

Report of the 2007 QAFP Visit to the Northern Ireland 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 document;
 - d. a refined process of quality assuring the Foundation Programme which will be further developed to inform the live process in 2008.
4. This report will be presented to the GMC Education Committee and PMETB Training Committee for endorsement.

Introduction

5. The Northern Ireland 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 document, 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. Three 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 1.7 million. There is one Foundation School within the Deanery. The Foundation School is managed by the Associate Dean for Foundation, who is also the Director of the Foundation School.

7. There has been a recent review of public administration in Northern Ireland which has resulted in a reduction in the number of Trusts from 18 to 5. The review looked at establishing a strategic health authority to replace the existing four Health Boards but the Deanery is awaiting a decision by the Northern Ireland Minister for Health. The aim of the reduction in the number of Trusts has been to facilitate a hub and spoke model of service provision, with the main hospitals in each of the five Trusts providing the majority of service and smaller peripheral hospitals providing specific services such as palliative care.

8. The team visited the Deanery from 8 to 12 October 2007. This included three site visits to hospitals: Royal Victoria Hospital (Belfast Trust); the Antrim Area Hospital (Northern Area Trust); and Causeway Hospital (Northern Area Trust). Each site is involved in the training of F1 and F2 doctors.

9. A list of those the team met during the visit is attached as Annex A. This list is not exhaustive. The team wish to express their thanks to all those in the Northern Ireland Deanery and in the Trusts visited for their courtesy throughout the visiting process, and for providing the information requested.

Findings

10. 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.

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.

Clinical supervision of Foundation doctors

11. Foundation doctors have a named clinical supervisor responsible for them at each placement. Educational supervisors and Foundation Programme Directors have overall responsibility for ensuring that appropriate clinical supervision takes place within their hospitals.

12. Foundation doctors on general practice placements are allowed to see patients under close supervision of their trainer, following satisfactory completion of a week-long induction. Foundation doctors discuss each patient that they see with their trainer. Foundation doctors do not work on call out-of-hours during general practice placements.

13. The majority of Foundation doctors whom the team met with knew who their named clinical supervisor was. In some cases Foundation doctors were unsure who their named clinical supervisor was, but considered that they were receiving adequate clinical supervision.

Educational supervision of Foundation doctors

14. Educational supervision of Foundation doctors is considered later in this report under domain five: Delivery of curriculum including assessment.

Programme and departmental induction

15. F1 doctors attend induction at the Deanery and the appropriate Trust site before starting their first Foundation placement. This induction includes the Acute Life Threatening Events – Recognition and Treatment (ALERT) course. The team heard from a small number of Foundation doctors who had been unable to complete their Trust site induction due to shift allocations, for example, some F2 trainees started their first F2 placements on a night shift.

16. Foundation doctors receive some parts of their induction through modules completed in the Doctors Online Training System (DOTS). Completion of these modules is monitored by the Deanery. The Deanery is developing additional DOTS modules which it is intended will provide tailored induction specific to particular departments.

17. The team heard from Foundation Programme Directors that there was no formal Deanery guidance on the content of local and unit induction. There was some duplication in the induction delivered by the Deanery and what was delivered at Trust level. Some Foundation Programme Directors were uncertain about the effectiveness of their local departmental inductions as there was no Deanery guidance. The team heard from Foundation Programme Directors that the occurrence and content of departmental induction was particularly dependent on

individual Trusts and that guidance from the Deanery on the required content of induction would be useful.

18. Foundation doctors on general practice placements receive a week-long induction during which they observe general practitioners at work but do not carry out consultations themselves.

Doctors in difficulty

19. The Deanery has a draft policy for the management of training grade doctors and dentists in difficulty. The policy sets out the Trust and Deanery responsibilities for dealing with the various types of difficulties that might be encountered by a training grade doctor.

20. The Deanery advised the team that clinical supervisors are the individuals who commonly identify underperforming Foundation doctors. The Deanery advised that if a clinical supervisor identified a Foundation doctor who was underperforming, the Deanery would initially work with the appropriate educational supervisor and Foundation Programme Director to support the Foundation doctor. The Postgraduate Dean would be advised of any serious cases but the preferred option is for concerns to be addressed locally. The team heard from Foundation Programme Directors who confirmed that underperforming doctors were managed at local level in all but serious cases.

21. The team found that there was patchy knowledge of the Deanery policy for the management of doctors in difficulty at local level. The team heard that Trusts had developed their own systems for the management of doctors in difficulty. The team understand that the Deanery is developing guidance in this area and suggest that as part of this development the Deanery should consider how best to promote knowledge of their policies with regard to doctors in difficulty.

Whistleblowing

22. The team heard that whistleblowing was dealt with at Trust level, with only serious cases being brought to the attention of the Postgraduate Dean. At the time of the visit the Deanery were about to issue whistleblowing guidance to complement the whistleblowing policies in the Trusts. The team consider that the Deanery policy should include how those who have had whistleblowing complaints made against them are supported, and should recognise the potential vulnerability of junior doctors with regard to whistleblowing.

23. Foundation doctors were generally aware of how to access Trust whistleblowing policies and recalled that these had been covered during their induction to the Trusts.

Sign-off for full registration

24. Foundation doctors are required to complete the required assessments, a Personal Development Plan, a log to reflect all educational activities with learning points and an F1 survey in order to be signed off at the end of FY1.

