known hereafter as 'the Deanery') covers a population of 5.4 million. The Deanery is responsible for over 3,800 doctors, dentists and public health specialists. There are three medical schools relating to the Deanery: Birmingham; Warwick; and Keele. Linked to the medical schools are six Foundation Schools, four to Birmingham and one each to Warwick and Keele.

8. The visiting team (known hereafter as '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 Birmingham on 6 February 2006.

9. The team conducted visits to three Trust sites within the Deanery, in different Foundation Schools, where the Foundation Programme is delivered: the Sandwell and West Birmingham Hospital, Sandwell and West Birmingham Hospitals NHS Trust; the University Hospital of North Staffordshire, University Hospital of North Staffordshire NHS Trust; and the Warwick Hospital, South Warwickshire General Hospital NHS Trust. Each of the sites was training Foundation Year One (F1) doctors and Foundation Year Two (F2) doctors<sup>2</sup>. The F2 doctors were being trained as part of a pilot FY2 training programme in the Deanery. FY2 training in the Deanery goes live in August 2006.

10. A list of those the team met during the visits is attached at Annex A.

## Findings

11. 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.

12. 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.

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<sup>2</sup> 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.

## 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*

13. The Deanery advised the team that appropriate clinical supervision is ensured through the network of Clinical Tutors and Educational Supervisors, who are appropriately trained and supported in their roles, and that this is monitored centrally by the Deanery during their quality control<sup>3</sup> visits to Foundation Programmes and through the post evaluation forms completed by Foundation doctors.

14. The team spoke with members of the local faculty<sup>4</sup> and Foundation doctors at each site they visited regarding clinical supervision of Foundation doctors. The team found that overall there was adequate clinical supervision. The team heard, at two of the three sites visited, of three cases of F1 doctors working without adequate clinical supervision. The team fed this back to the local faculty and the Deanery on the day of the visit, so that prompt action could be taken. The team considered that instances of inappropriate clinical supervision of Foundation doctors were perhaps more likely to occur within specialties who had not had previous experience of training Pre-Registration House Officers (PRHOs) whose permitted activities were similar to those of F1 doctors (see paragraph 43 for further detail).

### *Sign-off at the end of Foundation Year One (FY1)*

15. The Deanery advised the team the assessment and appraisal of F1 doctors throughout FY1 is documented through the portfolio system and is monitored by the Educational Supervisors and the Clinical Tutors (further detail on assessment and appraisal can be found in paragraphs 49-57 of this report). F1 doctors who demonstrate through the assessment and appraisal processes that they have met the GMC's requirements for experience for full registration are signed-off by their Educational Supervisors and Clinical Tutor and provided with a Certificate of Experience, endorsed by the Deanery, to allow them to apply for full registration.

16. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding the assessment and appraisal of Foundation doctors, and with the local faculty regarding the review of F1 doctor's appraisals and assessments for the purpose of signing-off. The team found that the Deanery

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<sup>3</sup> 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.

<sup>4</sup> 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](http://www.pmetb.org.uk/media/pdf/h/s/GenericStandardsForTrainingFinal05April06_1.pdf) accessed on 7 June 2006.

specified processes for considering the competence of F1 doctors for the purpose of signing-off were being implemented at all three sites. However, there was one incident where the team heard that a trainee had been handed signed assessment forms for self completion.

#### *Concern about health or conduct of colleague (whistle blowing)*

17. The Deanery advised the team that Foundation doctors are informed about whistle blowing procedures during the induction process, and that Foundation they were required to sign to confirm that they had received a copy of the whistleblowing policy.

18. Awareness of formal whistle blowing procedures varied amongst the Foundation doctors that the team spoke with. Foundation doctors generally considered that they would be able to approach a member of the local faculty if they required guidance in this area. The team heard of isolated examples of teaching in whistle blowing in the core curriculum, but in general the team did not hear that whistle blowing was specifically addressed in core curriculum teaching.

#### *Identification and management of the Foundation doctor in difficulty*

19. The Deanery policy for managing doctors and dentists in difficulty is available on the Deanery website. The Deanery advised the team that Foundation doctors in difficulty are primarily identified through the F1 and F2 appraisal process. Problems are also identified through 360-degree assessment, which judges non-clinical competences such as team working and communication skills. Educational Supervisors are supported by the Clinical Tutors and Programme Directors to resolve the majority of these difficulties at a local level.

