



General
Medical
Council

Regulating doctors
Ensuring good medical practice

Quality Assurance of the Foundation Programme

Report on the Northern Deanery

July 2009

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Introduction

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 and outcomes for Foundation Year One (F1) and the PMETB sets and maintains standards for Foundation Year Two (F2)¹.

2. In March 2007 the GMC Education Committee and PMETB Training Committee and Board agreed the *Standards for Training for the Foundation Programme*. The PMETB *Generic Standards for Training* were adopted with two additional specific standards for the foundation programme where necessary to reflect the requirements in this period of training.

3. The GMC and PMETB piloted the Quality Assurance of the Foundation Programme (QAFP) process extensively from 2005 to 2007 and the first round of live visits were undertaken in 2007-08. The visited deanery is required to complete a self assessment and submit policies, procedures and data relating to their quality management of education and training to the GMC and PMETB. This data is then analysed by the visit team who create an action plan on the basis of this information mapped against the *Standards for Training for the Foundation Programme*. This action plan outlines what the team wish to explore during the visit and is shared with the deanery in advance of the visit.

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

Background to visit

5. The Northern deanery (known hereafter as “the deanery”) is responsible for approximately 800 foundation doctors via the Northern Deanery Foundation School (NDFS) and since 1 April 2009 forms part of the NHS North East Strategic Health Authority (SHA).

6. NHS North East covers an area from the Scottish border, down to North Yorkshire and across to the Cumbria border in the west. With a population of around 2.6 million, the region has eight hospital trusts, 12 primary care trusts, one ambulance trust and two specialist trusts providing mental health and learning disabilities services. Of the eight hospital Trusts, all are foundation Trusts. The NHS employs approximately 76000 clinical and non-clinical staff in the North East.

7. The deanery additionally provides training in North Cumbria although this area falls within the North West Strategic Health Authority. The deanery has responsibility for quality managing all training within North Cumbria. There are no educational responsibilities shared across deanery boundaries.

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

8. There is one medical school within the region. Newcastle Biomedicine joins Newcastle University with the Newcastle Hospitals NHS Foundation Trust and embraces other academic institutes and NHS hospitals in the North East of England. The first two years of the undergraduate programme can be undertaken at either Durham or Newcastle University before all students, including graduate entrants on the accelerated programme, integrate into a single common pathway for the three years of Phase II training, delivered in partnership with the NHS. Students graduate with an MB BS from Newcastle University.

9. The visiting team (known hereafter as “the team”) considered extensive documentation in advance of the visit and met key personnel from the deanery, NDFS and Newcastle Medical School when undertaking this visit. The team also sampled by visiting three sites within the region: Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust; University Hospital of North Durham, County Durham and Darlington NHS Foundation Trust and Cumberland Infirmary, North Cumbria University Hospitals NHS Trust.

The QAFP team

10. The team appointed by the GMC and PMETB to undertake the quality assurance visit were:

Dr Stephen Kelly (Team Leader)
Ms Angela Carragher
Dr Nick France
Dr Barry Lewis
Dr Jessie Sohal-Burnside
Mrs Kate Thorpe

11. Miss Jennifer Barron (GMC Education Quality Officer) supported the team. Graham Mockler (GMC Education Quality Officer) and Jessica Lichtenstein (PMETB Head of Monitoring and Review) observed the visit and assisted the team.

The report

Summary of our key findings

12. The team consider that subject to the implementation of the requirements in this report the deanery meet the standards for delivering the foundation programme.

13. The team and the deanery have agreed that the deanery will provide a plan of how they will address the requirements and recommendations of the report within three months and an update on the implementation of these plans within nine months of the GMC Postgraduate Board and PMETB Training Committee's endorsement of this report.

Notable practice

14. The team encountered notable practice within the deanery, NDFS and on the three site visits undertaken as part of the visit. This section of the report draws together areas of notable practice identified through the visit and in this report. Figures in brackets refer to earlier paragraphs in the report as appropriate.

15. The team commend the effective communication and implementation of the annual review of competence progression (ARCP) process across the deanery (see paragraph 49).

16. The team recognise the valuable continuity provided by the NDFS Business Manager during an extended period of reconfiguration and changes in leadership (see paragraph 64).

17. The team recognise the deanery/NDFS commitment to developing strategy and improving the delivery of the foundation programme (see paragraphs 66 g, 81, 83, 155).

18. The team commend the clear, defined and interrelated quality management (QM) processes, the deanery/NDFS' ability to collect data easily and the awareness of the need to monitor the progress of local education providers (LEPs) following QM activities (see paragraphs 67–68).

19. The team commend the post approval process (see paragraph 75).

20. The team commend the successful implementation of the NDFS directive that foundation doctors must complete an equal number of assessments in each post (see paragraph 113).

21. The team commend the safe prescribing course developed in conjunction with Newcastle Medical School and the evaluation provided by the NDFS which prompted developments within the undergraduate curriculum (see paragraph 126).

22. The team commend the provision of careers advice to foundation doctors and the commitment to train all educational supervisors in delivering careers advice (see paragraph 131).

Requirements

23. The deanery/NDFS must strengthen the process of monitoring the progress of LEPs following QM activities (see paragraph 69).

24. The deanery/NDFS must monitor the training received by trainers and ensure that foundation doctors are only supervised and assessed by appropriately trained individuals (see paragraphs 72, 117 and 138).

25. The deanery/NDFS must develop a strategy for using equality and diversity data to inform policy development and delivery of the foundation programme (see paragraph 81).

26. The deanery/NDFS must review the selection process and allocation of F2 programmes to ensure no individuals or groups are placed at an advantage or disadvantage (see paragraphs 98-103).

27. The deanery/NDFS must make educational supervisors and LEPs aware of the requirement to allocate time for supervision (see paragraph 130).

28. The deanery/NDFS must review the impact of service provision and under recruitment on foundation programme delivery and engage with LEPs to ensure foundation doctors receive appropriate education and training (see paragraphs 103-140).

Recommendations

29. The deanery/NDFS should review how they communicate with foundation doctors, local faculty, LEPs and across the deanery's clinical directorates to raise the profile and understanding of the NDFS, disseminate policies and ensure key interest groups are aware of the support provided (see paragraphs 45, 66, 78, 92).

30. The deanery/NDFS should liaise with LEPs to ensure appropriate terminology and awareness of F2 is used when compiling rotas (see paragraph 51).