25. Foundation Programme Directors are responsible for co-ordinating signing-off Foundation doctors at the end of F1, in liaison with the educational supervisors. The Deanery has ultimate responsibility for signing-off; this is undertaken by the Associate Dean for Foundation. All concerned clearly understood this process.

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.

Deanery quality management

26. Foundation doctors complete placement assessment questionnaires (PAQs) at the end of each placement. The questionnaire includes induction, the quality and intensity of training, assessment and careers advice.

27. F1 doctors complete a questionnaire at the end of their F1 year which focuses on their final placement in the F1 year but includes space for comments on their other F1 placements. The questionnaire includes departmental induction, F1 doctors' responsibilities on that particular placement, work intensity, educational supervision and assessment, access to educational opportunities including the core curriculum teaching, and conditions of work including bullying and harassment.

28. The Foundation Programme Directors complete annual reports on the provision of Foundation Training in their areas. These reports are structured against the domains of the *Standards for training for the foundation programme*, although the wording of the standards has been amended. The team heard from Foundation Programme Directors that they do not receive guidance on the completion of the annual report or on how they should collate data appropriately in order to compile the report. This was apparent in the annual reports provided to the team which were very different in content. The team suggest that guidance in this area would be useful for Foundation Programme Directors and could improve the consistency of information provided in the reports.

29. The Deanery advised that information gathered through the PAQs, the F1 Survey and the Foundation Programme Director's annual reports is considered by a

Foundation Programme team within the Deanery. The Deanery does not currently have a policy or process setting out how this information is collated and disseminated to the Foundation Board or to the Trusts and Foundation doctors. The team heard of concerns at Trust level regarding the length of time that it took for this information to reach them, in some cases as much as 15 months, and that it would be useful for this information to be provided to them in a timely manner so it could be acted upon appropriately. The Deanery advised that new IT systems were under development to improve the collation and interpretation of quality control data.

30. Foundation doctors interviewed were unsure how their feedback on the Foundation Programme was acted upon and would appreciate information regarding action taken in response to their feedback. They also wished for more formal opportunities to meet with the Deanery to discuss their thoughts on Foundation Training.

Deanery visiting process

31. The Deanery advised the team that all hospitals are visited annually, though this process is being reviewed. The current process requires hospitals to complete a pre-visit proforma which requests information relating to five performance targets: educational supervisors/clinical supervisors; study leave; information management; appraisal of trainees; and Less Than Full Time (LTFT) training. The majority of visits are lead by the Deanery's General Professional Training Advisor with another Deanery or Agency colleague. The Deanery visiting team meet with senior Trust personnel and doctors in training and their educational and clinical supervisors. The Trust receives verbal feedback at the end of the visit and a report is produced.

32. The visit reports are presented to the Foundation School Board and are included in an annual report to the Northern Ireland Medical and Dental Training Agency (NIMDTA) Board. The reports are provided to the Directors of Medical Education, the Medical Directors and the Chief Executives of the Trust visited.

33. The visit reports have not historically included action plans for the Trusts or timelines for improvements to be made. The team heard that before PMETB came into being the Deanery did not consider that they could compel Trusts to make improvements linked to defined action plans. Action plans are being reinstated in the most recent round of Deanery visits.

34. The team noted the significant input of the General Professional Training Advisor into the visits. The team suggest that it would be beneficial to involve others in the visits to a greater extent in order to guard against dependence on one highly experienced individual and to ensure that the standard of these visits are maintained in the future.

35. The Deanery advised the team that their visiting process was in development and would in the future be based on a submission of information from hospitals

structured under the nine domain headings of the *Standards for training for the foundation programme*. The Deanery will continue to visit all hospitals annually. The Deanery advised the team that the visits will be informed by Foundation doctors' feedback on their experience of the Foundation Programme.

Domain 3 – Equality, diversity and opportunity

Standard

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

36. The Deanery advised that there are currently no Foundation doctors on LTFT training although one trainee will return to less than full time training after extended sick leave. The Deanery receives funding from the Department of Health, Social Security and Patient Safety (DHSSPS) for supernumerary LTFT training posts, but the funding is limited, and currently allocated to specialty trainees. The obstacle in achieving funding is likely to result in fewer applications for LTFT training from Foundation doctors.

37. The team found that Trust personnel and most Foundation doctors did not have a good awareness of opportunities for LTFT training. The team consider that it would be beneficial for the Deanery to promote LTFT training opportunities.

Training in equality and diversity

38. The visitors were informed that the Deanery planned to include training in equality and diversity in F2 core curriculum teaching, which F2 doctors would receive in October and November 2007. We have since learnt that this is to take place in the 2007-2008 year.

39. The Deanery advised the team that training in equality and diversity for Foundation Programme Directors and educational supervisors would be taking place in October and November 2007. Those met by the team confirmed that they had received this training or were going to be trained in the near future.

40. Trusts are responsible for ensuring that those involved in recruitment have had training in equality and diversity.

Domain 4 – Recruitment, selection and appointment

Standard

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

41. The majority of Foundation doctors apply for a two-year Foundation Programme and can view the individual placements within the programmes. Applicants are required to rank all Foundation Programmes offered by the Deanery, of which there are 234.

