

Report of the QAFP Visit to the East of Scotland Deanery

Background

1. The General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB) have different but complementary legal responsibilities to regulate Foundation Programme training. The GMC sets and maintains standards for Foundation Year One (F1) and PMETB sets and maintains standards for Foundation Year Two (F2).
2. The Foundation Programme started in August 2005. PMETB assumed its formal powers in September 2005. In September 2005, the GMC and 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 outcomes of the pilot to date have been:
 - a. the adoption of the Generic standards for training with Foundation Programme specific standards, entitled *Standards for training for the foundation programme*;
 - b. agreement of the Outcomes for F1 doctors to demonstrate before full registration is granted;
 - c. a revised Deanery self assessment questionnaire;
 - d. a refined process of quality assuring the Foundation Programme which will be further developed during the remainder of the 2006/07 pilot.
4. This report will be presented to the GMC Education Committee and PMETB Training Committee for endorsement.

Introduction

5. The East of Scotland Deanery (known hereafter as 'the Deanery') volunteered to be part of the second cycle of visits within the pilot. This involved the collection of evidence from the Deanery in response to the revised self assessment questionnaire, which the visiting team (known here after as 'the team') were very grateful to receive. The team developed an action plan on the basis of the Deanery's response. Two sites were identified by the Deanery and visited by the team as a sample to provide evidence of the implementation of Deanery policy and Quality Management (QM).

6. The Deanery covers a population of approximately 460,000 and is the smallest Deanery in the UK. The team recognises that the size of the Deanery gives the opportunity for networking. There is one medical school relating to the Deanery; Dundee. The Deanery incorporates one Health Board, NHS Tayside (known hereafter as 'the Health Board') and the majority of Foundation Training in the Deanery takes place within this Health Board. In 2006/07, the Deanery are training 93 Foundation Year One (F1) doctors and 93 Foundation Year Two (F2) doctors.

7. The team visited the Deanery from 11 July to 13 July 2007. This included two site visits to hospitals within NHS Tayside, Ninewells Hospital and Perth Royal Infirmary. Each of the sites are involved in the training F1 and F2 doctors.

8. A list of those the team met during the visit is attached as Annexe A. This list is not exhaustive.

Findings

9. The following sections of this report are set out under the GMC and PMETB's joint domains and Standards for training for the foundation programme. The GMC and PMETB have now adopted the Generic standards for training with Foundation specific requirements.

10. The visit took place when Foundation Training in the Deanery was in its infancy and many of the plans expressed by the Deanery had yet to be implemented.

Domain 1 – Patient safety

Standard

The duties, working hours and supervision of Foundation doctors must be consistent with the delivery of high quality safe patient care.

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

11. Foundation doctors are monitored within the European Working Time Directive (EWTD). However, the team heard from a small number of Foundation doctors who reported that they had been told by senior management and/or consultants to falsify documentation so they did not fall outside EWTD.

Clinical supervision of Foundation doctors

12. The Deanery advised that all Foundation doctors have a clinical supervisor responsible for them. This supervisor can be either a Consultant or General Practitioner from the ward or practice where the Foundation doctor is based. The Educational Supervisor has overall responsibility for the clinical supervision of the Foundation doctor during the placement. However, the Educational Supervisor may not be working clinically with the individual Foundation doctor. The team heard that while some Educational Supervisors took time to find out about their Foundation doctors' clinical performance from their clinical supervisors, others did not. The team heard from some Foundation doctors who felt that their Educational Supervisor had little knowledge of their ability when it came to discussion in the review meetings. The team also heard that some Foundation doctors have identified this as an issue and asked for change.

13. Foundation doctors expressed concerns regarding out of hours supervision in Orthopaedics at Ninewells Hospital. Some F1 doctors in particular reported that they felt unsupported when seeking assistance from senior colleagues who were on call, and who considered that these senior colleagues were asking them to act beyond their level of competence.

14. The team heard of concerns from Foundation doctors regarding Hospital at Night supervision at Perth Royal Infirmary, which were linked to the management of middle grade and consultant cover, particularly in A&E and surgery. Foundation Tutors at Perth were aware of these concerns and the team heard that Foundation doctors were being surveyed on their experiences of Hospital at Night by the Deanery. The team consider that these supervisory structures and the Hospital at Night management structures should be made clear to Foundation doctors, and should be included as part of their induction into the Hospital at Night environment.

Programme and departmental induction

15. Foundation doctors receive the main part of their induction through modules completed in the Doctors Online Training System (DOTS). Completion of these modules is monitored and Foundation doctors are prompted to complete induction modules in relevant areas as they move from placement to placement. The Deanery holds a face to face induction for all Foundation doctors at the start of the Foundation Programme. This includes an introduction to the Foundation Programme, the assessments and DOTS, and meetings with Foundation Tutors.

16. The Deanery provides guidance to departments on the content of induction for Foundation doctors on arrival.

17. The Foundation doctors whom the team met were happy with their programme and departmental inductions.

Doctors in difficulty

18. Foundation doctors who are experiencing difficulties are generally brought to the attention of the Deanery through their Educational Supervisor. Foundation Tutors also monitor their Foundation doctor's progress by viewing their e-portfolio on the DOTS system. The Foundation Tutor will discuss any concerns regarding a Foundation doctor's progression with the relevant Educational Supervisor and with the Deanery if necessary. Foundation administrators monitor Foundation doctor's e-portfolio towards the end of each placement and will flag those Foundation doctors who are borderline.

19. Although there is a written policy on management of concerns about a Foundation doctor, there is not a written policy on when and how to refer a Foundation doctor who needs additional support and when to refer individuals to HR or Occupational Health. Each case of a Foundation doctor in difficulty is considered on an individual basis. A meeting is usually arranged with the Foundation doctor, the Deanery's Training and Education Development Manager and the Foundation Tutor soon after the concerns are raised. Following discussion in this meeting, remedial training and assessment is arranged as appropriate. If there are any concerns regarding a Foundation doctor's health, Human Resources and Occupational Health are involved. Measures include: targeted training on the wards or in the Clinical Skills Centre at Ninewells Hospital; the Foundation doctor participating in a Ward Simulation Exercise - a direct observation of performance in a simulated environment by senior clinicians providing immediate formative feedback to the Foundation doctor and the Deanery to inform remedial training and assessment; assessment using methods not part of the Scottish Foundation Programme assessments such as Mini Clinical Evaluation Exercises (Mini-CEXs) and Direct Observation of Procedures (DOPs); and the creation of supernumerary posts for Foundation doctors to provide time for improvement outside the pressure of service provision.

20. The Deanery advised the team that there was no written policy or procedure for Foundation doctors informing them what would happen if they were experiencing difficulties and needed support.

21. There is no formal mechanism for the Educational Supervisors of a single Foundation doctor to meet to discuss that individual, should the Foundation doctor be experiencing difficulties. The team heard from Educational Supervisors who had had poorly performing Foundation doctors come to them on a placement, and who

had not been advised of this by the previous Educational Supervisor. They would have found it helpful if this communication had taken place.