20. Difficulties which cannot be resolved at a local level are referred to the Deputy Postgraduate Dean who has responsibility for doctors in difficulty. The Deputy Postgraduate Dean is provided with documentation to support the referral and holds a meeting with the Foundation doctor. The meeting aims to identify the problems and challenges that are affecting the Foundation doctor's performance and results in remedial support and training being provided.

21. The Deanery runs a confidential counselling service that provides a 24-hour telephone help-line and face to face counselling. This service is available to any doctor or dentist in a career or training grade within the region. Information on this service is provided in the induction for trainees. Personnel involved with the provision of Foundation Training also provide information on this service to trainees.

22. Clinical Tutors meet with the Foundation Programme Directors each year to discuss graduates who are going into Foundation Training and who may be vulnerable. These Foundation doctors are supported appropriately during their Foundation Training.

23. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding the identification and management of Foundation doctors in difficulty, who confirmed that the Deanery policy and procedures were being implemented. In general, the Foundation doctors were not aware of the Deanery policy in this area, but considered that they would be able to approach a member of the local faculty if they were experiencing difficulties.

24. The Team found that there were policies and procedures in place to ensure that Foundation doctors in difficulty were identified and managed effectively.

## **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*

25. The Deanery carries out annual formal monitoring through visits to each Foundation Programme<sup>5</sup>. The visits follow a standard procedure involving structured questions. A report is produced which identifies good practice and makes recommendations for improvement. The Trust has an opportunity to correct matters of fact and respond to the report and the recommendations. The reports are presented to the Deanery Executive Committee and the Foundation Committee. If a component of a particular programme requires improvement the programme is conditionally approved.

26. Responses to structured questions and the recommendations are recorded onto a database. The database produces a 'traffic light' report on all Foundation Programmes which demonstrates where a cycle of visits has highlighted issues at a Trust. This report goes regularly to the Foundation Board, is freely available to Trust Chief Executives within the formal system, and is put into the public domain.

27. Post evaluation forms are given to Foundation Doctors at the end of each placement which gather feedback on the placements. There is a Deanery-wide junior doctor's forum on which Foundation doctors have representation.

28. Trainee feedback on the core curriculum is informing plans for modification of delivery of this training in the future.

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<sup>5</sup> As defined by the Operational Framework for Foundation Training

29. The team spoke with members of the local faculty at each site they visited who confirmed that Deanery visits and post evaluation forms were used to inform site quality control processes. It was also confirmed that trainee feedback was taken into account to inform the content and delivery of the core curriculum teaching.

30. The team explored the responsibility for ensuring the quality of education provision with members of Trust management at each site they visited. The team heard supportive statements from members of Trust management regarding the provision of education and commended these. However, at one site the team heard from Trust management that the responsibility for ensuring the quality of education was considered to fall to the Educational Supervisors and the Deanery.

31. The team spoke with Foundation doctors at each site they visited who confirmed that they had the opportunity to provide feedback which they felt was taken into account, particularly with regard to the core curriculum teaching. The Foundation doctors were aware of the junior doctor's forum and their representation on it.

### **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.

#### *Deanery policy on equality and diversity*

32. The Deanery has an 'Equal Opportunities and Freedom from Harassment Policy' which is available on the Deanery website. The Deanery has a designated member of staff who takes a lead on Equality and Diversity. The Deanery's strategy in this area is to ensure that all members of staff are trained. The Deanery runs a range of workshops to deliver this training and a register is kept in order to monitor attendance, which the Deanery advised the team was good.

33. Training in this area is incorporated into induction courses for trainees, particularly for overseas graduates whom the Deanery recognises will need inducting to the changes in culture they will experience in studying in the UK.

34. The Deanery monitors and reviews recruitment to ensure that good practice in this area is being implemented. Staff are not permitted to take part in selection panels unless they have undertaken training in Equality and Diversity.