42. Those applying for stand-alone F2 programmes are allocated programmes according to what is left after the two-year programmes are allocated. For the next recruitment round for Foundation Training the Deanery plans to provide applicants with a written guide to the process.

43. The team heard from Foundation doctors who did not feel that they had been provided with sufficient information regarding the applications process or about the individual Foundation Programmes. Foundation doctors reported that they found it difficult to rank the large number of Foundation Programmes offered by the Deanery. This difficulty was exacerbated by the IT system which necessitated moving between multiple web pages. The team heard that Foundation doctors would have appreciated more information on individual Foundation Programmes in order to allow them to make more informed decisions on their ranking. The team encountered confusion amongst Foundation doctors regarding how ranking scores were used in the allocation of programmes.

44. The team heard of changes being made to individual rotations, particularly with regard to general practice placements in F2. On occasion these changes were made at short notice and resulted in significant implications for Foundation doctors' travel arrangements.

45. The team were pleased to note that the Northern Ireland Deanery does not instruct individual applicants for Foundation Training. The team suggest that this Deanery policy is communicated to applicants to ensure clarity.

Domain 5 – Delivery of curriculum including assessment

Standard

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

46. In 2007/08, the Deanery will train 231 Foundation Year One (F1) doctors and 231 Foundation Year Two (F2) doctors.

47. Foundation doctors use an e-portfolio to record the results of their assessments and appraisals. Foundation doctors, educational supervisors and Deanery staff have differing levels of access according to their roles, with the Deanery having the highest level of access.

48. The team heard that some difficulties were being experienced by Trust staff and Foundation doctors with accessing information held in the e-portfolios because log in information provided by the Deanery did not always work and some pages educational supervisors ought to be able to access were not contained within their profile. The Deanery advised that they had experienced some technical problems with the e-portfolio provider, which had resulted in impeded access to and use of the e-portfolio for Foundation doctors and educational supervisors.

49. The team heard that some Trust personnel were not confident in their use of the e-portfolio and required guidance in its use from Foundation doctors. The team noted that the Deanery did provide training in the e-portfolio for Trust personnel, but suggest that there is a need for further training for some individuals.

50. The team heard from Foundation doctors who were having problems accessing the e-portfolio because of a lack of IT facilities available within reasonable distance of clinical areas at Trust sites. Foundation doctors were concerned about this lack of access because the e-portfolio was key for recording their progress on the Foundation Programme. Not all Foundation doctors were prepared to access the e-portfolio from their home computers. The team note that Antrim Area Hospital has purchased a number of computers but does not have the appropriate personnel to install them.

51. The team consider that co-ordination of Foundation Training between primary and secondary care could be improved, and suggest that this could be incorporated into the Deanery's development of a medical education faculty.

Educational supervision

52. Foundation doctors have a single educational supervisor for each year of their Foundation Programme. This individual is responsible for the educational supervision in all posts undertaken by the Foundation doctor. The team consider this approach to educational supervision to be a successful strategy.

53. Though communication between a Foundation doctor's successive educational supervisors is not routine, the team heard that if an educational supervisor had concerns about a Foundation doctor they had supervised during F1, they would advise that Foundation doctor's educational supervisor for F2 of these concerns. In general, the team heard from educational supervisors that it would be useful if the educational supervisor responsible for a Foundation doctor's F1 year could routinely meet with or provide a report to the educational supervisor for that Foundation doctor's F2 year on the progress of the Foundation doctor.

54. Educational supervisors are responsible for the appraisal of Foundation doctors and are required by the Deanery to meet with Foundation doctors at the beginning and end of each placement. Educational supervisors liaise with the appropriate Foundation Programme Director regarding the performance of individual

Foundation doctors and decide whether individual placements have been satisfactorily completed by Foundation doctors.

55. The team heard that in general meetings between Foundation doctors and their educational supervisors were taking place appropriately. The team were pleased to hear of good working relationships between Foundation doctors and their educational supervisors.

Core curriculum teaching

56. Teaching for F1 doctors is delivered in the Trust by Trust-based faculty and the content of the teaching is decided locally. Trusts do not receive guidance from the Deanery on the content of F1 teaching.

57. Foundation Programme Directors are responsible for monitoring attendance and for dealing with Foundation doctor feedback regarding teaching in F1. Foundation Programme Directors would refer to the Deanery only if there were significant concerns regarding F1 teaching.

58. It is intended that organised departmental teaching is bleep free but F1 doctors advised that this was not always the case. The team also heard from F1 doctors that it was not always possible for them to obtain cover in order to leave the wards to attend the teaching.

59. The core curriculum teaching for F2 is co-ordinated by the Deanery and delivered centrally in Belfast. 100% attendance at this teaching is a requirement for F2 doctors to be signed off at the end of their F2 year. Each teaching session is run six times to give Foundation doctors the best chance of attending. The sessions have clinical input and are predominantly interactive. The F2 core curriculum teaching includes delivery of a life support training course designed by the Deanery, as equivalent to the Advanced Life Support (ALS) course but is not certified as such.