22. The Dean of Dundee Medical School liaises with the Postgraduate Dean as necessary regarding graduates who may or will require additional support in Foundation Training. Foundation doctors are advised if this is the case. The team learned that the student records are passed to the Deanery as provisionally registered doctors enter Foundation Training.

23. A number of the Foundation Tutors, Educational Supervisors and Foundation doctors whom the team met expressed concern that the current set of assessments used for the Foundation Programme did not identify doctors in difficulty early enough. The team heard from the Deanery, Foundation Tutors and Educational Supervisors that Multi-Source Feedback assessments (MSFs) were proving useful in the identification of struggling Foundation doctors. However, Foundation doctors whom the team met raised concerns with regard to the validity and fairness of the assessment.

Whistleblowing

24. The Deanery do not have a formal process for advising Foundation doctors on procedures for whistleblowing. The Deanery advised the team that there were plans to improve communication to all trainee doctors on whistleblowing policies and procedures, which include the development of a 'trainee friendly' policy.

25. The Foundation doctors whom the team met were not aware of formal whistleblowing procedures, though advised that they had been trained in the use of the IR1 form for reporting adverse incidents. However, some Foundation doctors had not been able to complete this online form because there is a requirement for the individual completing the form to enter who their line manager is. Foundation doctors do not have identified line managers so some were not able to complete the form. Other Foundation doctors who had completed the form reported that they had received no feedback subsequent to completing the form, or that the 'backlash' onto them was severe enough to discourage them from taking action in the future.

Sign-off for full registration

26. Foundation Tutors are responsible for signing-off Foundation doctors at the end of Foundation Year One (FY1). In order to sign-off each Foundation doctor, the Foundation Tutor considers the reports and certificates of completion provided by the Educational Supervisors at the end of each placement, the results of the assessments, the presented evidence, and attendance at the core curriculum teaching sessions.

Domain 2 – Quality assurance, review and evaluation

Standard

Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.

NHS Education for Scotland (NES) quality management

27. In the future, quality management will come under a Scotland-wide scheme devised by NES. A Medical Quality Management Group, reporting to the NES Medical Executive, has been established to develop a Scotland-wide approach to quality management. Currently NES consider information provided by the Deanery (including assessment records and the e-portfolio), the Health Board, and other sources such as the PMETB trainee survey and uses this to monitor the quality of provision in the Deanery.

Deanery quality management

28. The Deanery Foundation Committee is currently responsible for the quality management of Foundation Programmes delivered in the Deanery. The two Associate Deans with responsibility for Foundation have the primary roles in setting standards for the educational environment and monitoring these.

29. Feedback from Foundation doctors is a main contributor to the Deanery's quality management. Foundation doctors are required to provide feedback at the end of each four-month placement through the Post Assessment Questionnaire (PAQ) and on the formal teaching programme at the end of each teaching session. The PAQ covers the Foundation doctor's experience of induction and the quality of their training. Feedback on the formal teaching programme includes questions on the Foundation doctor's perception of their pre and post session knowledge and how relevant they consider the teaching to be to their training. The Deanery also uses data collected by the PMETB trainee survey to inform their processes, though data from Foundation doctors is not currently collected by the PMETB trainee survey.

30. Feedback from the PAQs is evaluated for each year and for each department. This feedback is not currently provided to the departments, but will in the future be disseminated annually. Annual provision allows the feedback to remain anonymous when provided to small departments who train a small number of Foundation doctors. The team noted that the PAQ does not measure the effectiveness of interaction between the Foundation doctor and their Educational Supervisor and consider that this might be a useful area to get feedback on.

31. The team heard that a pilot Foundation Training Department Questionnaire was sent to a small number of departments training Foundation doctors in order to inform quality management. It was hoped that this questionnaire would be completed by the Educational Supervisors. However, the questionnaire did not elicit any responses. The Deanery are looking at ways to improve the return rate and hope that the questionnaire will provide an annual update on Foundation Training in the departments to inform the visiting process.

32. Deanery quality management is also informed by the Health Board through data collected in order to monitor the Service Level Agreement (SLA) between the Deanery and the Health Board. The data collected includes information on: staffing numbers; time for educational activity in job plans; trainer numbers; adherence to European Working Time Directive (EWTD); Equality and Diversity training for staff; and recruitment. The Health Board are advised of concerns regarding Foundation Training through the Deanery quality management process, including the reports of the Deanery visiting process, and through ad hoc communication separate from these processes. There is not a formal process for communication between the Deanery and the Health Board regarding the quality of Foundation Training. The team heard from the Health Board that it was felt a formal process would constrain the speed at which action can be taken should issues arise regarding the quality of Foundation Training.

Deanery visiting process

33. The Deanery operate a rolling programme of visits to all training posts over a three-year cycle. The rolling programme is informed by PAQs and other information routinely gathered by the Deanery. There is also a triggered visit process. Triggered visits can be instigated through information gathered by the Deanery monitoring systems and can also take place as a result of one-off feedback. If the issue raised is not urgent, information collected to inform the decision of whether to carry out a triggered visit is provided to the Foundation Committee for their consideration when they routinely meet. If the issue is urgent and cannot wait for Foundation Committee consideration, the Deanery takes an immediate decision. The team heard that the process for instigating triggered visits is not formally set out in any documentation but is understood to be the process within the Deanery.

34. The visit panel for the rolling programme is comprised of lead member of the Foundation Committee, a clinician, a lay visitor from NHS Tayside and a Deanery administrator. The visitors are trained in the Deanery process and wider quality control principles.

35. The visitors are provided with documentation to inform the process in advance of the visit and meet to discuss the documentation and their approach. During the visit the team meet with Foundation doctors first and then Educational Supervisors, both for approximately one hour, and follow an interview schedule during the

meetings, though there is provision for specific areas of investigation outside the schedule.

36. Following the visit a report is produced which is verified by the Educational Supervisors. The team heard that in the future the Deanery plan to have reports verified by the Foundation doctors also. The report goes to the Foundation Committee for consideration. Outcomes of this consideration include: approval granted for three years; approval granted subject to recommendations contained in the report being addressed; recommendation to the Dean for approval to be withdrawn. In all cases actions taken as a result of the reports are followed-up through an action plan monitored by the Foundation Committee.

37. The team were pleased to hear of the Health Board's positive engagement in the quality management of Foundation Training, including senior Health Board personnel involvement in the visits. However, the team noted that there was currently little externality in the quality management process. The team consider that the current approach of evaluating posts is not necessarily robust in ensuring that a whole Foundation Programme meets the Standards for training for the foundation programme.

Domain 3 – Equality, diversity and opportunity

Standard

Postgraduate training must be fair and based on principles of equality.