35. The team spoke with members of the local faculty at two of the three sites they visited regarding Trust provision of training in equality and diversity for the local faculty. Provision of this training varied, at one site the local faculty confirmed that they received training in equality and diversity, but at the another site this training was not provided by the Trust. The team commented that lack of training in equality

and diversity could result in Trusts being in a vulnerable position in terms of compliance with relevant legislation.

36. Provision of training in equality and diversity for Foundation Doctors varied across the three sites. The team heard of isolated examples of this training being included in the core curriculum teaching but in general the team did not hear that equality and diversity was specifically covered in the core curriculum teaching.

37. Foundation doctor's awareness of guidance for those experiencing discrimination varied across the three sites. The majority of the Foundation doctors were not aware of any formal guidance. However, the Foundation doctors felt that they would be able to approach members of local faculty if they required guidance in this area.

#### **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

##### *Recruitment and selection into the Foundation Programme*

38. The Deanery advised that selection of applicants to the Foundation Programme is managed by the Multi-Deanery Appointment Process (MDAPS).

##### *Allocation of F2 placements*

39. The Deanery advised that the allocation process to F2 placements is anonymised to rule out unfair or unlawful discrimination. Processes used to differentiate between candidates where there is competition for a post varied between Foundation Schools.

40. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding the process used to allocate F2 placements. The team heard of some dissatisfaction from Foundation Doctors regarding the process because the criteria were introduced after the programme had commenced. The team heard that feedback had been sought and received by local faculty from Foundation doctors on the process of allocating F2 placements, and were advised that this feedback would be taken into account as the process was developed.

### *Selection of local faculty*

41. The team were advised by the Deanery that Educational Supervisors are identified by the Clinical Tutor in each Trust. There were no criteria for selection of Educational Supervisors, no written recruitment and selection processes and no apparent system of appeal.

## **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*

42. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding the provision of clinical training.

43. The team heard of some situations where the local faculty did not fully understand what Foundation doctors were able and allowed to do, which resulted in some cases of confusion between the prescribed roles of Foundation doctors, PRHOs, and Senior House Officers (SHOs). However, the team heard that these

situations were occurring less frequently as local faculty grew more accustomed to delivering the Foundation Programme.

44. The team heard from some Foundation doctors who considered that levels of clinical experience varied across placements. For example, at one site it was noted that there was an inconsistent pattern of F2 doctors attending outpatient clinics, with some departments able to secure this experience for F2 doctors, and others finding this to be more challenging particularly during busy periods. At another site, Foundation doctors felt that supernumerary and non-supernumerary posts provided differing levels of clinical experience. At a third site, the Foundation doctors reported that the provision of formal clinical teaching sessions was inconsistent across departments. Foundation doctors also reported variable experience of out of hours working.

45. Overall, the Foundation doctors on all sites were broadly happy with their experience of the Foundation Programme.

### *Core curriculum teaching*

46. The team were advised by the Deanery that an accredited programme of general professional skills training had been implemented, the 'Postgraduate Award' (PGA). The PGA standards are currently used to benchmark the delivery of the core curriculum across the Foundation Schools, though it is recognised that there will be differences in each school. The PGA offers a recognised credit for achievement of learning in general professional skills.

47. As a result of the varied feedback received on the core curriculum the Deanery are currently reviewing the use of PGA standards to benchmark standards in delivery of the core curriculum. If it was decided to discontinue the use of the PGA, the core curriculum would be delivered by the individual trusts. The Deanery recognises that this would be a challenge. If the PGA is used again it would be in a reviewed format and if feedback was again negative the Deanery would cease to use it.

48. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding the core curriculum teaching. All sites monitor Foundation doctor's attendance at this teaching, which is bleep-free. Local faculty and Foundation doctors at all sites reported that some negative feedback had been given on the core curriculum teaching. The team noted that, at all sites, this feedback had been taken into account and changes implemented as a result, both to individual teaching sessions and in the form of wide-reaching reviews of the whole teaching programme.

### *Appraisal and assessment*

49. Foundation doctors are 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).

50. The Director of Hospital and Specialist Education provided the team with results of the assessments and appraisals for F1 doctors in the Deanery in 2004/05. These results showed that a high proportion of F1 doctors were achieving the required standards of the Foundation Programme in assessment and appraisal.