31. The deanery should review their guidance and monitoring of departmental induction (see paragraph 56).

32. The deanery/NDFS should interview a representative sample of foundation doctors when undertaking QM visits (see paragraph 70).

33. The deanery/NDFS should consider working with the general practice (GP) directorate when quality managing non-GP Specialty Training (GPST) general practices (see paragraph 71, 74).

34. The deanery/NDFS should provide evidence that Learning and Development Agreements are in place for the next cohort of foundation doctors commencing training in August 2009 within three months (see paragraph 143).

35. The NDFS should review the simulation facilities available across the region to ensure equity of access for all foundation doctors (see paragraph 152).

Domain 1: Patient Safety

The duties, working hours and supervision of trainees 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

36. Foundation doctors interviewed on all three sites had a named clinical supervisor for each post. This confirmed the results of the 2007-08 Your School Your Say survey (YSYS) where 98% of respondents could identify their clinical supervisor. YSYS is an annual survey run by NDFS to record the views of foundation doctors.

37. Foundation doctors found the standard of clinical supervision to be variable between specialties and departments and dependent on the engagement of their named clinical supervisor. However, foundation doctors were always able to find a senior or reach them by telephone when necessary. Some F1s interviewed would have welcomed greater clinical supervision in their first post while developing their clinical decision making skills and learning when it is appropriate to ask for help.

38. The team heard of a recent change to a rota which could potentially leave patients and foundation doctors in a vulnerable position. The Postgraduate Dean was advised during the visit and took immediate action to ensure patient and foundation doctor safety.

Fitness to practise

39. The deanery and Newcastle Medical School have recently reviewed and improved the transfer of information from medical school to the foundation programme. Graduates will complete a form declaring any information regarding their fitness to practise; this will be reviewed by medical school staff who will encourage students to include more information if necessary. This is passed to the NDFS and shared with the relevant LEP Foundation Tutor but not the clinical or educational supervisor unless the need arises.

40. The NDFS also receives transfer of information forms from other UK medical schools. The team heard that these forms comply with the national guidelines issued by the UK Foundation Programme Office (UKFPO).

41. The process for transferring information between the educational and clinical supervisors varies between LEPs. In most, though not all, LEPs the foundation doctor will have the same educational supervisor for F1 and F2 providing continuity of supervision. However this led to some foundation doctors working on different

sites to their educational supervisors, depending on the distance between sites this could be a considerable challenge.

42. Information is also held on the e-portfolio and can be viewed by subsequent clinical supervisors during a meeting with their foundation doctors. However, this is dependent on clinical supervisors' self motivation and knowledge of the e-portfolio, both of which the team heard were variable. Educational supervisors and foundation doctors have been directed by the NDFS to review e-portfolios to ensure they are maintained and of educational benefit. A form must be completed by the clinical supervisor and stored on the e-portfolio at the end of each four month placement. The NDFS does not review e-portfolios and sees this as an LEP responsibility.

43. When F2s transfer into community placements, such as general practice and psychiatry, their clinical supervisors will receive a standard set of information regarding the F2 from the employing acute trust which manages the rotation. This arrangement is agreed locally and information does not pass through the NDFS. If a clinical supervisor has cause for concern over an F2's fitness to practise they will feed this back to the educational supervisor.

44. Foundation doctors whose conduct or health gives cause for concern are identified through meetings with their clinical and educational supervisors, completion of assessments and LEP Foundation Programme Managers' reviews of e-portfolios.

Support for foundation doctors

45. The deanery/NDFS annual monitoring visit will include questions to foundation doctors, their educational supervisors and LEP senior management about bullying and harassment. YSYS results indicated that 52% of foundation doctors would not know what to do if they were being bullied and the 2009 PMETB/COPMeD National Survey of Trainee Doctors identified six negative outliers regarding consultant and other staff undermining foundation doctors. The team heard that foundation doctors are advised of local bullying and harassment policies during induction. Foundation doctors interviewed on all three sites identified appropriate courses of action should they be a victim of bullying and harassment and most were aware of though not familiar with a local policy received during induction. The deanery and NHS North East are currently undertaking a research project on bullying at all grades including foundation doctors. Guidance should be issued to foundation doctors as part of this project.

F1 and F2 Sign off

46. To ensure that only those foundation doctors who are competent are signed off for full registration with the GMC and completion of F2, the deanery runs a system of Annual Review of Competence Progression (ARCP) at the end of F1 and F2 based on the ARCP model used for specialty training.

47. Using the e-portfolio as the evidence base a panel meet to review a foundation doctor's progress. The panel will read and discuss the learning contracts agreed with and reviewed by the educational supervisor, mini-CEX, DOPs, CBDs and MSF assessment results from across the year, reflective pieces on experience and self evaluation. A foundation doctor's educational supervisor cannot be a member of the ARCP panel considering their progress.

48. Following the ARCP panel, F1 doctors receive a score of ARCP/1² if they are progressing at the expected rate and F2 doctors will receive a score of ARCP/6 if they have gained all the required competences to complete the foundation programme. If there is insufficient or unsatisfactory evidence submitted the foundation doctor will receive a score of ARCP/2-5 and a member of the panel or their nominee will communicate with the foundation doctor to discuss this outcome and its implications. Depending on the individual case the foundation doctor may be offered remedial training or, in the case of an F1 doctor, an agreement made on how the required competences can be met in F2. If a foundation doctor leaves the foundation programme in the NDFS without demonstration of the Foundation competences being achieved this must be communicated to the NDFS. The NDFS is aware that "This outcome has implications for the trainees' continuing employment and relevant colleagues within the employing Trust and the Dean Director of NDFS should be informed and involved as soon as practically possible. A decision may be made by the Trust and/or Foundation School to refer doctors to the General Medical Council where appropriate."³

49. The team found a good understanding of the ARCP process at all levels from foundation doctors to the Dean Director of the NDFS. Some foundation doctors interviewed would welcome the opportunity to attend panels if the outcome was in doubt so that they may provide details and bring further evidence to the panels' attention. There was also some concern expressed by educational supervisors that a foundation doctor could be offered a specialty training post before their F2 ARCP which they could subsequently fail or receive a result of ARCP/2-5. This highlights the need for the NDFS to co-ordinate with other deaneries where F2 doctors are offered specialty training programmes to advise if there are areas for further development that do not constitute an issue of patient safety or concern of a level where referral to the GMC is required.