38. Individual provision is made for Foundation doctors with disabilities. Provision is made for Foundation doctors to train flexibly if appropriate and to date all appropriate requests for less than full time training have been accommodated. This is arranged through the Associate Dean with responsibility in this area.

Training in equality and diversity

39. Foundation doctors complete mandatory training in equality and diversity through DOTS. Training in this area is also delivered through the core curriculum teaching. Foundation doctors commented that the training delivered as part of the core curriculum seemed to be geared towards NHS management personnel and was not wholly appropriate for them. The focus was more on equality and diversity in terms of recruitment and other HR areas, rather than on the consideration of diversity in patient groups or individuals.

40. All those involved in recruitment receive mandatory training in equality and diversity. Training in this area is also included in the 'Supporting Clinicians on Training in Scotland' (SCOTS) course.

Domain 4 – Recruitment, selection and appointment

Standard

Processes for recruitment, selection and appointment must be open, fair and effective.

Recruitment of Foundation doctors

41. From August 2007 applicants to the Foundation Programme in Scotland will apply for two-year Foundation Programme, with stated placements for both years, through the national recruitment process which will identify those expressing a preference for training in Scotland and refer them to the Scottish Foundation Allocation Scheme (SFAS). Due to the timing of the visit, the team did not meet with any Foundation doctors who had applied through this system. Previously Foundation doctors applied for a two-year Foundation Programme but only the placements for the first year of the Foundation Programme were stated.

Recruitment of local faculty

42. The six Foundation Tutors were recruited through a competitive application process. Educational Supervisors are identified and nominated by their departments. GP Educational Supervisors for the Foundation Programme were recruited from existing GP teaching practices.

Domain 5 – Delivery of curriculum including assessment

Standard

The requirements set out in the curriculum must be delivered and assessed.

43. The delivery of the Foundation Programme is organised into six Deanery Foundation Programmes (E1-6) which span the whole two years of Foundation Training. The Deanery Foundation Programmes generally incorporate 15 (though E3 has 18) combinations of six four month placements. There are 93 placement combinations in total and these are known as Individual Foundation Programmes, the programmes that individual Foundation doctors follow for their two years of Foundation Training. The arrangement of the six placements does not always take account of the requirements of the curriculum in that it would appear that a small number of the cohort had no opportunity to learn the psychiatric competences through direct experience.

44. DOTS is used to support the Foundation Curriculum, including assessments.

Educational supervision

45. The team were advised by the Foundation Tutors and Foundation doctors whom they met that meetings between them took place at least once during each placement, and more often if there was a need. The team heard many positive reports of this relationship, but also heard that in some cases Foundation doctors and Foundation Tutors experienced difficulty in meeting face to face because they were based at different sites. A small number of Foundation doctors were not confident that their Foundation Tutor knew who they were or were aware of their experiences on the Foundation Programme. However, the majority of Foundation doctors considered that they would feel confident in approaching their Foundation Tutor if they were experiencing difficulties.

46. The number of formal meetings between Foundation doctors and their Educational Supervisors varied between one and three meetings per placement. The majority of placements included two meetings. However, some Foundation doctors advised the team that they had not been able to arrange more than one meeting with their Educational Supervisor during a placement because they did not work together regularly or because the Educational Supervisor was too busy to accommodate them. The team learned that it is the Foundation doctor's responsibility to arrange their end of placement meetings with Educational Supervisors and heard that some Foundation doctors had been criticised when this could not be arranged in a timely way because of prolonged leave on the part of the Educational Supervisor.

47. The team heard of some cases of Foundation doctors being allocated Educational Supervisors whom they did not work with on that particular placement. Foundation doctors reported that in these cases the Educational Supervisors sometimes felt unable to complete some parts of the assessments comprehensively because they had not observed the Foundation doctor at work.

48. The team heard that due to the increasing requirement for closer educational supervision throughout the training grades the Deanery were keen to work with Educational Supervisors to implement change in a graduated process rather than bring in significant amounts of change too quickly. They feared that should they force too much change too quickly they may overburden existing Educational Supervisors and cause some to relinquish their roles.

Core curriculum teaching

49. Core curriculum teaching is delivered through a Scotland-wide 'Foundation Education Programme'. Topics are covered in four month blocks, the content of which are consistent across Scotland. The Deanery deliver this teaching through two hour sessions on alternate weeks (each session is run twice to give Foundation doctors an improved chance of attendance). For F1 doctors the sessions are run on Wednesdays from 2:00pm to 4:00pm, and for F2 doctors they are run on Thursdays from 3:00pm to 5:00pm. The sessions are run at Ninewells Hospital with

videoconference links to Foundation doctors based at Perth Royal Infirmary and Strathcaro.

50. The Deanery has received some challenging feedback regarding core curriculum teaching, on both the content and delivery of the sessions. The team heard similar feedback from Foundation doctors who commented that the content of some sessions was not appropriate and sessions delivered by videoconference were often not very engaging. Foundation doctors reported that some sessions were run without taking into account the fact that some people were videoconferencing in and needed to be included in the interaction. Although scheduled for two hours, the team heard that the sessions usually only last 90 minutes. The team heard that there is often no opportunity for Foundation doctors to bring their concerns and questions for discussion at the sessions. The Foundation doctors reported that most of their concerns related to the non-clinical aspects of the curriculum and they would prefer to use case discussion in the sessions to increase their knowledge and skills in these areas. Due to Foundation doctors requesting more face to face teaching, a small number of sessions are delivered at Perth Royal Infirmary in addition to Ninewells. The Deanery are hoping to increase the number of sessions delivered at Perth Royal Infirmary.

51. The team heard from consultants who commented that before the introduction of videoconferencing they did deliver teaching sessions and they would be happy to do so again, though they recognised that providing resource for this might be challenging. The team are concerned that the central organisation of the delivery of core curriculum teaching may have resulted in the loss of involvement of some enthusiastic educators.

52. Attendance at core curriculum teaching is monitored by the Deanery. Sessions are intended to be bleep free and the team heard from Health Board personnel that the only time a Foundation doctor would be unable to hand over their bleep to attend the sessions would be if they were on call. However, the team heard from a number of F1 doctors that they were often not able to find colleagues who were willing to take their bleep for the teaching session. If Foundation doctors attend a session but leave to attend to a bleep their attendance at that session is not counted and they are not allowed to return to the session. The team also heard that the teaching sessions clashed with pre-operative clinics in some departments and the Foundation doctors felt under pressure from their department to attend the clinics and from the Deanery to attend the teaching. In some cases the ward responsibilities of F1 doctors and the lack of middle grade cover on these wards meant that they could not attend teaching. F2 doctors found it easier to attend the sessions bleep free.

53. A mandatory Scotland-wide generic professional learning programme is delivered through online modules within DOTS, which covers areas such as equality and diversity, HR procedures, consent and prescribing. F1 doctors are required to complete an Intermediate Life Support (ILS) course and F2 doctors are required to

complete an Advanced Life Support (ALS) course. The team were pleased to note that all Foundation doctors complete a certified ALS course.