51. The team were advised by the Deanery that Foundation doctors are allocated an Educational Supervisor for each of their placements. Foundation doctors meet with their Educational supervisor three times during each placement, at the beginning, mid-point, and end. Attendance at these meetings is monitored locally through the portfolio system. Foundation doctors are required to carry out a self-appraisal at the beginning of each placement and their Educational Supervisor carries out appraisals at the mid-point and end of each placement.

52. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding assessment. The team heard that in general Foundation doctors were able to undertake the assessments and meet the standards required of the assessments. Members of the local faculties and Foundation doctors commented that it was challenging for some members of the local faculty to identify time to carry out the assessments.

53. A high proportion of Foundation doctors considered the DOPS assessments for both FY1 and FY2 to be pitched at too low a level. Some F1 doctors commented that the FY1 DOPS required a level of competence similar to that which they were expected to achieve at the end of their undergraduate programmes. Members of the local faculties agreed that the DOPS competences were not at an appropriate level for Foundation doctors.

54. Members of the local faculty at all three sites considered the TAB assessments to be useful for identifying struggling Foundation doctors, and those Foundation doctors whose performance was particularly good.

55. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding the appraisal meetings, who confirmed that these meetings consistently took place. The team heard concerns from some Foundation doctors who felt that in some cases Educational supervisors regarded these meetings as 'tick-box' exercises and that the rigour with which these meetings were conducted varied.

56. The team heard of one example of a Foundation doctor being handed pre-signed assessment forms for self-completion (see paragraph 16 for further detail).

57. The Deanery advised the team of plans to monitor the content and quality of appraisal meetings.

## **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*

58. The team were advised by the Deanery that shadowing is managed by the three medical schools. The length of time that medical students spend shadowing their Foundation Programme placements varies between medical schools: Birmingham undergraduates spending a minimum of one week shadowing their first placement; Keele undergraduates spend three weeks shadowing their first placement; and Warwick undergraduates spend four weeks shadowing either their first placement or a combination of their first and second placements.

59. The team were advised by the Deanery that induction is the responsibility of the Clinical Tutors and Educational Supervisors in each Trust. Foundation doctors are provided with the national 'Foundation Learning Portfolio' and this is supplemented by the Deanery's assessment and appraisal documentation. Foundation doctors are also provided with local induction information relevant to the site at which they are being trained.

60. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding shadowing and induction. All of the F1 doctors that the team spoke with who had graduated from Birmingham, Keele or Warwick medical schools had shadowed their Foundation Programme placements. A number of Foundation doctors commented favourably on the shadowing process.

61. The team were advised by members of the local faculty at each site that main site inductions for Foundation doctors are carried out each August. These inductions are mandatory and attendance is monitored. Some sites run additional inductions during the year to accommodate Foundation doctors coming into the sites outside of the main intake period.

62. The team heard from some Foundation doctors that they did not always receive departmental inductions, and that the content and quality of departmental inductions varied. The team noted that the four-month rotations for the Foundation Programme resulted in departmental induction being required more frequently and heard from some members of local faculty who reported that the accommodation of four-monthly departmental inductions was challenging. The arrangements whereby

F1 trainees spent four months in one Trust and eight months in another posed a particular challenge for induction which was partially addressed by a passport system used at one of the sites.

### *Careers guidance*

63. The team were advised by the Deanery that provision of effective careers guidance to Foundation doctors is a current priority. The Deanery is developing a central careers service which will deliver generic careers advice and provide dedicated support within each Foundation School.

64. The Deanery is reported that it currently piloting five-day shadowing opportunities, or 'taster sessions', in some Trusts and these opportunities will be rolled out to all Trusts in August 2006. These taster sessions are designed to give Foundation doctors the opportunity to experience a specialty that they are not doing a placement in but consider they might want to pursue as a career, and therefore assist Foundation doctors with their career planning.

65. At site-level, Clinical Tutors and Educational Supervisors provide careers guidance to Foundation doctors to varying degree; one site had run a careers fair.

66. The team spoke with members of the local faculty and Foundation doctors at each site they visited regarding the provision of careers guidance. Educational Supervisors felt able to provide careers advice but commented that this was difficult in the current uncertain climate surrounding career progression after Foundation Training.