² ARCP outcomes are:

Satisfactory Progress

1. Achieving progress and competences at the expected rate

Unsatisfactory or insufficient evidence

2. Development of specific competences required – additional training time not required

3. Inadequate progress by the trainee – additional training time required

4. Released from training programme with or without specified competences

5. Incomplete evidence presented – additional training time may be required

Recommendation for completion of training

6. Gained all required competences

³ Operational ARCP Guide for Foundation Programme Training within the NDFS

Working within Competency

50. YSYS results indicated that 29% of respondents believed they were asked to work beyond their competence weekly or more often. Educational supervisors interviewed were aware that the problem happens but considered it the exception rather than the norm. Foundation doctors reported feeling asked to work beyond their competence when holding referral bleeps and providing night cover however they confirmed that senior cover would be available if a patient were acutely ill or the foundation doctor required assistance.

51. Although the foundation programme is widely embedded and foundation doctors are no longer referred to as pre-registration house officers (PRHOs) and Senior House Officers (SHOs) the term “SHO rota” was mentioned several times. These rotas would include F2s and ST1-3. Rotas should be more aptly named in line with current nomenclature to avoid confusion and unrealistic expectations of F2s’ clinical competence.

52. If the NDFS heard of concerns regarding a post which implied an immediate risk for patient or foundation doctor safety, for example from a foundation doctor or an educational supervisor, the Foundation Programme Director (FPD) covering that geographical area would contact the LEP immediately to investigate the concern and agree an action plan if necessary. The NDFS have not yet removed a foundation doctor but have reconfigured a programme because the experience provided was not appropriate for the foundation programme.

Policies

53. The deanery does not have an overarching patient safety policy, instead patient safety is embedded in all the deanery’s policies. Compliance with these policies is monitored through QM activities and concerns are fed into the deanery via regular meetings with foundation doctors, their supervisors and local faculty.

54. The deanery will also set policy in line with national developments. One example was the introduction of the safe prescribing module in the shadowing block which informed the preparedness study by Illing et al⁴ (see paragraph 126).

Induction

55. The team were satisfied from the evidence submission and interviews with foundation doctors that induction at LEP level was occurring and heard examples of notable practice regarding departmental induction, most notably to accident and emergency posts within the County Durham and Darlington NHS Foundation Trust programme. Foundation doctors starting F1 in accident and emergency would receive advanced life support (ALS) training before the placement begins, there is a daily induction teaching programme for the first two weeks of the post and F1

⁴ How Prepared are Medical Graduates to Begin Practice, Illing et al, 2008

doctors cannot discharge a patient without presenting the case to a senior who makes the final clinical decision.

56. However, the team heard that departmental induction varied in usefulness between specialties and LEPs. The deanery should review their guidance and monitoring of departmental induction.

Domain 2: Quality Assurance, Review and Evaluation

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.

Roles, responsibilities and lines of accountability

57. At the time of the visit the Postgraduate Dean and the NDFS Dean Director positions were both filled in an acting capacity. The team were advised that the process to appoint a substantive Postgraduate Dean would begin before the end of May 2009 and the current Acting Postgraduate Dean would return to her position as Director of Workforce at NHS North East. The team welcome this move to create a permanent position and provide continuity of leadership.

58. Within the deanery there are four clinical directorates; foundation programme, general practice, specialty training and dentistry. The NDFS is accountable through the NDFS Dean Director and the NDFS Board to Newcastle University and NHS North East via the deanery which became part of NHS North East on 1 April 2009. The deanery quality manages the clinical directorates through a four yearly cycle. The NDFS Dean Director reports to the Postgraduate Dean, provides the strategic and managerial lead and holds the NDFS budget. He is supported by four FPDs.

59. Each FPD liaises with two to three trusts across the region and holds responsibility for distinct strands of work, including; doctors with differing needs, less than full time training, patient safety, tasters, careers, quality, e-portfolio and policy. FPDs sit on ARCP panels, undertake QM visits and normally undertake the educational appraisal of Foundation Tutors within LEPs. The team heard that Foundation Tutors within the Newcastle upon Tyne Hospitals NHS Foundation Trust are educationally appraised by LEP personnel rather than FPDs.

60. Within each LEP there is a Foundation Tutor who holds responsibility for managing foundation programme training within the LEP, some large LEPs will have more than one Foundation Tutor. Most foundation doctors and educational supervisors interviewed would seek help from Foundation Tutors and not the NDFS. Foundation Tutors were not always clear when they should access the support of the NDFS.

61. There are also a number of clinical and academic leads who advise the NDFS. The team met the Career and GP in F2 Leads during the visit.

62. The Careers Lead works with Newcastle Medical School to provide consistent careers advice to students and foundation doctors and provides training in careers advice for all educational supervisors across the region.
63. The GP in F2 Lead recruits and quality manages general practices. This work is undertaken independently of the GP directorate (see paragraphs 71-74).
64. The operational management of the NDFS is organised by the NDFS Business Manager who has provided valuable continuity in recent years through a time of reconfiguration during which many high level appointments have been time limited and in an acting capacity only.
65. The work of the NDFS is supported by three committees: the NDFS Board; NDFS Operational Committee and NDFS Quality Management System Committee (QMS Committee).
66. The team reviewed minutes of the previous four meetings of each committee and found that stakeholder attendance was variable. The NDFS are aware of this and take the following measures to ensure key stakeholders are aware of and agree with developments in the delivery of foundation training:
- a. Committee papers are circulated in advance of meetings giving members who cannot attend a chance to submit their considerations to be discussed by colleagues at the meeting. Minutes and NDFS output will also be disseminated to members.
 - b. FPDs disseminate information and act as a conduit between the NDFS and LEPs.
 - c. The deanery, as part of the North East SHA, benefits from the support of a communications and marketing team whose remit includes engagement of stakeholders.
 - d. The NDFS has a series of email contact lists they use to disseminate information.
 - e. The NDFS section of the deanery website is a valuable resource. However, the team found that not all stakeholders were aware of the information provided and the NDFS could improve the profile of the website amongst stakeholders such as foundation doctors, LEP Foundation Programme Managers and Foundation Tutors.
 - f. The NDFS has a close working relationship with Newcastle Medical School. The Dean Director sits on the Board of Medical Studies and the Dean of Undergraduate Studies, the Dean of Medicine and Dean of Clinical Medicine sit on the NDFS Board.
 - g. The NDFS consults local faculty on policy development annually.