Assessment

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

55. The assessments include three types of tools which are termed 'Presented Evidence' and are primarily completed by the Foundation doctors: reflective log of educational activity; personal development plans; and significant event analyses (SEA). The Foundation doctors also undertake workplace assessments, which provide evidence of the acquisition of the practical competencies required in the Foundation Programme, and multi-source feedback (MSF) assessments, which require the Foundation doctors to get feedback from four colleagues on the following areas: Professional Relationships with Patients; Communication Skills; Team Working/Working with Colleagues; Maintaining Trust; Clinical Care; Probity; and Health.

56. The results of assessments are monitored every four months by the Deanery and the information is provided to the Foundation Tutors and recorded in a database held by the Deanery. If a Foundation doctor receives unsatisfactory results from an MSF their Educational Supervisor and Foundation Tutor are informed in order that this can be followed up with the Foundation doctor.

57. A general view expressed by the Deanery and Education Supervisors was that the current set of assessments did not sufficiently assess competences. It was suggested by the Deanery that in order to better monitor Foundation doctors' competences there was a need for additional assessment similar to the Case Based Discussions (CBD) and Mini CEXs used to assess Foundation doctors in the rest of the UK. Foundation doctors endorsed the view that the current assessment system did not adequately pick up poor performance, however agreed that the MSF was the most useful tool in this respect.

58. The team heard from some Foundation doctors who found the one to seven point scoring system used for marking the assessments to be unhelpful because the numbers did not have corresponding descriptors so did not provide useful feedback. They considered the scoring system to be a 'tick box' exercise with little formative value. There was concern expressed by both Educational Supervisors and Foundation doctors that the decision on the numerical score awarded was taken in a way which was not based on evidence.

59. The team heard from some Foundation doctors who experienced difficulty in submitting their assessments on time because their Educational Supervisor was not comfortable with using the online system. The Foundation doctors reported that the Deanery had fed back to them that it was the Foundation doctor's responsibility to get the assessments in on time. However, the team is concerned that some Educational Supervisors are not able to use the online system despite the fact that the Deanery provides training in this area.

60. The team could not identify a strategy for ensuring that SHOs and SpRs who complete the majority of Foundation doctor's workplace assessments are doing so to a consistent standard.

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

Standards

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

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

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

Support for Foundation doctors

Shadowing

61. Shadowing takes place during the same week across Scotland and is mandatory for all graduates from Scottish Medical Schools. Out of the 93 Foundation doctors who started F1 in 2006, eight were from outside Scotland so did not participate in the Scottish shadowing process. The team were pleased to note that the Deanery arranged for two of these eight to attend shadowing separately from the Scottish graduates, with provision made for their accommodation. The remaining six were not able to attend shadowing because of travel and/or timing conflicts. The Foundation doctors whom the team met with were happy with the shadowing process.

Pastoral Support

62. The Foundation doctors whom the team met were confident that the Deanery or their Foundation Tutors were able to provide pastoral support when necessary.

Careers support

63. During Dundee undergraduate's fourth and final years the Deanery Team speaks with them regarding the Foundation Programme and the application process. There is an Associate Dean with responsibility for careers advice and the Deanery holds a list of individuals in the different specialties who are willing to provide careers advice.

64. Provision is made for Foundation doctors to attend taster sessions in specialties that they are interested in but do not have a placement in. Foundation doctors can do two taster sessions in advance of their application to specialty training and are required to produce a report on their experience. Taster sessions will soon be open to Foundation doctors from their final placement in their first year of Foundation Training. The team heard that the Deanery did not advertise tasters to Foundation doctors and suggest that tasters should be advertised.

65. Foundation doctors whom the team met were generally happy with the provision of careers advice. Some Foundation doctors considered the process for accessing careers advice could be flagged more effectively and some were concerned about the quality of the advice they had received.

Study leave

66. The Deanery has guidance on the application process for study leave. There is currently no funding for Foundation doctors to take study leave. The study leave budget for F2 doctors is used to fund ALS training. Foundation doctors are entitled to apply for study leave time for relevant educational activities, but not study leave funding.

Support for local faculty

Foundation Tutors

67. Each of the six Foundation Tutors have one PA for education in their job plan funded by NES. The Foundation Tutors whom the team met considered this to be appropriate.

68. The Foundation Tutors whom the team met had been in post for approximately two and a half years and had not been appraised since their appointment. The team note that the Medical Director of NES considers that the Foundation Tutors should be appraised by the Deanery and endorses this view.

69. The Foundation Tutors reported that they had received appropriate training for their roles. In general the Foundation Tutors were happy with the support that they

received from the Deanery but some commented that the provision of careers advice to Foundation doctors was particularly challenging and an area they would appreciate more guidance from the Deanery on.

Educational Supervisors

70. The Educational Supervisors are funded by NHS Tayside. They do not have specific provision in their job plans for supervising Foundation doctors, this is covered in their Special Programmed Activities (SPAs). The team heard from the Health Board that the responsibility for educational supervision is given to clinical teams rather than individuals, in order to allow those with particular interest in this area to pursue it. Educational Supervisors are not appraised for their role as educators. The team consider that appraisal for Educational Supervisors would be beneficial.

71. The team heard that there are currently no formal communication mechanisms between Educational Supervisors. The team noted productive exchanges between Educational Supervisors who were brought together to attend meetings with the team and consider that further opportunities for such exchanges would be beneficial.

72. The Deanery advised the team that Educational Supervisors are encouraged to attend the Scotland wide SCOTS course. This includes training on: equality and diversity; appraisal and assessment; management of poor performance; clinical skills training; instructional techniques; and objective setting. At the time of the visit SCOTS was under review and not available. The team were advised that the revised SCOTS course would re-launch in January 2008. The Deanery also provides a local one-day course which is specific to the Foundation Programme and includes DOTS and the e-portfolio. The Deanery hold records of who has attended training and encourages those who have not attended to do so. The Deanery are currently working with the Health Board to make it mandatory for Educational Supervisors to attend appropriate training by including this in Educational Supervisor job plans.

Domain 7 – Management of education and training

Standard

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

NES and the Deanery

73. The Deanery sits within NES, a Health Board which reports to the Scottish Parliament. The NES Medical Executive is responsible for the strategic planning and implementation of Postgraduate Medical Education in Scotland. The Medical

Executive is chaired by the Medical Director of NES and includes the four Postgraduate Deans, the National Director of Primary Care, the Associate Medical Director, the Executive Manager Medical Department and administration support. The Dean of East of Scotland reports to the Medical Director of NES and is accountable to the NES Medical Executive.