67. Foundation doctors felt able to approach members of the local faculty for careers guidance. The team heard of significant concerns from the majority of the Foundation doctors regarding their future careers and run-thorough training. The Foundation doctors considered that they had not received adequate careers guidance, but recognised that the current uncertain climate surrounding career progression after Foundation Training meant that it was difficult for the Deanery and local faculty to provide concrete guidance.

68. The taster sessions were being piloted at two of the three sites that the team visited. Some members of the local faculty expressed concern regarding the practicalities of releasing Foundation doctors to attend taster sessions. Foundation doctors were generally not aware of the taster sessions, and did not know that they could request to do them.

69. The team noted that policies surrounding careers guidance were being developed by the Deanery for roll out in August 2006.

### *Implementation of bullying and harassment policies*

70. The Deanery policy on bullying and harassment, 'Bullying and Harassment Guidelines', is available on the Deanery website. The Deanery advised the team that

they worked in partnership with the Trusts to implement Deanery and Trust bullying and harassment policies.

71. The team spoke with Foundation doctors at each site they visited regarding the implementation of bullying and harassment policies. The Foundation doctors considered that they would be able to approach members of the local faculty for guidance if they were experiencing bullying and/or harassment. Some Foundation doctors provided examples of issues that had been raised in this area and that they felt had been dealt with well by the local faculty.

### *Support, training and effective oversight for the local faculty*

#### *Training for the local faculty*

72. The Deanery advised the team that there were two channels for training the local faculty, 'train the trainers' training and specific Foundation Programme courses, including training in the Foundation Programme assessment tools. This training is being delivered as a rolling programme in two phases. Phase one is the train the trainer provision and phase two incorporates the Foundation Programme courses. Both phases of training are being led by the Associate Deans at each Foundation School.

73. The future training strategy will focus on expanding the training capacity to ensure that opportunities are available for Educational Supervisors in General Practice, Psychiatry and Public Health. The Deanery has taken responsibility for training some Specialist Registrars (SpRs) to participate in training Foundation doctors and has actively encouraged SpRs to undertake training in the use of the Foundation Programme assessment tools through their day release training programme. The Deanery hopes to develop SpRs to take up future Faculty posts. There are plans to develop a database to monitor the take up of training and ongoing training requirements.

74. The team spoke with members of the local faculty at each site they visited regarding the provision of 'train the trainer' training. The proportion of Educational Supervisors trained in this area varied across the sites, at one site approximately half of the Educational Supervisors that we met with had attended this training, at another site approximately eighty percent of those we met had attended. The team noted that the Deanery's programme for delivering this training was ongoing.

75. The team spoke with members of the local faculty at each site they visited regarding the provision of training in the Foundation programme assessment tools. The majority of these individuals had been trained in the use of the Foundation Programme assessment tools. However, the team heard of some cases of SpRs and other health professionals carrying out assessments without having had training in the Foundation Programme assessment tools. Conversely at one site the team found that there was a strictly adhered to policy of SpRs not undertaking assessments of Foundation doctors unless they had received the appropriate training.

### *Support for the local faculty*

76. The Deanery advised the team that Clinical Tutors generally have two sessions per week identified in their job plans for their roles, but that this provision can vary depending on the size of the Trust.

77. The Deanery advised the team that provision of time in consultant's job plans for their roles as Educational Supervisors is included in the 2.5 Supporting Professional Activity (SPA) sessions.

78. The team spoke with members of the local faculty at each site they visited regarding the provision for their educational roles in their job plans. The Clinical Tutors reported that the sessions allocated in their job plans for their Clinical Tutor role were often not sufficient to cover the work they undertook. The team heard from some Educational Supervisors who commented that the provision made in their job plans to support their roles as Educational Supervisors was not sufficient.

79. The team were advised by the Deanery that they hoped to include education as one of the key performance indicators in the reports of the quality control visit to Trusts. The desired outcome of this would be that Trusts make provision to improve this indicator by including education in consultant job plans.