Identification, monitoring and resolution of issues and dissemination of outcomes

67. The deanery QM framework is based around the NDFS *Minimum Standards for Foundation Programme Training*. The framework operates cyclically with an annual report submitted by LEPs to the deanery each May which along with the results of the YSYS and PMETB/COPMeD National Survey of Trainee Doctors informs the agenda of the annual QM visit by the deanery and NDFS. Following the visit LEPs will be asked to report within a short timeframe on matters of high risk or urgency and provide an update on other matters in the annual report submitted the following May.

68. QM visits are based on the scrutiny of evidence submitted by the LEP and collected by the NDFS, undertaking a series of meetings, producing a visit report and monitoring through the annual report. The results of YSYS will be provided to both the Trust and the team in the form of a Trust specific report against each question showing how Trusts compare and the average score across the NDFS. QM visits include lay representation.

69. The team found that problems with 'bleep free' protected teaching at one site, identified as an issue in the previous QM visit and highlighted following the annual report as an area of improvement, persisted. The team acknowledge the deanery's awareness of the need to monitor LEPs' progress towards meeting requirements and recommendations, however there needs to be a more robust process for ensuring issues are resolved.

70. During the deanery/NDFS quality management visit six F1 and six F2 doctors are interviewed. The team recommend the deanery/NDFS meet larger groups to ensure the views expressed are representative of the cohort training in that LEP at the time. The team were pleased to meet large numbers of foundation doctors with approximately 30% of the F1 and F2 doctors attached to the County Durham and Darlington NHS Foundation Trust and approximately 40% of the F1 and F2 doctors attached to the North Cumbria University Hospitals NHS Trust participating in the visit.

71. General practices where F2 training is delivered are quality managed via a different process from acute Trusts and other community placements. 80% of placements are in accredited GP specialty training practices. The remaining 20% will take place in practices where Year 5 Newcastle Medical School students undertake placements or where F2s or GP Specialty Registrars have previously been trained.

72. These practices must meet the NDFS *Minimum standards for F2 in GP for non GP training practices*. Trainers within these practices must attend a training course run by the NDFS GP Lead which includes training in using the e-portfolio. Although the team heard almost uniform praise from F2s interviewed who rotated through GP, there is concern that the *Minimum standards for F2 in GP for non GP training practices* do not specifically require GP clinical supervisors to identify time and availability for supervision. The team are also concerned that GP clinical supervisors are required to go through NDFS training within the first six months of appointment which might be after the first F2 has completed their post in GP. As

GPs are clinical supervisors and not educational supervisors the team did not have the opportunity to meet any during the visit.

73. F2 doctors rotating through GP are asked to complete a Tynedale questionnaire about their experience at the end of their placement. This information is shared with the GP clinical supervisor so they can improve the quality of the training experience. The form also advises F2 doctors how to provide confidential evaluation of the post if they do not feel comfortable communicating concerns with their clinical supervisor.

74. The team heard that NDFS are considering contracting the QM of non-specialty GP practices to the GP directorate within the deanery. The team agree that a more collaborative approach would help to ensure appropriate standards within these practices and parity of experience for F2 doctors rotating through GP.

Post Approval

75. The NDFS undertakes a post approval process when allocated central funding for more foundation posts. LEPs are invited to tender using a proforma, if they are successful they will submit a job description highlighting the skills and competences foundation doctors can expect to gain if these posts are approved. LEPs do not need to reapply for post approval unless they intend to make changes to rotations. Most rotations remain stable, if a change is proposed the QMS Committee will consider the effect on the whole programme and the ability of the programme to deliver the competences required.

76. Although YSYS results do not form part of the application, members of the QMS Committee, which considers the post approval applications, are aware of the YSYS results.

Feedback

77. The NDFS encourage all LEPs to share YSYS results, the annual deanery/NDFS QM visit report and the annual report to the deanery with foundation doctors and local faculty. The NDFS advises foundation doctors of the quality management framework and how they can access information during their induction to the NDFS.

78. The NDFS holds a central foundation doctor forum twice a year; the agenda focuses on foundation training, attendance is monitored and meetings are minuted. Representatives sign a contract which outlines the NDFS' expectations including the requirement that they email their colleagues in advance and following forums to ensure they are truly representative, bringing agenda items and disseminating outcomes. Forums are held within hours and representatives will have a deputy. The NDFS indicated that there would be a formal review of the process. The team welcome this as although the foundation doctors interviewed could identify their representative and understood the process there was less awareness of outcomes.

Foundation doctors interviewed did concede that outcomes may have been emailed, however they were unlikely to read them.

79. The deanery sent personalised letters to all trainees including foundation doctors to thank them for completing the PMETB/COPMeD National Survey of Trainee Doctors following an increase in the response rate from 55% to 85%.

Domain 3: Equality, diversity and opportunity

Postgraduate training must be fair and based on principles of equality

Equality and Diversity Data

80. The team were pleased to find the NDFS able to provide equality and diversity data easily for both F1 and F2 doctors.

81. Following completion of the QAFP self assessment the NDFS has identified equality and diversity as an area for development. Although the NDFS use this data on an individual basis, the need to use equality and diversity data to inform policy development has been included in the NDFS business plan for 2009-10.

82. The NDFS particularly highlighted the need to make links between equality and diversity, ARCP results and locally appointed foundation doctors to identify trends and if so what support is required.

83. The deanery has also set up the Supporting Diversity' Strategy Development Group to "take a cross-deanery view of strategy and implementation relating to supporting diversity in postgraduate medical and dental education. This agenda encompasses support for trainees and trainers who may be experiencing difficulty emerging from cultural or ethnic diversity, personal histories, training relationships or differing needs."⁵ This group reports to the Deanery Management Group, meeting twice a year as a group and once a year jointly with the Deanery Doctors with Differing Needs Group.

84. All Trusts other than the North Cumbria University Hospitals NHS Trust have signed up to NHS North East's single equality scheme 2008-2011, which aims to put equality and diversity at the centre of activities in all health related organisations in the North East. This also provides a guide to undertaking equality impact assessments allowing LEPs to ensure developments and policies do not prejudice for or against individuals or groups. The North Cumbria University Hospitals NHS Trust follows the equality and diversity procedures of NHS North West.

85. Data on the ethnic and cultural make up of a cohort of foundation doctors are accessible from the UKFPO website as part of the national recruitment process. This

⁵ 'Supporting Diversity' Strategy Development Group, Draft Terms of Reference, 30 October 2008

is securely transferred to the relevant Trust via the NDFS. Before this arrangement was in place the NDFS collected the data directly and still does via YSYS and LEP completion of Intrepid. Collection of this data at the beginning and towards the end of the year allows the NDFS to make comparisons across the year and monitor how the diversity mix is affected by attrition.