74. The NES Foundation Board reports to the NES Medical Executive and is responsible for the co-ordination of the delivery of the Foundation Programme. It has representation from the four deaneries. Areas that the Foundation Board is responsible for include: recruitment of Foundation doctors through an online matching scheme; the assessment tools for the Foundation Programme, through an assessment sub-group; the content and delivery of the core curriculum, including the block release teaching, DOTS and the e-portfolio; inter-deanery transfer requests; and appeals for F2 doctors (appeals for F1 doctors are covered by the relevant University).

The Deanery

75. The team were pleased to meet with an enthusiastic Deanery team, and particularly note the support provided to Foundation doctors by the Foundation administration team.

76. The Deanery Foundation Committee is responsible for the local delivery of the Foundation Programmes in the Deanery and has representation from the Deanery, NHS Tayside, Dundee University, and doctors in training within NHS Tayside. Responsibilities include: local Deanery input into the appointment process to Foundation Training including the provision of interviewers; the construction of the six (E1-6) Deanery Foundation Programmes and the 93 Individual Foundation Programmes; the provision of advice locally on block release teaching and Foundation assessments; the provision of quality management systems; the maintenance of a database of Educational Supervisors and their educational experience, and the provision of training and support to Educational Supervisors; and the appointment and reappointment of Foundation Tutors.

77. The team were advised by the Deanery that there were some challenges in securing the attendance of doctors in training on the Foundation Committee. The Deanery hoped that the re-establishment of the Doctors in Training Education Forum, which was not running at the time of the visit, would facilitate this in the future.

78. There is one Postgraduate Tutor within the Deanery, based at Perth Royal Infirmary. The Postgraduate Tutor covers both Foundation and Specialty training and is responsible for supporting the educational environment and facilities at Perth and providing support to Perth-based Educational Supervisors in dealing with trainee performance issues.

79. The Deanery Foundation Team meets on a weekly basis and is responsible for the operation of Foundation Training in the Deanery. The Deanery Foundation Team consists of the two Associate Deans with responsibility for Foundation, the Training and Education Development Manager and the Foundation Administrators.

80. The Deanery Foundation Team and Foundation Administrators have regular contact with Foundation doctors and hold a database of information regarding their Individual Foundation Programmes, attendance at block release teaching, assessment, education supervision and records of any problems or concerns. The team heard of some difficulties regarding the Deanery's ability to monitor Foundation doctors' annual and sick leave. Within NHS Tayside, such information is not routinely passed between departments as the Foundation doctors move from placement to placement. Therefore it is possible for Foundation doctors to take too much annual or sick leave and for this not to be identified, as had been the case with some individuals. The team raised this with the Chief Operating Officer of the Health Board who advised that he would consider it. The Deanery were piloting a method for departments to pass information on Foundation doctor's annual and sick leave to the Deanery at the time of the visit. The team commend the database used by the Deanery Team to hold information about Foundation doctors.

NHS Tayside and the Deanery

81. Foundation Training commissioned by the Deanery is delivered within NHS Tayside primary, mental health and acute settings, one of 14 Local Health Boards in Scotland. There are seven hospitals in the Health Board involved in the Foundation Programme, the majority of which are located in Dundee and Perth which are the two main teaching centres. Foundation doctors are also trained at Strathcaro Hospital and Sunnyside Hospital (mental health), both of which are approximately 35 miles north of Dundee. GP Foundation placements are provided at 34 practices within the Health Board.

82. The primary formal forum for communication related to Foundation Training between the Health Board and the Deanery is the Foundation Committee. The team were advised by the Deanery and Health Board that personnel from both organisations benefited from frequent informal contact, facilitated by the fact that the Health Board and Deanery offices are in close proximity on the same site. The Postgraduate Dean is the lead for postgraduate training within the Health Board, and the Associate Deans are also involved. The Health Board advised the team that they do not have a designated postgraduate teaching lead.

83. The team heard the view that Local Health Boards in Scotland should have lead posts for education, or Directors of Medical Education. It was suggested that a primary responsibility of these individuals would be to consider education and service provision and implement ways to deliver both, working with the Postgraduate Deans. The team endorse the suggestion that there is a need for this type of post in

NHS Tayside, in order to provide support to the Dean and make useful distinctions between education and service that should drive improvement and innovation.

84. The team were pleased to hear of the good working relationships between the Deanery and the Health Board, expressed from both sides, and of the Health Board's commitment to the delivery of education. The team noted enthusiasm for the provision of Foundation Training from individuals at all levels within the Health Board.

Dundee Medical School and the Deanery

85. The primary formal forum for communication related to Foundation Training between the Medical School and the Deanery, which are located on the same site, is the Foundation Committee. The team were advised by the Medical School and the Deanery that personnel from both organisations also benefited from reciprocal membership of other groups and regular informal contact. In relation to the management of medical graduates who enter Foundation training and require additional support, the team were advised that because the Postgraduate Dean is an examiner for the undergraduate course and sits on the Final Exams Board, the flow of information on these individuals is facilitated.

86. The team consider that much of the communication between the undergraduate and postgraduate systems is informal and would benefit from a more formal arrangement. This would be particularly important if there were changes in personnel at either organisation, as the current arrangement appears to work well because of engagement on a personal level.

Foundation Tutors

87. There are six Foundation Tutors within the Deanery who report to the Dean. Each Foundation Tutor is responsible for one of the six (E1-6) Deanery Foundation Programmes. Foundation Tutors provide advice and support to Foundation doctors on their programmes (approximately 15 F1 doctors and 15 F2 doctors) and monitor their progress across the two years of Foundation Training. Foundation Tutors also provide careers advice to Foundation doctors.

88. The Foundation Tutors meet quarterly at the Foundation Tutors Group which Deanery Management Team staff also attend. When necessary, the Dean attends these meetings. The agenda is driven by the Foundation Tutors and informed by items raised by the Deanery. The group is also used as a forum to share practice and improve consistency in the work of the Foundation Tutors.

89. Foundation Tutors are responsible for co-ordinating the activity of the Educational Supervisors within their Deanery Foundation Programme and working with them on the training, assessment and monitoring of the Foundation doctors. The

Foundation Tutors reported that they found it difficult to establish relationships with the Educational Supervisors which made it difficult for them to fulfil their responsibilities in this area. The Foundation Tutors reported that it was not generally possible to meet with Educational Supervisors as a group, and that it was difficult to obtain general feedback from Educational Supervisors regarding matters relating to Foundation Training. The Foundation Tutors reported that they themselves were not necessarily part of the Educational Supervisor's reporting structure, and that Educational Supervisors often went direct to the Deanery with issues rather than through them. However, all the Foundation Tutors whom the team met were confident that Educational Supervisors, when they thought it appropriate, would approach them for assistance with Foundation doctors who were experiencing problems. The Foundation Tutors advised that they would like to have more interaction with the Educational Supervisors.