80. The team heard that Clinical Tutors met to share techniques and good practice at away days twice a year. The Chair of the Clinical Tutors is a member of the Deanery Executive Committee and ensures that issues raised by tutors are discussed at this level. Newly appointed Clinical Tutors are assigned a mentor to support and guide them.

81. All Clinical Tutors are appraised annually by the Director of Postgraduate Hospital Education or the lead Clinical Tutor. Development needs are identified through this forum. Clinical Tutors are appraised for their roles as consultants separately by Trust management personnel.

82. The team heard that there were not local forums for Educational Supervisors which focussed specifically on the Foundation Programme, which the team felt would be beneficial and would facilitate the planning of educational strategy and the sharing of good practice. The Educational Supervisor thought that such forums could assist on the delivery of the Foundation Programme and encourage joint working between Educational Supervisors.

## **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.

## *Deanery strategy*

83. The Deanery advised the team that they did not have a current business plan, nor a specific Deanery strategic plan, but were working to the 2004/05 business plan and a recovery plan for 2005/06 which was put in place to address financial pressures in case of need. The Deanery advised the team that this situation was a result of financial and structural uncertainties within the Deanery and the responsible Strategic Health Authorities (SHAs). The team fed back to the Deanery their concerns regarding the lack of a formal strategic plan and, specifically, a strategy for the implementation and delivery of the Foundation Programme within the Deanery. Following this feedback the Deanery informed the team that a strategic plan for the Foundation Programme was being developed, as a result of the team's feedback.

## **Domain 8 – Educational resources and capacity**

### *Standard*

Overall educational resources and capacity should be fit for purpose.

84. 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 commended 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.

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

## **Summary of findings**

86. Having considered the extensive policy and implementation documents supplied by the Deanery and having sampled three sites in three of the six Foundation Schools within the Deanery the team were satisfied that overall and subject to implementation of the requirements the Deanery met the standards for Foundation Training.

## Good practice

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

88. The team recognise and commend the significant achievements of the Deanery in implementing the delivery of the Foundation Programme. In the months between the Deanery's agreement to host a visit and the first meeting of the team at the Deanery, the national position on Foundation Training progressed significantly with the publication of the curriculum and agreement of the assessment tools.

89. The team heard of many examples of the Deanery's impressive record of research, publication and innovation. The Deanery has a strong ethos for progressing medical education and training on a national level and is engaged with the national agenda.

90. The team commend the enthusiasm of the Clinical Tutors that they met and support that they provide for Foundation doctors.

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

92. The team commend the Deanery's systematic approach to gathering quality assurance data. The quality assurance strategy is well developed and the Deanery is able to demonstrate where they are and what they are working towards in this area. (25-31)

93. The team commend the commitment demonstrated at the sites to seeking feedback from Foundation doctors and incorporating it into the development and implementation of solutions. (27-28, 31, 40, 47)

94. The team heard supportive statements from members of Trust management regarding the provision of education and commend these (30)

95. 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. (45)

96. The team commend the Deanery's commitment to ensuring that the transition from the undergraduate programme to the Foundation Programme is supported by the shadowing process. The team notes that the Deanery is keen for all three medical schools to offer shadowing for a three or four week period and the team supports the Deanery's stance on this. (58, 60)

## Requirements

97. This section of the report draws together requirements identified in the findings of this report which must be considered by the Deanery. A plan to address the recommendations must be provided by the Postgraduate Dean to the team within six months of the GMC Education Committee and PMETB Training Committee's endorsement of this report. An audit of implementation must be provided by the Postgraduate Dean to the team within twelve 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.

98. The team were concerned to hear, at two of the three sites visited, of three cases of F1 doctors working without adequate clinical supervision. The team fed this back to the local faculty and the Deanery on the day of the visits. The team were confident that the individual examples would be addressed rapidly. However, the individual instances indicated some lack of understanding about doctors in Foundation Training which the Deanery needs to address through the local Foundation Programme Associate Deans. (14)

99. The team were concerned that not all Educational Supervisors seemed to be approaching completion of assessment paperwork with the necessary rigour. The Deanery must ensure that Foundation Programme Associate Deans and Clinical Tutors have robust processes to monitor the training of Educational Supervisors and the professional responsibility of assessors. (16, 55-56)

## Recommendations

100. 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. In addition, the team and the Deanery have agreed that the Deanery will provide a job description for Educational Supervisors within three months of the GMC Education Committee and PMETB Training Committee's endorsement of this report. With regard to the recommendation in paragraph 114 of this report, the team would like to receive the final version of the *Foundation Programme Strategy for the West Midlands Deanery* when it becomes available. Figures in brackets refer to earlier paragraphs in the report where appropriate.

