

Quality Assurance of the Foundation Programme

Consultation

Introduction

1. The GMC are responsible for setting the standards (currently patterns of experience) and quality assuring F1 prior to the grant of full registration. PMETB are responsible for setting, securing and maintaining the standards for postgraduate education and training, including F2, following full registration.¹
2. In order to ensure a co-ordinated, robust yet efficient approach to the regulation of the Foundation Programme, the GMC and the PMETB have been working together closely and with the Academy of Medical Royal Colleges to develop co-ordinated outcomes for doctors to demonstrate at the end of F1 prior to the grant of full registration and at the end of F2 prior to entry to specialist training. This work builds on that already undertaken and is refining it to ensure that it is fit for purpose for 2007.
3. The GMC and the PMETB are also developing joint Standards for Training to be demonstrated by those responsible for arranging the provision of Foundation Programmes and are undertaking a joint Quality Assurance of the Foundation Programme (QAFP) pilot to develop a single process of quality assurance which satisfies the legal frameworks of both the GMC and the PMETB. The pilot is helping to test the outcomes and standards in development as well as to develop an appropriate method of quality assurance for this period of training.
4. The Foundation Programme incorporates what was PRHO training and the first year of SHO training. It is a period of training that has been designed to have been completed prior to competing for entry into specialist training.
5. This paper sets out proposals from the GMC and the PMETB to jointly quality assure the Foundation Programme in the UK in a single process. The outcome of the process should be sufficient, robust information to enable the GMC and the PMETB to exercise their powers in respect of approval of Foundation Programmes.
6. The proposals were developed with the joint GMC / PMETB Foundation Group and have been shaped and developed as a result of our formative and developmental pilots with the North of Scotland Deanery, the Wales Deanery and the West Midlands Deanery. We are grateful to all those who took part in the pilot.

Summary of Consultation Issues

7. There are seven main areas on which we would appreciate your views. These are:
 - a. Standards and outcomes for Foundation Programme training.
 - b. The philosophy underpinning the quality assurance methods.

¹ This statement follows legal advice received to this effect. Although the Foundation Programme itself is not explicitly mentioned in legislation.

- c. The nature of the quality assurance process.
- d. Phase 1 - Information gathering.
- e. Phase 2 - The nature of the visit.
- f. Phase 3 - Reporting and Approvals.
- g. Composition of visiting teams.

The Consultation Process

8. This paper is published on our website. It has also been sent to a number of different organisations including:

- Consumer bodies and patient organisations
- Organisations involved in the quality of healthcare and healthcare education
- Groups representing students and doctors in training
- UK Higher Education Institutions
- Postgraduate Deaneries
- Other Health Professional Bodies
- UK Health Departments
- Employers (including NHS employers)
- Professional Bodies and Associations
- Academy of Medical Royal Colleges

9. Individuals and organisations are invited to submit comments on any of the issues covered in this paper. Your comments are requested by **15 October 2006**. They should be sent to:

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Section 1

Background to the development of Quality Assurance of Foundation Programme training

10. This paper sets out the thinking and purpose of quality assurance of the Foundation Programme as a joint enterprise between GMC and PMETB as the regulating authorities in partnership with those involved in the delivery, management and commissioning of training in Foundation Programmes. The quality assurance and evaluation process must ensure that the respective statutory duties of the regulatory authorities are delivered.²

Purpose of the Quality Assurance of the Foundation Programme (QAFP)

11. The purpose of QAFP is threefold:

- a. To ensure that the standards required by the regulators are met and to enable the competent authorities to make a judgement together about whether Foundation Programmes should continue to be approved.³
- b. To enable the competent authorities to support the development and improvement of Foundation education and training at local level by sharing useful and innovative educational practice, with those arranging for the provision of Foundation Programmes (horizontal connections).
- c. To ultimately enable coherence between undergraduate and postgraduate education and training (vertical connections).

12. In order to achieve its purpose, QAFP should:

- a. Make sure that the GMC / PMETB Outcomes and Standards for Foundation Programme training are being implemented through effective local quality control systems.
- b. Provide evidence that will allow the Education Committee and PMETB to make a decision about approval of Programme Providers and Programmes.
- c. Identify, discuss and ensure the resolution of issues of concern.
- d. Identify changes that need to be made and a timetable for their introduction.

² The GMC are responsible for setting the standards and quality assuring F1 prior to the grant of full registration. The PMETB are responsible for setting the standards and quality assuring F2 following full registration.