60. The Deanery advised the team that F2 core curriculum teaching sessions are evaluated and improved based on feedback from Foundation doctors. As each session is run six times it is possible to improve subsequent sessions if they initially receive poor evaluations. However, the team heard from Foundation doctors who did not consider that their feedback on the F2 core curriculum teaching had been acted upon by the Deanery. For example, Foundation doctors had expressed concern about the status of the local Deanery advanced life support course because it does not provide a recognised certificate. The team heard that Foundation doctors were paying themselves to attend certified ALS courses.

61. F2 doctors whom the team met raised concerns regarding the relevance of some core curriculum teaching sessions. It is likely that this reflected a lack of understanding and engagement of the F2 doctors which might be addressed by involving F2 doctor representatives in the organisation of core curriculum teaching.

62. The Deanery advised the team that they had issued an invitation to Foundation Programme Directors to become involved in the core curriculum teaching delivered in F1 and F2. However, the Foundation Programme Directors did not consider that they had been given appropriate opportunity to provide any significant input into core curriculum teaching and would appreciate more involvement in the content and delivery of this teaching. Educational supervisors whom the team met also wanted more involvement in core curriculum teaching. In addition, educational supervisors considered that it would be beneficial for the Deanery to provide them with information regarding the content of the core curriculum teaching as this would assist them with the delivery of local departmental teaching.

63. The team recognise the enormous contribution of the Associate Dean for Foundation in the development and delivery of the core curriculum teaching. However, the team strongly recommends that the core curriculum teaching is shared with the foundation programme faculty allowing the Associate Dean for Foundation to take a more strategic function on the development of Foundation Training.

Departmental teaching

64. Regular teaching takes place within hospital departments. In general practice all Foundation doctors on GP placements at any one time meet weekly for small group tutorials which are facilitated by GP trainers. Foundation doctors are asked to evaluate this teaching as part of the PAQs and this area is covered on Deanery visits.

65. Foundation Programme Directors were not sure who had responsibility for the quality management of teaching and other educational opportunities at departmental level and some considered this to be an area of weakness in the provision of education for doctors in training.

66. Foundation doctors whom the team met appreciated the departmental teaching available. However, in a significant number of cases Foundation doctors were not able to attend this teaching because they could not arrange cover.

Assessment

67. Foundation doctors are assessed using the following tools: Case-based Discussions (CbDs); Direct Observation of Procedural Skills (DOPS) assessments; mini-Clinical Encounter Exercises (mini-CEX); and Team Assessment of Behaviour (TAB) exercises. The results of assessments are recorded in each Foundation doctor's e-portfolio.

68. Clinical supervisors have overall responsibility for the assessment of Foundation doctors during a placement. The majority of assessments are carried out by Specialist Registrars (SpRs) rather than consultants. Nurses and phlebotomists

can carry out DOPS and are involved in TAB exercises but no other assessment processes.

69. The Deanery expects those involved in assessment to be appropriately trained though they do not feel able to enforce this at Trust level. The team heard at Trust level that not all those who carry out assessments have been trained. The Deanery advised the team that this is an area of development and they would like to make 'train the trainers' and assessment training compulsory for all clinical supervisors.

70. The team consider that all those who are involved in assessing Foundation doctors should be provided with appropriate training and guidance on the assessment tools.

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

71. Individuals entering Foundation Training from Queens University Belfast complete a one-month shadowing placement in advance of starting Foundation Training. This shadowing placement is well received by the Foundation doctors. Efforts are made by the Deanery to facilitate attendance at shadowing for individuals from other Medical Schools, though this is not always possible because of the differing timetables of Medical Schools.

Pastoral Support

72. The Foundation doctors whom the team met were confident that the Deanery or Trust personnel were able to provide pastoral support when necessary. There was

a lack of awareness among foundation doctors of deanery policy on pastoral support, however they were confident such support would be provided if requested.

Careers support

73. At the time of the visit the Deanery were in the process of appointing an Associate Dean for Career and Personal Development. The responsibilities of this post holder will include the management of the Deanery's Less Than Full Time (LTFT) Training policy and the facilitation of trainee take-up of LTFT training, the development and implementation of a strategy to deal with trainee doctors who are experiencing difficulties, and the establishment of a Deanery communication strategy relating to careers and personal development. The team consider this to be a key development.

74. The Deanery advised the team that taster sessions are available for F2 doctors. F2 doctors may use up to five days of their study leave to gain experience in specialities that they are not doing Foundation placements in. Taster sessions can last from one to five days. However, the team heard of some confusion regarding taster sessions from Foundation doctors. Some Foundation doctors reported experiencing difficulty in organising and obtaining study leave to attend taster sessions because Trust personnel did not always know about the procedures for organising taster sessions.

Study leave

75. The Deanery manages the study leave budget for Foundation doctors. There was confusion at Trust level regarding the processes for Foundation doctors taking study leave and what Foundation doctors could take study leave for, with differing practices evident between Trusts. The team suggest that it would be beneficial for the Deanery to develop guidance on study leave which could be disseminated to Trust personal and Foundation doctors in order for clarity to be achieved.

76. The Deanery advised the team that study leave includes provision for F2 doctors to take up to five days for taster sessions and ten days for the core curriculum teaching.

77. The team heard from Foundation doctors who had experienced difficulties with accessing study leave for some educational activities. Some Foundation doctors were taking annual leave in order to attend courses and funding the courses themselves.