86. The Intrepid database, updated by LEP Foundation Programme Managers shows not only the ethnic and cultural make up of a cohort of foundation doctors and their supervisors but also the training in equality and diversity they will have undertaken.

Equality and Diversity Training Data

87. As foundation doctors and local faculty are also LEP employees, they are trained in line with LEP requirements and have access to the deanery's online equality and diversity training programme.

88. The online equality and diversity training programme was designed specifically for the deanery and it can easily monitor who has completed training as GMC numbers are required to log in. Alternative arrangements can be made for non-medics to access the training programme if required.

89. The deanery requires at least one member of a selection or ARCP panel to hold current equality and diversity training. From August 2009 the requirement will be that all those sitting on selection panels for foundation training must be trained in equality and diversity.

90. Foundation doctors will also receive training in Recognising Diversity and Gaining Cultural Competence as part of the Professional Development Programme.

Flexible training

91. The less than full time training policy is on the NDFS section of the deanery website and foundation doctors are advised of the policy during their induction to the NDFS. If the foundation doctor meets the requirements for less than full time training they will be asked to speak to their employing LEP and discuss their options within the LEP. If the LEP can accommodate a less than full time foundation doctor in the rota they will be able to continue in their original programme with reduced hours, alternatively the LEP can arrange a slot share between two foundation doctors. If neither of these options are feasible the NDFS will arrange for the foundation doctor to complete their training in a supernumerary foundation programme. The NDFS has a less than full time training budget for doctors with differing needs in the foundation programme and when necessary has been able to identify additional funding over and above this budget.

92. Although the team commend the deanery's willingness to provide less than full time training, foundation doctors interviewed during site visits were not uniformly aware of the support available to them or their LEP. This information should be

disseminated to foundation doctors and Foundation Programme Managers within LEPs.

Domain 4: Recruitment, Selection and Appointment

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

Appointments to local faculty

93. Clear, detailed job descriptions for NDFS faculty positions such as NDFS Dean Director, GP in F2 Lead and FPDs were provided to the team. These identified the skills and attributes candidates are required to have and the outcomes to be delivered within the first two years.

94. When appointing FPDs, a job description was circulated to all clinicians in the deanery region including those who did not have a role in education at that time. Following submission of a personal statement candidates were invited to interview where they were asked to provide a presentation on the role, why the role of FPD is important and how they would work as part of a team of four.

95. FPDs were then appointed for three years; they are appraised annually by the NDFS Dean Director. All FPDs have completed a leadership development programme and the NDFS is also funding one FPD to complete a Masters in Education.

96. Educational supervisors are not appointed through competitive selection (see paragraph 135).

Appointments to the foundation programme

National

97. Foundation doctors are recruited via the UKFPO's national process. The NDFS provides support to the UKFPO by providing data on approved foundation programmes and names of Newcastle graduates. The NDFS scores applications where the applicant has ranked it as their first choice. Following scoring, applicants are allocated to a foundation school based on their academic ranking and their application score.

Local

98. Once allocated to the NDFS, applicants will rank the LEPs within the deanery in order of preference and will be invited to attend competitive interviews. Each LEP will interview their F1 quota plus 10%. Interviews are based on the application form and questions are taken from a standard set produced by the NDFS. If a candidate is

not successful they will enter a second round of interviews; it may be that their second, third and fourth choice LEP have filled all positions and even though they may have ranked higher than all those appointed in the first round an applicant might be appointed to their fifth choice LEP in the second round. There is also potential for an applicant deemed appointable by the national recruitment process to fail to gain a position which could leave the national recruitment process and the NDFS managed local allocation process open to legal challenge.

99. The interview process would seem to favour large popular Newcastle-based LEPs. The team heard from some educational supervisors and foundation doctors that local candidates were at an advantage compared to candidates from medical schools outside the region who needed to fund higher travel costs for the additional recruitment rounds. The team were also told that the local candidates in some cases had more information about the content of the interviews than candidates from outside the area, whose sole opportunity to learn about the process was through interaction with local candidates while awaiting interview.

100. The team did not find evidence to demonstrate that the interview scores were consistent. If the interview process is standardised and therefore interview scores consistent the team cannot see the added value of repeating the interview process.

101. The interviews are popular with some local faculty within LEPs as they allow a degree of control over appointments. However foundation doctors interviewed were largely disappointed with the process which they deemed too rigid to allow LEPs to make a real judgement about the suitability of candidates. Some educational supervisors and most foundation doctors interviewed were also dissatisfied that the F1 interview score would be used when allocating F2 rotations regardless of performance during F1.

102. Following the national recruitment process appointing F1s to start in August 2009, 44 vacancies remained. The NDFS identified three LEPs for whom this caused significant problems. LEPs will appoint to fill these vacancies independently of the NDFS and choose whether to follow the interview process used to allocate foundation doctors appointed through the national process. The LEP will be asked how they recruited to fill these positions as part of the annual deanery/NDFS QM visit.

103. Recruitment is a challenge to the deanery at all levels. The marketing campaign *Live and Train*, which saw the deanery fill over 90% of specialty training posts beginning in August 2009 will be extended to the foundation programme. The deanery are keen to increase the number of Newcastle graduates remaining within the region for foundation training, 75% of the most recent cohort of Newcastle graduates remained within the deanery. This strategy will also raise the profile of the North East as an area to live and train to graduates from other medical schools and outside the UK. The deanery is currently working with market researchers, medical schools, medical students, foundation doctors and LEPs to understand why graduates apply to certain foundation schools and how to attract more applicants. The NDFS has also piloted its first cross LEP foundation programme, linking the LEPs ranked highest and lowest by incoming F1s.

Domain 5: Delivery of Curriculum including assessment

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

Curriculum

Programme description

104. The number of foundation programmes is driven by central directive and increases in line with the output of UK medical schools. The NDFS allocate posts in relation to educational case made by LEPs. LEPs bid for additional posts against criteria set by the NDFS as and when increases occur. This criterion includes how the programme will afford the foundation doctors placed within it the opportunities to gain the competences of the foundation programme curriculum.

105. Currently just over 55% of programmes include a position within GP and the NDFS is keen to increase this number should funding become available. 80% of all programmes involve a placement in the community, which will be in; community paediatrics, GP or psychiatry. The NDFS aims to ensure all foundation doctors will rotate through community placements. The team encourage the NDFS in this aspiration.