90. The team consider that current organisational arrangements do not allow the Foundation Tutors the full range of responsibility set out in their job plans. The team note that the Medical Director of NES considers that Foundation Tutors should be the link between the Deanery and the Educational Supervisors, but at the present time this is not always the case. The team heard that Foundation Tutors were keen to have a more comprehensive role as laid out in the job description. For example, they would like to have more ownership of their programmes and be involved in decisions made about their programmes and the Foundation doctors under their care. There were more effective relationships between Educational Supervisors in primary care and the relevant Foundation Tutor.

Educational Supervisors

91. Foundation doctors have a GP or Consultant Educational Supervisor for each of their four month placements. Educational Supervisors are responsible for the assessment and appraisal of Foundation doctors and are required by the Deanery to meet with Foundation doctors at the beginning and end of each placement.

Clinical Supervisors

92. Foundation doctors are supervised by a GP or consultant on a day to day basis during their placements. All consultants are required to act as Clinical Supervisors.

Domain 8 – Educational resources and capacity

Standard

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

93. The team note the absence of academic Foundation placements in the Deanery, and understand that both NES and the Deanery are supportive of these. The team heard that Dundee Medical School would be interested in contributing to the development of such placements. The team encourage work towards the provision of academic placements.

Facilities

94. There is library and IT provision at all sites that train Foundation doctors. The quality of this provision is monitored by the Deanery. The Foundation doctors whom the team met were generally happy with the library and IT facilities.

95. The Deanery have received feedback from Foundation doctors expressing concern regarding technical difficulties experienced during the video-conferenced teaching sessions. A new facility which included upgraded videoconferencing facilities was being built at Perth Royal Infirmary at the time of the visit which it is hoped will resolve previous technical problems.

96. There is continuous NHS funding for clinical skills training facilities within the Health Board.

97. The team heard positive feedback from Health Board personnel and Foundation doctors regarding the educational experience provided at Perth Royal Infirmary. It was reported that the relatively small size of the hospital and friendliness and approachability of the staff made for an enjoyable environment.

Domain 9 – Outcomes

Standards

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

The outcomes for F1 and competences for the Foundation Programme are published. All doctors should meet these outcomes and competences before successfully completing the Foundation Programme.

Coverage of competences within rotations

98. The Deanery advised the team that they had tried to ensure balance and coverage of competencies within each of the 93 Individual Foundation Programmes. However, the Deanery reported that there were some challenges in establishing placements in primary care due to a lack of central funding. The Deanery advised that they expected the move to fixed two year programmes to provide an improved

understanding of whether the programmes are balanced and produce well-rounded doctors.

99. The team consider that more evaluation of the two-year programmes needs to take place to ensure that they give sufficient opportunity to cover all the Foundation competencies, particularly those relating to mental health. The team are concerned that those Foundation doctors who do not complete placements in General Practice, A&E or psychiatry might have problems meeting these competences. The team consider that the Individual Foundation Programmes may still reflect the PRHO and SHO posts that they were originally comprised of.

Conclusion

100. The visit took place when Foundation Training in the Deanery was in its infancy and many of the plans expressed by the Deanery had yet to be implemented. The team were very pleased to meet with committed and enthusiastic individuals at all levels and noted the good working relationships between them. However, the team consider that the current culture of working through networking could lead to an uncoordinated approach if, for example, there was a change in personnel.

Notable Practice

101. This section of the report draws together areas of notable practice identified in the findings of this report.

102. The team were pleased to meet with an enthusiastic Deanery team, and particularly note the support provided to Foundation doctors by the Foundation administration team.

103. The team were pleased to note enthusiasm for the provision of Foundation Training from individuals at all levels within the Health Board.

104. The team were pleased to note the provision made for non-Scottish graduates entering Foundation Training in the Deanery to attend shadowing.

105. The team are pleased to note that Foundation doctors will be able to do tasters during the final placement of the first year of Foundation Training, to allow them to gain experience of a range of specialties before making their application for run-through training.

106. The team consider the use of Ward Simulation Exercises to assist the Deanery in understanding the areas of concern when a Foundation doctor is struggling to be notable practice, though the team had little opportunity to discuss this during the visit itself. The team would welcome further information on this from the Deanery and await the evidence of validation with great interest.

Requirements

107. 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 requirements 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 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

108. The Deanery must produce a strategic document which identifies finite timescales for the implementation of their plans to develop Foundation Training.

109. The Deanery must review the arrangements for the six placements to ensure that each Foundation doctor has sufficient opportunity to learn the competencies of the Foundation Curriculum.

110. The Deanery must review current custom and practice in educational supervision. Each Foundation doctor must have access to an educational supervisor who is sufficiently knowledgeable about the Foundation doctor's work and the content of Foundation Training to be able to make judgements on the Foundation doctor's progress. The team are concerned that current system:

- a. does not give Foundation Tutors sufficient autonomy or responsibility to effectively monitor educational supervision of Foundation doctors (see also paragraph 117);
- b. does not provide consistent educational supervision across the Individual Training Programmes in all cases because communication between Educational Supervisor from placement to placement is not always sufficiently robust;
- c. does not always provide Foundation doctors with an Educational Supervisor who is in a position to be in contact with them on a regular basis;

The team consider that the current system has the potential to allow under-performance to be picked up late and for an underperforming doctor to be signed off. The Deanery must work with NES to ensure that there are no gaps in the educational supervisory system for Foundation doctors.

111. The Deanery and NES must review the assessment package to ensure that those responsible for assessment have systems to accurately evaluate the Foundation doctor's performance, and that:

- a. competencies are appropriately assessed to ensure that poor performance is identified at an early stage;

- b. Foundation doctors receive formative feedback and have a forum to discuss their significant events;
- c. the risk of those contributing to assessment being inhibited from being frank in assessments is minimised;
- d. peer review assessments (for example, Multi-Source Feedback) require a greater number of reports on Foundation doctors than is currently the case.
- e. the required procedural skills are pitched at an appropriate level for Foundation doctors;

112. The Deanery must investigate the circumstances in which Foundation doctors reported that they have been told by senior management and/or consultants to falsify documentation so they do not fall outside EWTD.

Recommendations

113. 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 12 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

114. The Health Board and Deanery should ensure that all doctors responsible for supervising Foundation doctors establish regular debriefs for Foundation doctors at the end of each shift with the appropriate individual so that any untoward events are managed promptly.

115. The Health Board and NES should review the current leadership in postgraduate medical education within NHS Tayside and should consider the appointment of lead individual for education who would support the Dean and ensure that the Dean can properly fulfil his roles in NES, the University and the Health Board without conflict of interest.

116. The Deanery should review the lines of authority and communication between the Deanery, the Foundation Tutors and the Educational Supervisors.

117. The Deanery and the Health Board should consider ways to introduce externality into quality monitoring systems. The current quality monitoring processes have little externality because of the close relationship between the Deanery team and the Health Board. All those in the Deanery who would normally be responsible for quality monitoring are employed by the Health Board and must have a degree of conflict of interest which does not equate with quality monitoring, as opposed to quality control.