Support for local faculty

Foundation Programme Directors

78. Foundation Programme Directors have one Programmed Activity (PA) for their role in relation to Foundation Training in their job plan, which is funded by the Deanery. Some Foundation Programme Directors whom the team met considered that it would be more appropriate to have two PAs for their role. Foundation Programme Directors are appraised for their roles. The team heard that in some cases the recruitment of Foundation Programme Directors could be difficult.

79. Foundation Programme Directors advised that they were happy with the support that they received from the Deanery.

Educational supervisors

80. Educational supervisors have one PA for education in their job plan which is funded by the Deanery. The educational supervisors whom the team met with considered that they received adequate support from the Deanery, but commented that they did not always receive regular, timely communication from the Deanery on matters relating to Foundation Training, for example, regarding MTAS.

81. Educational supervisors should be appraised for their roles by the appropriate Foundation Programme Director, but the team met with some educational supervisors who had not been appraised in this way. Training for educational supervisors is delivered at Trust level by the Foundation Programme Directors. The Deanery advise Trusts if there are specific areas that they would like educational supervisors to receive training in. The team heard from educational supervisors that they had received some training but this tended to be on a reactive basis rather than as part of a proactive approach to their development. The team heard that in some cases the recruitment of educational supervisors could be difficult.

82. The educational supervisors the team met commented that it would be useful to have a deanery-wide meeting of all educational supervisors, perhaps annually, in order to improve consistency in education supervision for Foundation doctors and share experiences. The team noted that some educational supervisors did meet as a group within Trusts.

Clinical supervisors

83. The team were advised that clinical supervisors do not have protected time in their job plans for their role in supervising and assessing Foundation doctors, but do a significant amount of work in these areas. The team heard that this has created some concern amongst clinical supervisors, some of whom feel that their role in

Foundation Training has not been recognised by the Deanery in the same way as the role of Foundation Programme Directors and educational supervisors. The team consider that it would be beneficial if the role and responsibilities of clinical supervisors were formally documented by the Deanery in order to achieve improved recognition of the contribution of clinical supervisors to the delivery of Foundation Training.

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.

The Deanery

84. The Deanery is incorporated into the Northern Ireland Medical and Dental Training Agency (NIMDTA, known hereafter as ‘the Agency’), which was established as a special Agency in 2004. The Board of the Agency comprises a non-executive Chairman and five non-executive members (two lay members, one medical practitioner and one dental practitioner). The Agency is accountable to the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland. Overall management responsibility for the Deanery rests with the Postgraduate Dean who is also the Chief Executive of the Agency and answerable to the Board of the Agency. The Deanery’s overall business plan goes to the Board of the Agency and then to the DHSSPS. The team were pleased to hear that the Board of the Agency and the Postgraduate Dean have a supportive relationship.

85. The Associate Dean for Foundation is accountable to the Postgraduate Dean and is responsible for the following broad areas: the design and implementation of Foundation Programmes; the support of Trusts in the monitoring of Foundation doctor’s hours in compliance with the European Working Time Directive and New Deal; the provision of careers guidance and support to Foundation doctors (though this responsibility will pass to the Associate Dean for Career and Personal Development when appointed); the overseeing of the recruitment process for Foundation Training; the management of certification and approval for F1 doctors to get full registration; and the support of development of core curriculum teaching. The team note the very significant contribution of the Associate Dean for Foundation to a large range of strategic and operational work.

86. The Foundation Board is responsible for the delivery of the Foundation Programmes in the Deanery, of which there are 14. The Foundation Board meets bi-annually and has representation from the Deanery, the Trusts (a Trust CEO representative, a HR Directors Forum representative, and a Clinical Tutor

representative), DHSSPS, Queens University Belfast, the British Medical Association (BMA) and Foundation doctors.

87. The team was pleased to learn of a number of good ideas for the development of Foundation Training in the Deanery, but these ideas and other deanery policies relating to Foundation Training were often not documented formally nor known about at Trust level. The team note that the Deanery has not yet developed and reported strategic plans specifically for Foundation Training. The team consider that there is opportunity for the Deanery to invite contributions to development plans and to improve the dissemination of information regarding strategic plans and operational policies for Foundation Training, and regarding operational policies relating to Foundation Training with the Agency Board and with Trust personnel at all levels.

88. The team were pleased to meet with an enthusiastic and committed deanery team.

Trusts and the Deanery

89. The Deanery incorporates four Health and Social Services Boards: Eastern Board (incorporating the Belfast Trust and the South Eastern Area Trust); Western Board (incorporating the Western Area Trust); Northern Board (incorporating the Northern Area Trust); and Southern Board (incorporating the Southern Area Trust). There are 15 acute district general hospitals and two regional specialist hospitals in Northern Ireland, all of which train Foundation doctors. GP Foundation placements are provided at 20 practices within the Deanery. Foundation training is also provided at two of the four local hospitals and six of the eight mental health hospitals within the Deanery.

90. The Deanery has educational contracts with each Trust. The Deanery advised the team that Trust adherence to the educational contract is monitored through the Deanery visits.

91. The team heard at Trust level that communication regarding strategic direction and operational processes relevant to Foundation Training from the Deanery was not ideal. The dissemination of information from deanery to Trust level often appears to be slow and as a result Trusts respond reactively rather than being able to plan proactively. The team heard that Trusts were enthusiastic about joint working and would appreciate more interaction with the Deanery at executive level.