106. There is no NDFS mechanism for foundation doctors to swap posts within a foundation year as this could allow an imbalance in their experience. The NDFS is clear in its directives to foundation doctors and LEPs that the foundation programme is a generic two year programme.

107. The team did encounter one foundation doctor who had tailored their foundation programme to their career aspirations. However the team are satisfied that this was an isolated case and note that the foundation doctor was discouraged and met resistance from local faculty at all levels. In this case the final decision rested with the Foundation Tutor.

Regular formal educational sessions

108. Foundation doctors on all sites highlighted difficulties attending core curriculum teaching and that teaching was often not bleep free.

109. To give foundation doctors the opportunity to attend core curriculum teaching, all sessions are repeated twice within each LEP although not always on the same site.

110. As foundation doctors will remain within a single LEP for two years and core curriculum teaching is co-ordinated across sites, foundation doctors will not miss or repeat sessions because of movement between sites.

Assessment

Suitability for Registration and Completion of the Foundation Programme

111. Foundation doctors' suitability for registration and completion of the foundation programme are assessed through workplace based assessments throughout the year and ARCP panels at the end of each year (see paragraphs 46-49).

112. ARCP is the culmination of a continual process of assessment. Local faculty will therefore be aware of challenges facing a foundation doctor who may not be signed off at the end of F1 or F2 ahead of the ARCP panel.

113. Foundation doctors must complete: two mini-CEX; two CBD and two DOPs within each post and one MSF in each year. The NDFS has set out a clear directive that assessments must be completed in this way to demonstrate progression of competence and that they must not be completed at the end of each year when foundation doctors consider they will have the knowledge and experience to gain the best marks. To facilitate this approach the NDFS has made funding available to each LEP to appoint a Foundation Programme Manager whose remit includes the monitoring of completion of assessments through the e-portfolio and advising educational supervisors when foundation doctors are not meeting their targets. Foundation doctors, Foundation Programme Managers and local faculty interviewed during the visit were all aware of this requirement and the team commend this successful approach.

114. If, following an ARCP panel, a foundation doctor is deemed unsafe to continue (ARCP/3) their additional learning needs will be identified and remedial training offered. If following remedial training the doctor is still deemed unsafe to continue the foundation doctor will be referred to the GMC. If an F2 doctor is not signed off to progress but is not deemed unsafe (ARCP/4-5), for example if they fail to complete a clinical presentation, the NDFS will advise the doctor's future employers and deanery if the F2 is leaving the region, making it clear that the doctor must meet this learning need.

Methods and standards

115. The assessment system approved by the GMC and PMETB is set out in the foundation programme curriculum and operational framework. The NDFS requirements are in line with the national requirements and outcomes are recorded in the e-portfolio.

116. The NDFS provided a breakdown of the grades and professions of those completing assessments from the e-portfolio reporting tool. This report also advised of the training these assessors recorded receiving. The results highlighted that DOPs tend to be assessed by specialty training registrars (StRs) and senior nurses, with the report showing that a high number of these assessments were undertaken by assessors whose only training had been to read the guidelines. A high proportion of

CBDs were assessed by consultants and almost as high a proportion of assessors reported having had face to face training. This suggests that training in the assessment tools is fairly widespread amongst consultants but needs to be provided to StRs and other healthcare professionals who complete assessments. This was echoed by the experience of educational supervisors and foundation doctors the team met on all three sites.

117. The NDFS advised the team of their intention to map placements against assessors. The NDFS will require that those completing the assessment must be able to perform the task, understand how and where the task fits into the foundation programme curriculum and have training to provide feedback on performance. This will feed into the ARCP panel who will note how many assessments were undertaken by trained assessors. The NDFS will then place the onus on Trusts to train assessors.

118. The NDFS has conducted a pilot project introducing structured feedback from patients to foundation doctors, primarily for F2s based in GP. The pilot was popular with patients, F2s and their clinical supervisors, however it has proved harder to facilitate in non-community placements. The NDFS is considering how patient feedback can be incorporated into the assessment of foundation doctors in the wider foundation programme. Until this is usual practice foundation doctors will be asked to reflect on feedback from patients and include a record of this experience in their e-portfolio.

Demonstrating progression

119. Foundation doctors' progression is recorded in the e-portfolio. This includes outcomes of assessment, reflective written pieces, records of supervision meetings, clinical and educational supervisor end of placement meetings and a personal development plan. This is monitored by the LEP Foundation Programme Manager and the educational supervisor. In addition to ensuring assessments are completed in line with the NDFS policy, the Foundation Programme Manager will keep a record of attendance at core curriculum teaching, the professional development programme and clinical and educational supervisor meetings.

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

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.

Shadowing

120. Shadowing takes place during the week immediately before graduates enter F1.

121. Following a day of induction to the NDFS, graduates attend the LEP where their foundation programme is based and follow the NDFS shadowing curriculum. The shadowing curriculum states that the shadowing period must not include induction to the LEP such as fire safety and manual handling and should include a minimum of three and a half days on the ward shadowing the outgoing F1. The curriculum also includes a safe prescribing module which foundation doctors must complete.

122. Foundation doctors interviewed during the visit had variable experience of shadowing depending on the department and outgoing F1, all would value more time on the ward and greater direction from the NDFS in providing shadowing.

123. Approximately 93% of incoming F1s will undertake shadowing the week before they begin their post.

124. The NDFS has published a commitment on its website to facilitate shadowing for graduates coming from outside the region at different times of the year if necessary to their undergraduate curriculum. However, the team note that one LEP will not facilitate this for funding reasons.

125. If a foundation doctor begins their first placement without attending shadowing they will be required to complete the safe prescribing course within the first two weeks of their first placement. The course includes an assessment of the F1's prescribing skills, identifies further learning needs and feeds into the learning agreement. Although the team commend this initiative we heard from many foundation doctors interviewed during the visit that results could be extremely delayed. The sample of e-portfolios the team reviewed indicated that not all foundation doctors would complete the process.

126. The safe prescribing course was developed with Newcastle Medical School and led to the introduction of maths teaching and an OSCE station on prescribing.

Induction

127. The team are content that induction occurs at NDFS and LEP level however there is variation in the accessibility and quality of departmental induction (see paragraphs 55-56).

128. From August 2009 induction will be delivered across the Northern deanery electronically. It will take one working day to complete and include modules with assessments which must be successfully completed before taking up the post. The electronic tool has a reporting function that shows which doctors have and have not completed modules.