101. The team recommend that the communication of whistle blowing procedures to Foundation doctors be clarified and implemented. The team note that whistleblowing procedures are included in the main induction, but consider that Foundation doctor's understanding of these procedures needs improvement. (17-18)

102. The team consider that Trust management must take responsibility for monitoring and managing the quality of education provision, as well as clinical care, and should be setting their standards for education in accordance with those of the Deanery. The team recommend that this be considered by the Trust management at the particular site through liaison between the Trust and the Deanery. (30)

103. The team recommend that the Deanery strengthen the implementation of its equality and diversity policies by ensuring that all Educational Supervisors are up to date in their training in equality and diversity and by including training in equality and diversity for Foundation doctors within the delivery of the core curriculum. (35-37)

104. The team recommend that the Deanery work with the Foundation Schools to set and implement standards for the selection of Educational Supervisors. (41)

105. The team recommend that the points raised with regard to consistency of clinical experience be kept under review as the Foundation Programme beds down. The team consider it to be crucial to ensure that all Foundation doctors have opportunities to achieve all the core Foundation Programme competences. The team suggest that meetings between the three Educational Supervisors responsible for each Foundation doctor across their rotations to plan the Foundation doctor's pattern of experience during the rotation could facilitate the process of ensuring that each Foundation doctor has these opportunities. (43-44)

106. The team recommend that the Deanery consider the consistent provision of departmental induction for Foundation doctors as they continue to implement the delivery of the Foundation Programme. (62)

107. The team would like to receive an update on the implementation of Deanery career guidance policies. The team suggest that, as part of the new policies, there is a need to develop a proactive approach to the dissemination of careers guidance to Foundation doctors, including information about taster sessions and the policy and budget for study leave. (63-69)

108. The team recommend that there be a greater provision of 'train the trainers' training for Educational Supervisors within the rolling programme, perhaps focussing on sites where a lower proportion of the local faculty have attended this training. (74)

109. The team recommend that all members of the local faculty and other health professionals who assess Foundation doctors should receive training in the Foundation Programme assessment tools, in order to ensure consistency of assessments. (75)

110. The team recommend that the Deanery work with Trusts to secure adequate time within job plans for the Clinical Tutor role, and that the Deanery consider appropriate back-up arrangements for this role, given the reliance on these key individuals. (78-79)

111. The team recommend that more work be done to ensure that education is recognised in Educational Supervisors' job plans (78-79).

112. The team recommend that clinical and educational responsibilities be brought together for the purpose of appraisal. (81)

113. The team recommend that forums for Educational Supervisors to share ideas and learn collectively be developed. (82)

114. The team were pleased to receive the Deanery's draft *Foundation Programme Strategy for the West Midlands Deanery* on 20 July 2006 and would like to receive the final version when it becomes available. (83)

## **Annex A**

### **List of those we met with during the QAFP visits to the West Midlands Deanery**

Mr Phil Andrew, Head of Medical Staffing, Sandwell General Hospital

Dr Phil Bright, Clinical Tutor and Associate Dean for MMC, Birmingham North

Professor Ian Booth, Birmingham Medical School

Dr Colin Campbell, Associate Dean for MMC, Shropshire and Staffordshire

Dr Pat Chipping, Medical director, University Hospital of North Staffordshire NHS Trust

Mrs Jane Davies, Postgraduate Education Centre Manager, Sandwell General Hospital

NHS Lead Librarian, Mrs Irene Fenton, University Hospital of North Staffordshire

Professor Stephen Field, Postgraduate Dean

Mrs Trish Fouracres, Library Manager, Postgraduate Education Centre, Sandwell General Hospital

Ms Michele Gadsby, Head of Professional Development

Dr Carol Gray, Director of Clinical Undergraduate Studies, Keele Medical School Representative