92. The team were pleased to meet with individuals at Trust level who were clearly enthusiastic about the provision of Foundation Training. The team were pleased to hear of commitment at Trust level to the inclusion of programmed time for educational activity in job plans.

Queen's University Belfast and the Deanery

93. There is one medical school relating to the Deanery; Queen's University Medical School in Belfast. The Postgraduate Dean is accountable to the University for the F1 year. The Postgraduate Dean meets with the Dean of the Medical School every two to three months to discuss matters relevant to Foundation Training. The Dean of the Medical School is a member of the Foundation School Board.

94. There is currently no formal process for the transfer of information from Queen's University Medical School to the Deanery regarding individuals who might require additional support or monitoring during their Foundation Training. The Deanery advised the team that they were working with the Dean of the Medical School on developing a process.

Foundation Programme Directors

95. There are 16 Foundation Programme Directors within the Deanery who are accountable jointly to the Postgraduate Dean, regarding educational issues, and to the Chief Executive of the appropriate Trust, regarding employment issues. Foundation Programme Directors report to the Director of Postgraduate Medical Education or Clinical Tutor of their appropriate Trust. There is not a Foundation Programme Director specifically responsible for general practice, however a representative from general practice sits on the Foundation Board.

96. Each Foundation Programme Director is responsible, or jointly responsible, for one of the 14 Foundation Training Programmes in the Deanery and for 20-40 Foundation doctors across the two years of their Foundation Training. Foundation Programme Directors are responsible for the following broad areas: to deliver a high quality Foundation Training Programme; to organise and ensure delivery of a high quality generic professional training programme for Foundation doctors and to enable Foundation doctors to attend the programme; to work with Trusts to ensure effective development of educational supervisors for Foundation doctors; to contribute to the overall development of the Deanery; to work with other Foundation Programme Directors to ensure a co-ordinated approach to Foundation Training in the Deanery; and to assist with recruitment to Foundation Training Programmes.

97. The Foundation Programme Directors are responsible for managing the performance of educational supervisors on their Foundation Programme. This management includes the appraisal of educational supervisors and the organisation of training for them.

98. The Foundation Programme Directors meet three to four times a year at the Foundation Programme Director committee which Deanery staff also attend. The Foundation Programme Directors are involved in Postgraduate Education Committees at Trust level. These meetings are largely administrative, and they

would appreciate the opportunity to meet to discuss the development of the programme and hear about examples of good practice.

99. Foundation Programme Directors did not generally consider that they were involved in developing Deanery policy regarding the Foundation Programme, but were happy with the input that they had at operational level. The team consider that it would be beneficial to utilise the significant experience and expertise of the Foundation Programme Directors by involving them more at developmental and strategic levels.

100. The team were pleased to meet with a dedicated and enthusiastic group of Foundation Programme Directors who were keen to develop their local faculty.

Educational supervisors

101. There are 35 educational supervisors responsible for Foundation doctors. Each educational supervisor is responsible for approximately 15 Foundation doctors and reports to the appropriate Foundation Programme Director.

102. The team were pleased to meet with committed and enthusiastic educational supervisors, whose valuable contribution to the provision of Foundation Training was recognised at Deanery and Trust level.

Clinical supervisors

103. Clinical supervisors are responsible for teaching and supervising Foundation doctors during specific placements and for assessing them during the placements.

Domain 8 – Educational resources and capacity

Standard

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

Facilities

104. Educational facilities are considered as part of the annual Deanery visits but the Deanery does not have standards relating to the provision of educational facilities as part of the current visit process.

105. The team heard from Foundation doctors that the provision of library and IT resources, particularly internet access, varied across sites and departments within sites. Some Foundation doctors reported that access to IT facilities within some

departments was very limited, which caused problems for them in accessing their e-portfolios and affected their lines of communication with the Deanery. For some, IT equipment was either located in open wards or at significant distance from their clinical area, hindering their recording of assessments. This was particularly true at the Antrim Area Hospital.

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

106. The team was informed about the trainee completion rates for 2005-2007. Although the vast majority of trainees completed their registration, one individual did not complete their training. Several trainees returned home to Malaysia without completing both the first and second years of training.

107. The team heard that the Deanery had received funding for 60 F2 placements in general practice. The Deanery consider that if more funding was available they would be able to expand the number of placements offered in general practice, which they would like to do.

Notable Practice

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

109. There were examples of excellent induction programmes at some of Trust sites that the team visited. The team consider that it would be beneficial for notable practice in this area to be identified and communicated via the Deanery to other sites to improve overall standards and consistency of induction.

110. The team heard of some notable practice with regard to the delivery of F1 core curriculum teaching at some of the Trust sites that the team visited. The team consider that it would be beneficial for notable practice in this area to be identified and communicated to other sites to improve overall standards of core curriculum teaching and consistency.

111. The team consider the strategy of Foundation doctors having a single educational supervisor for each year of their programme to be good.

112. The team heard good examples of innovative and strategic thinking at Deanery level. The team consider that there would be much benefit in the systematic dissemination of this information to other groups, for example, Foundation Programme Directors and educational supervisors.