Educational supervision

129. All foundation doctors interviewed during the visit had a named educational supervisor. They reported a variation in the commitment and knowledge of educational supervisors. Some educational supervisors were providing a high level of support while others struggled to attend meetings, especially when based on different sites from their foundation doctors, or use the e-portfolio. Educational supervisors interviewed confirmed this variability.

130. As attendance at meetings at the start and end of every placement is a requirement of ARCP the NDFS should remind educational supervisors of their responsibility to be available to foundation doctors.

Careers Advice

131. Careers Advice is provided by the NDFS Careers Lead. Foundation doctors interviewed during the visit could easily identify the Careers Lead; those who had attended career advice sessions highlighted how useful these had been and the willingness of the Careers Lead to meet with individual foundation doctors who were unable to attend. The team commend the provision and accessibility of careers advice and the commitment to training of all educational supervisors in delivering careers advice.

Tasters

132. The NDFS identified relatively small numbers of tasters undertaken in recent years while foundation doctors interviewed advised that tasters were easily arranged by LEPs with most having undertaken or intending to undertake one.

Study Leave

133. The NDFS study leave budget allocates £350 per F2 for Advanced Life Support (ALS) training, £150 per F2 for in house training and £100 per F2 for study leave.

134. The NDFS will allow foundation doctors to take study leave in order to complete Royal College membership exams. This was not initially allowed following a national directive but as points are awarded to applicants for specialty training on the basis of successfully completing membership this policy was reviewed and amended.

Appointment, training and appraisal of trainers

135. The first clinical supervisor in a foundation programme will normally be allocated as the educational supervisor for that foundation doctor. In most LEPs

across the region this will be for two years though in a minority the first clinical supervisor in F2 (unless the first placement is a GP or community post) will be the educational supervisor for F2. The F2 trainees 'allocated' a supervisor because they started F2 in GP or community post were found to have a variable quality of educational supervision and the team met trainees who had requested a change of supervisor for this reason (see paragraph 151).

136. Education will form part of the LEP annual appraisal of educational supervisors. The degree to which education will be appraised varies between LEPs according to their local policy. The deanery indicated that in future when the process of commissioning education changes there may be a need for an educational appraisal separate to LEP appraisal (see paragraphs 144-146).

Pastoral support

137. Foundation doctors interviewed were confident of receiving appropriate pastoral support. Although not uniformly aware of the structures in place at deanery, NDFS and LEP level, most foundation doctors would approach their educational supervisor or the LEP Foundation Programme Manager. The NDFS should advise foundation doctors, their supervisors and Foundation Programme Managers of the additional support available to foundation doctors.

Support for local faculty

138. The NDFS provides training to local faculty in the assessment tools, e-portfolio, educational supervision and ARCP panel work. To support this, the NDFS is developing a faculty e-learning portfolio which will allow it to track who has had what training and feed into revalidation and appraisal of educators. Once this is in place the NDFS will be able to provide training on a needs driven basis. The team urge the NDFS to make the implementation of this monitoring process and training of educational supervisors a priority.

139. The NDFS may also want to consider accreditation of some locally run courses. Educational supervisors reported attending training within their LEP and being required to attend training on the same subject centrally. If the NDFS is content that locally run courses meet its standards this could reduce the burden on educators' time and decrease costs.

140. Recognition of the time educational supervisors spend fulfilling their role varies between LEPs. The LEPs hold the job plans but the NDFS requires that educational supervisors have sufficient time to provide education. Educational supervisors interviewed during the visit identified providing time for education as a challenge. This challenge has been exacerbated by the increased clinical commitment required of consultants following the introduction of the European Working Time Directive (EWTD) for junior doctors. The team also heard that in busy medical units it could be impossible to provide education during the winter period. The NDFS should review the extent to which the winter pressure affects education and if such posts contain educational value or whether foundation doctors should be

placed elsewhere or requires LEPs to satisfy clinical demand through alternative arrangements.

141. The NDFS provides its local faculty with time recognition in accordance with the consultant salary scale to fulfil their current NDFS commitments.

Domain 7: Management of education and training

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

142. The NDFS works as one of four clinical directorates within the deanery, it has a clearly defined role with a committee structure in place and business plan to support the development and delivery of the foundation programme. The key strategic objectives identified by the deanery for foundation are using equality and diversity data to inform policy development, recruitment and the quality of policy implementation. The deanery and therefore the NDFS became a part of NHS North East on 1 April 2009.

143. Following the transition of the deanery into NHS North East the SHA has been working to refine and redraft the Learning and Development Agreement between the SHA and LEPs. This was still in draft form at the time of visiting and the team recommend that this is in place before the next cohort of foundation doctors begin in August 2009.

144. The vision of NHS North East is to create a split on the basis of commissioning and delivery of education. NHS North East has introduced a strategic workforce alliance called NHS North East People which makes recommendations to the SHA. Eventually the NDFS will move from within NHS North East. The SHA will commission education, following this advice, from providers of education and training and the NDFS will quality manage the education and training provided.

145. The detail of this reconfiguration has not yet been finalised however the deanery indicated that the NDFS would be one of the first bodies to be independent of NHS North East.

146. Local faculty within LEPs would welcome more information regarding this new commissioning and delivery split including confirmation that a co-ordinated approach will be taken when quality managing LEPs to ensure inspection is appropriate for the needs of all parties without being overly burdensome.

147. The deanery identified pressures on maintaining and developing education with the introduction of the EWTD and the current financial climate. The NDFS faculty are aware of time pressures but consider if training is appropriately structured that foundation doctors will be able to gain the necessary competences after the implementation of EWTD. The team were pleased to hear of the commitment of one LEP Chair to education, as a Foundation Trust with budgetary control he indicated that if more money was needed for education it would be made available.

Domain 8: Educational resources and capacity

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

Regular Review of Learning Resources and Facilities

148. Facilities and resources are documented in LEPs annual reports to the deanery and reviewed during QM visits. The deanery also funds LEP education centres and libraries and as such has a degree of control over facilities.

149. Following the introduction of e-portfolio the deanery provided additional funding to support the process.

Ratio of trainers to foundation doctors

150. Typically an educational supervisor will have one F1 and one F2. While this should allow the educational supervisor adequate time to support their foundation doctors it does reduce their experience and capacity for comparison. It is therefore important that educational supervisors make use of the forums available to them and seek support when appropriate.