Mr Nick Harden, Librarian, Education Centre, Warwick Hospital

Dr Jeremy Harrison, Clinical Tutor, Warwick Hospital

Mr Dan Higman, Clinical Tutor and Associate Dean for MMC, Coventry and Warwickshire

Dr Elizabeth Hughes, Clinical Tutor, Sandwell General Hospital, Regional Chair of the Clinical Tutors

Mrs Diane Jackson, Education Manager, Clinical Education Centre, University Hospital of North Staffordshire

Dr Stephen Kelly, Director of Quality Assurance

Dr C Marguerie, Director of Research, Development and Education, Warwick Medical School

Dr S Mather, Medical Director, South Warwickshire General Hospital NHS Trust

Mr Manjit Obhrai, Clinical Tutor, University Hospital of North Staffordshire

Dr Paul O'Hare, Warwick Medical School Representative

Mrs Andrea Palmer, Education Manager, Education Centre, Warwick Hospital

Professor John Skelton, Director of the Interactive Skills Unit

Professor David Wall, Deputy Postgraduate Dean

Dr Kathi Wheatley, GP Area Director, Coventry and Warwickshire

Dr Andrew Whitehouse, Director of Hospital and Specialist Education

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

## Annex B

### Response from the West Midlands Deanery to the findings of the report

Received: 29 November 2006

Peter Rubin	Anita Thomas
Chair	Chair
GMC Education Committee	PMETB Training Committee
General Medical Council	PMETB
Regent's Place	Hercules House
350 Euston Road	Hercules Road
London	London
NW1 3JN	SE1 7DU



St Chad's Court  
213 Hagley Road  
Edgbaston  
Birmingham  
B16 9RG

Tel: 0121 695 2301  
Fax: 0121 695 2233

Dear Professor Rubin and Dr Thomas

**RE: Report of the QAFP visits to the West Midlands Deanery 2005/2006**

Many thanks for the final report following this visit.

The Deanery is content that, having considered the extensive policy and implementation documents supplied by the Deanery and having sampled three sites in three of the six Foundation schools within the Deanery, the team were satisfied that overall and subject to implementation of the requirements, the Deanery met the standards for Foundation training.

With respect to those requirements:

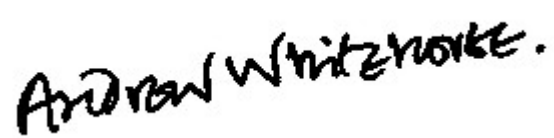
- Paragraph 97: a plan is already underway to address the recommendations listed in the report, and this Deanery will, within six months, forward that plan to the GMC Education Committee and the PMETB Training Committee. Further audit of the implementation of this plan will follow.
- Paragraph 98: Immediate investigation of reports that three cases of F1 doctors had been working without adequate clinical supervision. The Foundation Programme Associate Deans involved have satisfied myself, as overall head of Foundation training, that F1 doctors in those Trusts are indeed working with adequate clinical supervision appropriate to their level of training.
- Paragraph 99: The Deanery is addressing the report that not all Educational Supervisors are approaching assessment paperwork with the necessary rigour by reaffirming through our Foundation Programme networks the central importance of this activity. We are also in the process of releasing a job description for educational

supervisors and reviewing processes for identification of Educational Supervisors to ensure their full understanding of their responsibilities.

As regards the recommendations for the report, the Deanery undertakes to provide the necessary update on recommendations within the next five months and will forward, within the next month, the final version of the Foundation Programme Strategy for the West Midlands Deanery.

I would like to take the opportunity of expressing the appreciation of the Deanery for the recognition provided by the QAFP team of the Deanery's achievements in pioneering Foundation Programme development in the UK and we look forward to further improving the quality of our programmes in light of observations made by the QAFP team.

Yours sincerely

A handwritten signature in black ink that reads "Andrew Whitehouse." The signature is written in a cursive, slightly slanted style.

Dr Andrew Whitehouse

**Head of the Postgraduate School of Medicine/ Head of Foundation Training**

cc: Professor Steve Field, Head of Workforce and Regional Postgraduate Dean,  
NHS West Midlands