113. The team note the very significant contribution of the Associate Dean for Foundation to a large range of strategic and operational work. The team consider that it would be beneficial for the Associate Dean for Foundation to be relieved of some of her operational duties to allow her to become more involved in the strategic development of Foundation Training in the Deanery.

114. The team met with a number of impressive Foundation Programme Directors whose contribution to the delivery of Foundation Training in the Deanery is very significant. The team consider that the role of the Foundation Programme Directors could be expanded to include more involvement in areas such as the Deanery's Quality Management Systems and the content and delivery of core curriculum teaching.

Requirements

115. 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 3 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 6 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

116. The Deanery must address the technical problems being experienced by some Foundation doctors regarding the e-portfolio. The Deanery should work with the Trusts to undertake a stock take of educational resources, particularly IT resources, across the Trusts and General Practice to improve consistency of access for Foundation doctors.

Recommendations

117. 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 9 months of the GMC Education Committee and PMETB Training Committee's endorsement of this report.

118. The Deanery should review induction processes at Deanery and Trust level with a view to improving integration and reducing duplication between the induction

processes. As part of this review, the Deanery should consider developing a policy on the content of Trust inductions to improve consistency and avoid omissions.

119. The Deanery should develop and widely disseminate and promote policies in the following areas:

- a. Whistleblowing. The Deanery should consider setting out the responsibilities regarding whistleblowing in the educational contracts between the Deanery and the Trusts.
- b. Doctors in difficulty. The team note that this policy is currently in development.
- c. Quality management processes. The Deanery should consider involving Trust personnel, including Foundation Programme Directors, educational supervisors and clinical supervisors, and doctors in training in the development of quality management processes.

120. The Deanery should collate the results of data gathered from the e-portfolio and end of placement questionnaires and disseminate it to Deanery teams and Trusts as quickly as possible to ensure that appropriate action can be taken at local level. The Deanery should ensure that the process for handling this data and any other feedback on Foundation Training is widely understood at all levels, including the dissemination of good practice.

121. The Deanery should scope out future needs for Less Than Full Time (LTFT) training opportunities and develop a policy accordingly which should be disseminated to Queens University Belfast and the Trusts to promote LTFT training opportunities.

122. The Deanery should review its placement allocation processes after recruitment and ensure that it is clearly promulgated and understood by all stakeholders.

123. The Deanery should consider how primary and secondary care could be better integrated as part of the developing medical education faculty.

124. The Deanery should develop a standardised approach for the delivery of core curriculum teaching in F1 and involve Trust personnel in developing the content of and delivering core curriculum teaching.

125. The Deanery should develop further the processes for Foundation doctors to provide feedback on their Foundation Training. This process should include provision to advise Foundation doctors regarding how their feedback has been acted upon. This process could include the development of a forum for Foundation doctors to meet and share their views.

126. The Deanery should develop a clear strategic plan regarding Foundation Training and disseminate this to all stakeholders. The plan should include information regarding the roles and responsibilities of all those involved in Foundation Training. The team consider that the perspective of general practice should be included in this strategic planning and should explore how general practice experience within Foundation Training can be increased.

127. The Deanery should consider the development of faculty in the following areas:

- a. Expansion of the meetings of the Foundation Programme Directors to include opportunity for Deanery-wide planning at Foundation Programme Director level and the provision and follow-up of feedback from Foundation Programme Directors.
- b. Establishment of a strategy for developing educational supervisors as part of a recruitment and retention plan.
- c. Provision of guidance on the Foundation Programme assessment tools and on training for Trust personnel in the use of these tools.

128. The Deanery should clarify and communicate the role and responsibilities of clinical supervisors and establish a strategy for developing clinical supervisors.

Annex b

Those we met with during the QAFP visit to the Northern Ireland Deanery:

Dr Alex Abraham, Educational Supervisor
Dr Sanjeev Bali, Educational Supervisor
Ms Roisin Campbell, HR Manager
Dr Una Carabine, Educational Supervisor
Ms Angela Carragher, Associate Postgraduate Dean (Foundation Programme)
Mr Amarnath Dan, Educational Supervisor
Dr Fergus Donaghey, GP Programme Director
Dr Agnes McKnight, Director of Postgraduate General Practice Education
Ms Norma Evans, Chief Executive, Northern Area Trust
Dr Peter Flanagan, Medical Director, Northern Area Trust
Professor Randal Hayes, General Professional Training Advisor
Dr Hilary Henderson, Educational Supervisor
Ms Denise Hughes, Hospital Training Co-ordinator
Dr Brian Johnston, Foundation Programme Director
Dr Calum Macleod, Foundation Programme Director
Mr Damian Magee, Educational Supervisor
Mr Hugh McCaughey, Chief Operating Officer and Deputy Chief Executive, Belfast Trust
Mr Brian Dornan, Chief Executive, Causeway Health and Social Services Trust
Dr Siobhan McHugh, Foundation Programme Director
Ms Paula McMahon, Foundation Programme Officer
Dr Terry McMurray, Postgraduate Dean and Chief Executive of the Northern Ireland Medical and Dental Training Agency
Ms Margot Roberts, Administrative Director
Dr Tony Stevens, Medical Director, Belfast Trust
Mr James Stewart, Trust Chairman, Northern Area Trust
Mr Jaweed Wali, Educational Supervisor

DEANERY RESPONSE TO REPORT

Thank you for the final report following the QAFP visit to Northern Ireland received on 9th April. On Behalf of the Northern Ireland Deanery, I would wish to commend both PMETB and the GMC for the professionalism and courteous manner in which the visit took place.