151. GPs will provide clinical supervision only. If an LEP allocates a new educational supervisor in F2 and the foundation doctor begins in a GP placement their educational supervisor will normally be the clinical supervisor for the second placement. The team hope that educational supervisors work closely with GP clinical supervisors to ensure their valuable experience is not lost from the foundation programme.

Clinical and practical skills labs

152. The NDFS does not have in place a strategy for the use of simulator training however the LEPs visited had resources available to their foundation doctors. The NDFS also commissions LEPs to provide ALS and some trusts will also provide Acute Life Threatening Events Recognition and Treatment (ALERT) courses so that foundation doctors can meet the competences of the foundation curriculum regarding the management of the critically ill patient. The NDFS should review the simulation facilities available across the region to ensure equity of access for all foundation doctors.

Domain 9: Outcomes

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.

153. The NDFS routinely collects data relating to successful outcomes, remedial training and non-completion of the foundation programme.

154. These data will inform QM visits and policy development.

155. YSYS collects data on foundation doctor career aspirations before entering the foundation programme and at the time of completing the survey in F1 and F2. Following completion of the QAFP self assessment the NDFS has included the need to collect data on the career paths of those successfully completing F2. This has been included in the NDFS Business Plan for 2009-10.

Acknowledgement

156. The GMC would like to thank the Northern deanery and all those they met during the visits for their co-operation and willingness to share their learning and experiences.

Annex A

Glossary

ALERT	Acute Life Threatening Events Recognition and Treatment
ALS	Advanced Life Support
ARCP	Annual Review of Competence Progression
COPMeD	Conference of Postgraduate Medical Deans
DOPs	Direct Observation of Procedures
EWTD	European Working Time Directive
F1	Foundation Year 1
F2	Foundation Year 2
FPD	Foundation Programme Director
GMC	General Medical Council
GP	General Practice
GPST	General Practice Specialty Training
LEP	Local education provider
Mini-CEX	Mini Clinical Evaluation Exercise
MSF	Multi source feedback
NDFS	Northern Deanery Foundation School
NHS	National Health Service
PMETB	Postgraduate Medical Education and Training Board
PRHO	Pre-Registration House Officer
QA	Quality Assurance
QAFP	Quality Assurance of the Foundation Programme
QC	Quality Control
QM	Quality Management
QMS	Quality Management System Committee
SHA	Strategic Health Authority
SHO	Senior House Officer
StR	Specialty Registrar
UK	United Kingdom
UKFPO	UK Foundation Programme Office
YSYS	Your School, Your Say

08 September 2009

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Dear Dr Jenkins

Response to QAFP Visit Report

Many thanks for your letter dated 10 August 2009 enclosing the Quality Assurance of Foundation Programme Report following the recent GMC/PMETB visit to the Northern Deanery Foundation School.

On behalf of the deanery, I would like to express my gratitude for what we felt was a highly constructive and useful visit. The visit has helped the deanery consolidate our own analysis and insight into our key areas for development.

The deanery is delighted to have numerous areas of notable practice highlighted by the visiting team in the report.

Thank you for providing the deanery with an action plan to monitor our progress against the requirements and recommendations from the visit. We note the deadline of 10 November 2009 for the deanery's formal response. With this '28 day Right to Reply' letter, we wanted to take the opportunity to attach the action plan with our initial progress/planning to date. The action plan will be thoroughly completed for the 10 November and then subsequent 10 May 2010 deadlines as specified.

Within this 'Right to Reply' letter, we wish to provide a few comments:

- a) [*Report Reference p.12, para 57*] The deanery has now completed its appointment process to the substantive post of Postgraduate Dean. Prof Chris Gray who has an outstanding record as a clinical academic and educationalist will take up his post in October 2009. Plans for appointing to the substantive 'Foundation School Director' post are underway and we anticipate filling this post by the end of 2009.
- b) [*Report Reference p.18/19, paras 98-103*] The deanery welcomes the visiting team's comments in relation to our interview process, the detail of which we review each year but we look forward to undertaking this in the wider context of the report. However, it is our belief that the deanery's interview process does add value to local FP recruitment and is robust and defensible.

Specifically in relation to para 98 "*There is also potential for an applicant deemed appointable by the national recruitment process to fail to gain a position which could leave the national recruitment process and the NDFS managed local allocation process open to legal challenge*" It is the deanery's understanding that the national process does not deem candidates as appointable; rather its role is to facilitate the allocation of eligible candidates to Foundation Schools. It is the School (working in partnership with Trusts) who then assesses the appointability of candidates. Ultimately, it is only an NHS Trust (as employer of the FP doctors) who can deem a candidate appointable and therefore offer a contract of employment. Through using a structured interview as part of our recruitment process, the deanery and our Trusts can be reassured that only candidates who can demonstrate they are not only eligible but appointable gain a job offer.

Specifically in relation to para 99 "*The interview process would seem to favour large popular Newcastle-based LEPs*" We recognise that some Trusts within our region will be ranked more favourably than others by candidates, however, we do not believe this to be an outcome of the interview process rather of the trainees themselves expressing a preference to remain in the Newcastle conurbation.

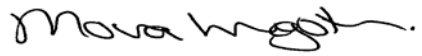
Specifically in relation to para 100 "*If the interview process is standardised and therefore the interview scores consistent the team cannot see the added value of repeating the interview process*" Trusts feel strongly that they wish to interview all candidates before offering them employment, even if they have had an interview earlier in the process within a different Trust. Each Trust follows the same marking matrix and therefore there is a standardised approach to how candidates are scored. We would, however, expect an individual candidate's interview score to vary from one interview to another as individual's will perform differently in different circumstances.

Specifically in relation to para 101 "*foundation doctors interviewed were largely disappointed with the process*" Since the visit, NDFS has collated the evaluation surveys completed by the most recent cohort of applicants due to commence F1 in August 2009 – we achieved a 61% applicant response rate overall. When asked 'do you think that the interviews should remain a part of the applications process within NDFS?' within a scale of 1 (Strongly Disagree) and 7 (Strongly Agree), 76% of respondents gave a score of 7 (36%), 6 (28%) or 5 (12%).

Thank you for providing the deanery with the opportunity to reply to the report which we found overall to be balanced and extremely useful.

With kind regards

Yours sincerely

A handwritten signature in black ink, appearing to read "Moira Livingston". The signature is fluid and cursive, with a period at the end.

Dr Moira Livingston FRCPsych

Director of Workforce and Postgraduate Dean and Director (Acting)