118. The Deanery should consider a review of the role and function of the Foundation Tutors, which should include:

- a. the establishment of effective appraisal mechanisms for Foundation Tutors;
- b. giving Foundation Tutors greater responsibility to manage their Foundation Programme, including the placements and the quality assurance of the assessment package as well as the individual Foundation doctors;
- c. giving Foundation Tutors responsibility for a group of Educational Supervisors who remain consistent;
- d. consideration of how Foundation Tutors could feed into appraisal of Educational Supervisors and continuous improvement of education provision. The Health Board might consider how a report from a Foundation Tutor on an Educational Supervisor can be fed into the appraisal process for consultants, and how the Foundation Tutors and Health Board Medical Director can use appraisal and organisational development to make improvements in departments that are underperforming with regard to education provision.

119. The Deanery should review the core curriculum teaching both in content and in the nature of delivery, including consideration of:

- a. The duration of teaching sessions. The team are concerned that some teaching sessions last 90 minutes rather than two hours, which could result in only 45 minutes of core curriculum teaching a week for Foundation doctors which the team considers to be too little;
- b. Teaching for Foundation doctors in equality and diversity. The team consider that the current approach to equality and diversity teaching should be reviewed so that Foundation doctors are encouraged to consider the different needs and strengths of different groups of patients and health care professionals;
- c. The delivery of teaching sessions. The team note that the Deanery is improving the videoconferencing facilities at Perth Royal Infirmary, however the Deanery and Health Board should consider whether this is the most effective way of delivering the educational agenda of developing the behaviours and non-clinical competencies of Foundation Doctors. Teaching on the professional components of the curriculum such as communication and time management may be better taught in small groups in order to improve engagement of the Foundation doctors and allow appropriate discussion;
- d. Opportunities for reflective learning within teaching sessions. The team heard that there is usually no opportunity for Foundation doctors to bring their concerns and questions for discussion at the teaching sessions and such an

opportunity would be welcomed. The team consider that more opportunity for reflective learning in these sessions should be facilitated.

120. NES and the Deanery should continue to work towards the provision of academic placements in the Foundation programme.

Annex A

Those we met with during the QAFP visit to the East of Scotland Deanery

Mrs Fiona Anderson (Training and Education Development Manager)

Mr Peter Bates (Chairman, NHS Tayside)

Dr David Bruce (Director of Postgraduate General Practice Education and Associate Dean with responsibility for Foundation)

Professor Philip Cachia (Postgraduate Dean)

Ms Susan Farrell (Training & Education Officer)

Professor Stewart Forsyth (Medical Director, NHS Tayside)

Dr Donald Gemmell (Foundation Tutor)

Mr Bill Hadden (Associate Medical Director for Perth Royal Infirmary)

Mr Steven Haddow (Head of Medical Change Projects, NHS Tayside)

Dr Jenny Hanslip (Foundation Tutor)

Dr Moya Kelly (Assistant Director of Postgraduate GP Education)

Dr Carrie MacEwen (Associate Dean for Less Than Full Time Training)

Mr Gerry Marr (Chief Operating Officer, NHS Tayside)

Professor Gary Mires (Undergraduate Teaching Dean)

Mr Rodney Mountain (Associate Dean with responsibility for Foundation)

Professor Martin Pippard (Dean of Medicine)

Dr Shobhan Thakore (Foundation Tutor)

Mr Mark Scholes (Site manager of Perth Royal Infirmary)Mr Brian Singer
(Foundation Tutor)

Dr Mike Watson (Medical Director – NHS Education for Scotland)

Professor Peter Rubin
Chair, GMC Education Committee
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Date 17 January 2008
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Dr Anita Thomas
Chair, PMETB Training Committee
Hercules House
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LONDON
SE1 7DU

Dear Peter and Anita,

REPORT OF THE QAFP VISIT TO THE EAST OF SCOTLAND DEANERY

Following your letter of 12 December and the enclosed final report from the QAFP visit to East of Scotland Deanery, we are pleased to provide our formal reply to the report and also to detail our activity and plans to meet the action plan within the recommended timescales.

I would take this opportunity to state that as a Deanery we have found participation in the QAFP pilot both enjoyable and a focus for our thinking on development of Foundation training. The Deanery appreciated the opportunity to discuss the initial findings of the QAFP report with the visitors and we are satisfied with the final report.

In responding to the requirements and recommendations of the report, there are some actions specific to East Deanery that are being managed solely at a local level but others that are being actioned by the NES Medical Directorate at a 4–Deanery/Scottish level. We believe this carries the added value of disseminating improvements and best practice arising out of regulatory visits in a consistent manner throughout Scotland.

The specific NES Medical Directorate initiatives (in which East Deanery staff are active participants) which are particularly relevant to the requirements and recommendations in this QAFP report are:

1. NES Review of Medical Directorate

This is a fundamental review of Deanery structure and function focussed on developing the most efficient systems to deliver GMC and PMETB standards in the future. It is being led by the NES Medical Director and a dedicated project manager. There is a project plan with the aim of full implementation by the end of 2009.

Specific activities relevant to the recommendations of this report include a revised specification of a Scottish deanery linked to the NES Corporate Plan, an explicit strategy for developing medical education (in the light of the Tooke report), the development of common information systems across all 4 deaneries, the introduction of an all-Scotland Quality Management Framework, the development of Educational Faculty through the provision of specific courses and a formal review of the Deanery-led Foundation block release teaching course.

2. **NES Medical Directorate Consultation Document – “ The Governance of Postgraduate Medical Education and Training in Scotland”** (appendix 1)

This consultation document was published in November 2007 in response to evolving GMC and PMETB standards and feedback from regulatory visits to all 4 deaneries in Scotland. The document proposes a new framework for delivering Foundation and Specialty training programmes across deaneries and also seeks to define the specific roles of the deaneries and health boards in respect to quality assurance and quality control. This includes defining the roles of Directors of Medical Education, Programme Directors, Foundation Tutors, Educational Supervisors and Clinical Supervisors ensuring that these key educational activities are included in the job planning and appraisal process and that the required competencies are maintained. The consultation process ended on 11 January 2008 and we are now evaluating the responses with a view to developing an implementation plan agreed with the health boards and other relevant stakeholders.

3. **NES Medical Directorate Quality Management Group**

This group has been established to introduce a common, Scotland-wide quality management process ensuring there is appropriate externality in relation to the deanery quality control visits. The group have analysed the recommendations of all regulatory visits to Scottish deaneries with a view to identifying and prioritising consistent and potentially high-risk recommendations for priority action.

REQUIREMENTS AND RESPONSES:

<p>108. <i>The Deanery must produce a strategic document which identifies finite timescales for the implementation of Foundation Training</i></p>
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NES Medical Directorate:

Strategic Review of Deaneries by 2009

East Deanery:

The Deanery Foundation Team will use the QAFP report and requirements to develop a strategic plan for Foundation Training August 08 – July 09. This strategy document will be produced and presented to the Foundation Committee by 31 May 08 and will be updated annually. Progress from the previous year will be monitored by the Foundation Committee.