The Northern Ireland Deanery has considered and accepts the one requirement and several recommendations detailed in the report and will of course respond with an action plan within the timeframes detailed within. Concerning progress over specific issues, the Deanery would wish to report;

Requirement 116

The Deanery must address the technical problems being experienced by some Foundation doctors regarding the e-portfolio. The Deanery should work with the Trusts to undertake a stock take of educational resources, particularly IT resources, across the Trusts and General Practice to improve consistency of access for Foundation doctors.

The Deanery has been informed that progress is already underway to improve IT facilities in the Trust visited but we will await the evidence of the required audit before responding in detail.

Recommendation 118

The Deanery should review induction processes at Deanery and Trust level with a view to improving integration and reducing duplication between the induction processes. As part of this review, the Deanery should consider developing a policy on the content of Trust inductions to improve consistency and avoid omissions.

While the content of the induction programme is defined by Departmental Guidance, the Deanery has developed a regional induction programme that will be delivered to approximately 87% of new Foundation doctors in July 2008. One Trust is unable to participate in the process as it has already organised it's own event.

Recommendation 119

The Deanery should develop and widely disseminate and promote policies in the following areas:

- a. Whistle blowing. The Deanery should consider setting out the responsibilities regarding whistle blowing in the educational contracts between the Deanery and the Trusts.
- b. Doctors in difficulty. The team note that this policy is currently in development.
- c. Quality management processes. The Deanery should consider involving Trust personnel, including Foundation Programme Directors, educational supervisors and clinical supervisors, and doctors in training in the development of quality management processes.

The Deanery's policies on Whistle Blowing, Doctors in Difficulty and Quality Management have been redrafted and will be disseminated widely. The Deanery is continuing to engage all relevant stakeholders in this process.

Recommendation 120

The Deanery should collate the results of data gathered from the e-portfolio and end of placement questionnaires and disseminate it to Deanery teams and Trusts as quickly as possible to ensure that appropriate action can be taken at local level. The Deanery should ensure that the process for handling this data and any other feedback on Foundation Training is widely understood at all levels, including the dissemination of good practice.

This major piece of work has now been completed and again will be disseminated to relevant stakeholders.

Recommendation 121

The Deanery should scope out future needs for Less Than Full Time (LTFT) training opportunities and develop a policy accordingly which should be disseminated to Queens University Belfast and the Trusts to promote LTFT training opportunities.

The Deanery has appointed an Associate Dean for Career and Personal Development who is responsible for policy development and liaison with Queen's University Belfast and has support of LTFTT as part of his portfolio.

Recommendation 122

The Deanery should review its placement allocation processes after recruitment and ensure that it is clearly promulgated and understood by all stakeholders

The Deanery's placement allocation process to the integrated 2 year foundation programme is based upon matching total scores to preferences. This process is described during workshops specifically for local applicants and indeed all applicants received five email reminders during the process. Despite the efforts of the Deanery less than 10%

applicants had completed their preferencing within the four of the five weeks allocated for the process.. However, the Deanery will again make strenuous efforts to ensure that applicants understand the process.

Recommendation 123

The Deanery should consider how primary and secondary care could be better integrated as part of the developing medical education faculty.

Accepted.

Recommendation 124

The Deanery should develop a standardised approach for the delivery of core curriculum teaching in F1 and involve Trust personnel in developing the content of and delivering core curriculum teaching.

The Deanery agrees that this will be a major item of work for the Foundation School Board.

Recommendation 125

The Deanery should develop further the processes for Foundation doctors to provide feedback on their Foundation Training. This process should include provision to advise Foundation doctors regarding how their feedback has been acted upon. This process could include the development of a forum for Foundation doctors to meet and share their views.

A Foundation Doctors Forum has been established and has had its first meeting. This will be used as the major vehicle for providing feedback. Furthermore, medical student representatives have been invited to participate to assist dissemination of such feedback within the undergraduate area.

Recommendation 126

The Deanery should develop a clear strategic plan regarding Foundation Training and disseminate this to all stakeholders. The plan should include information regarding the roles and responsibilities of all those involved in Foundation Training. The team consider that the perspective of general practice should be included in this strategic planning and should explore how general practice experience within Foundation Training can be increased.

In the context of this visit, the Tooke report and other significant changes within PGME in the UK, the Deanery's strategic plan is being revisited.

Recommendation 127

The Deanery should consider the development of faculty in the following areas:

- a. Expansion of the meetings of the Foundation Programme Directors to include opportunity for Deanery-wide planning at Foundation Programme Director level and the provision and follow-up of feedback from Foundation Programme Directors.
- b. Establishment of a strategy for developing educational supervisors as part of a recruitment and retention plan.
- c. Provision of guidance on the Foundation Programme assessment tools and on training for Trust personnel in the use of these tools.

Accepted and in progress.

Recommendation 128

The Deanery should clarify and communicate the role and responsibilities of clinical supervisors and establish a strategy for developing clinical supervisors.

Accepted. The deanery has had very substantial meetings with the Directors of Medical Education representing 70% of foundation programmes and agreed a joint approach to this issue.