109. *The Deanery must review the arrangements for the six placements to ensure that each Foundation doctor has sufficient opportunity to learn the competencies of the Foundation Curriculum*

East Deanery:

Review of the six placements which form the two year Foundation rotation for each trainee has now taken place, and revised rotations will start August 2008 (Appendix 2). The revised rotations now ensure that all Foundation doctors are exposed to areas of clinical practice where they will have the opportunity to learn psychiatric competencies through direct experience. This will be monitored through the PMETB trainee survey and at our internal quality management visiting processes.

110. *The Deanery must review current custom and practice in educational supervision*

NES Medical Directorate:

1. Current consultation process with health boards aims to fully implement revised Governance arrangements by 2009.
2. Medical Directorate and Deaneries working group has been established to formally identify the educational needs of Educational and Clinical Supervisors. This information will be used to develop a two day course for Educational Supervisors which will be piloted in March 2008. This course will rolled out to all Educational Supervisors in Scotland. E-educational modules are also being planned by NES. Attendance at an educational supervisor's course or completion of an e-educational module will become a requirement for all Educational Supervisors in Scotland.

East Deanery:

The Deanery Foundation team have reviewed those rotations where Educational Supervision is provided by senior doctors who are not in regular contact with the Foundation doctors. Medicine for the Elderly has changed these rotations to ensure that there is a closer working relationship between trainees and their Educational Supervisors. Information from the PMETB trainee questionnaire and Deanery internal quality management visiting will be used to identify other departments where such a change would be beneficial.

111. *The Deanery must review the assessment package to ensure that those responsible for assessment have systems to accurately evaluate the Foundation doctors performance*

NES Medical Directorate:

The NES Foundation Assessment Group is currently carrying out a review of the assessment package on behalf of the Medical Directorate. Changes to the Scottish Foundation Assessment Framework will include the introduction of Mini-CEX and Case-based Discussion to help ensure Foundation competencies are comprehensively assessed.

Significant Event Analysis (SEA) will now be used as a formative educational tool and will not have a role in the assessment package.

East Deanery:

The Deanery will continue to monitor the developments of the assessment framework and will include this in its Strategic Plan.

112. *The Deanery must investigate the circumstances in which Foundation doctors reported that they have been told by senior management and / or consultants to falsify documentation so they do not fall outside EWTD.*

East Deanery:

The QAFP report has been widely circulated to all provider units and NHS Tayside to raise awareness of this allegation. In the absence of documented evidence and specific instances however a formal investigation is not possible. The rights and responsibilities of Foundation doctors will be outlined at the general induction sessions and the NHS Tayside document "Voicing Concern" will be made available to all trainees.

RECOMMENDATIONS AND RESPONSES:

114. *The Health Board and Deanery should ensure that all doctors responsible for supervising Foundation doctors establish regular debriefs for Foundation doctors at the end of each shift with the appropriate individual so that any untoward events are managed promptly.*

East Deanery:

Through NHS Tayside representation on our Foundation Committee and the appointment of a Director of medical Education, we will work towards implementing a debriefing process as standard practice.

In respect to hospital at night, NHS Tayside has appointed 2 Senior Nurses with overall responsibility for managing the nursing component of hospital at night. Ongoing work will be undertaken this year to ensure that the reporting lines are clarified for the medical component of the Hospital at Night team.

Debrief sessions and their effectiveness will be monitored through the PMETB trainee questionnaire and the Deanery quality management visiting process.

115. *The Health Board and NES should review the current leadership in postgraduate medical education within NHS Tayside and should consider the appointment of a lead individual for education who would support the Dean and ensure that the Dean can properly fulfil his role in NES, the University and the Health Board without conflict of interest.*

NES Medical Directorate:

Current "Governance of Postgraduate Medical Education" consultation

East Deanery:

In response to this visit and the PMETB visit to post-Foundation training (April 2007), the Postgraduate Dean made recommendations to NHST I & Q Committee (appendix 3). NHST have endorsed these and made a commitment to appoint a Director of Medical Education which will address these concerns.

116. *The Deanery should review lines of authority and communication between the Deanery, Foundation Tutors and the Educational Supervisors*

NES Medical Directorate:

Current consultation

East Deanery:

East Deanery will review local arrangements in light of Medical Directorate consultation and paragraph 118 (below)

The above activities are now started and will be specified as quality management processes in the Deanery Strategic Plan.

117. *The Deanery and the Health Board should consider ways to introduce externality into the quality monitoring systems*

NES Medical Directorate:

The NES Quality Management Group is responsible for developing a 4-Deanery approach to Quality Management. It is planned to introduce a Scotland-wide visiting process that will allow externality.

East Deanery:

As an interim measure East Deanery has identified Foundation Tutors from across Scotland who are willing to participate in internal quality monitoring visits.

118. *The Deanery should consider a review of the role and function of Foundation Tutors*

NES Medical Directorate:

Current "Governance of Postgraduate Medical Education" consultation.

East Deanery:

Agreed schedule of meetings with Foundation Tutors to reach agreement by May 2008 on:

- Appraisal
- Relationships/communication with Educational Supervision
- Strategic input to Foundation planning in Tayside
- Input to review of block release educational programme

119. *The Deanery should review the core curriculum teaching both in content and in nature of delivery.*

NES Medical Directorate:

A project team has been established to review the core Foundation Curriculum delivery of teaching. This project team is chaired by the Postgraduate Dean from East Deanery and will produce recommendations on directly provided teaching by April 08.

120. *NES and the Deanery should continue to work towards the provision of academic placements in the Foundation programmes*

East Deanery:

The Foundation Committee in discussion with the Medical School are considering suitable placements and educational support for Foundation Academic posts. The options under consideration are:

- Training in a range of academic themes available during a variety of placements
- Specific academic placements for more concentrated academic experience

A written proposal is to be tabled at the next Foundation Committee meeting with the aim of introducing academic placements from August 2008.

As stated above, we regard the QAFP visit and report as helpful to our development of Foundation Training in East of Scotland Deanery. I hope that by answering the requirements and recommendations I have demonstrated that the Deanery is meeting the Standards for Training as set out by both the GMC and PMETB.

Kind regards

Yours sincerely

PROFESSOR PHILIP CACHIA
Postgraduate Dean

cc Dr Mike Watson, NES Director of Medicine
Dr Stewart Irvine, Associate Postgraduate Dean, South East Region
Dr Bill Mutch, Medical Director, NHS Tayside Primary Care Trust
Professor J Stewart Forsyth, Medical Director, Single Divisional Unit, NHS Tayside
Professor Martin J Pippard, Dean of College of Medicine
Deanery Management Team