³ This means that the GMC and PMETB must be able to judge whether their outcomes and standards are met in the Foundation Programme.

- e. Be clear about the different levels of sanctions to be applied to those providing or arranging for the provision of programmes in the event that concerns and failures to meet standards are not resolved.
- f. Identify examples of innovation and useful practice and publish these and develop and promote improvements in postgraduate medical education and training.
- g. Promote equality and value diversity in medical education.

Principles

13. The following principles have underpinned our thinking in relation to the QA system that we are seeking to introduce. The system should be:

- a. Efficient, effective and economical, paying regard to the costs and effectiveness of the training programme as well as the QA process itself.⁴
- b. Valid: it should measure what it was intended to measure.
- c. Reliable: it should produce consistent and accurate results. In addition, results and judgements made should be structured and evidence based.
- d. Convenient: it should be flexible and practical and not too burdensome on institutions.⁵
- e. Fair: it should not favour any particular body or group either directly or indirectly. In addition, arrangements should be transparent.
- f. Proportionate: it should use a standard process but be capable of targeting specific issues. It should use any levers for quality improvement in a co-ordinated and appropriate way. Where appropriate, they should be supportive in tackling problems.
- g. Competent: those responsible for quality assurance should demonstrate an appropriate range of expertise and knowledge. Quality assurers should receive training as and when appropriate.
- h. Flexible: it should adapt to change in all elements of training programmes. QA should reflect upon and evolve its own processes in response to diversity, innovation or constructive criticism.
- i. Inclusive: it should encompass the experience and views of students and trainees, educators, service managers, patients and other users. They may be more open if confidentiality is guaranteed.

⁴ This concept should include the ability to motivate and encourage those involved to improve outcomes, structures and processes.

⁵ including feasibility

j. Accountable: it should be transparent with procedural documentation and reports of findings in the public domain barring exceptional circumstances. There should be defined structures for considering comments and complaints from providers of education and training and for approving final reports of findings.

k. Co-ordinated: it should liaise and co-operate with other reviews and quality assurance processes. It should consider and use available information. It should support the creation of common data sets and the sharing of information and examples of best practice.⁶

l. There should be a clear statement of QA responsibility for the different aspects of each programme. There should be a separation of functions between providers and their external quality assurers. External quality assurers should be independent of the funders and providers of education and training.

m. QA systems should ensure that providers have flexibility and room for curricular initiative on how the standards are achieved.⁷

14. Based on these principles, this paper sets out proposals for a system of Quality Assurance of the Foundation Programme (QAFP) which draws upon the GMC's system of quality assurance for undergraduate medical education as well as the developing PMETB quality assurance processes for specialist training to enable us constantly to monitor performance and progress of local quality management systems.

Questions:

1.
 - a. *Are our principles and objectives appropriate?*
 - b. *What principles have we not included?*

⁶ These principles are taken from GMC and PMETB, *Principles of Good Medical Education and Training*, 2005, GMC, London and PMETB www.pmetb.org.uk

⁷It is envisaged that a detailed evaluation against these principles will be completed at the end of the year when the first pilots complete and the methods for the second pilots are consolidated.

Section 2

The Key Issues

Standards and outcomes for Foundation Programme training.

15. The GMC, PMETB and the Academy of Medical Royal Colleges Foundation Committee have set up a small working group to consider the development of the outcomes that doctors must demonstrate at the end of F1 before the grant of full registration and the revised edition of the *Curriculum for Postgraduate Training in the Foundation Years*.⁸

16. These outcomes and standards were consulted on extensively during 2004 as part of the Modernising the New Doctor consultation. They have been restructured and refined as a result of joint work with PMETB and were shared informally from March 2006 and informed and further developed by our 2005/06 QAFP pilots with the North of Scotland, Wales and West Midlands Deaneries.

17. Drafts of the current outcomes and standards for training are set out at Annexes A and B. The outcomes set out the minimum requirements for F1 doctors to obtain full registration. Mapping work is being undertaken to ensure that the *Curriculum for Postgraduate Training in the Foundation Years* will ensure that these outcomes are delivered and assessed appropriately.

18. These Standards for Training should be demonstrated by Deaneries or Foundation Schools responsible for the arranging the provision of Foundation Programmes at local level. The domains for the GMC / PMETB Standards for Training were developed jointly and are in use for both specialist training as well as foundation programme training. We recognise that the detail of the standards are different to the ones relating to undergraduate medical education and also to those related to specialist training.⁹ The differences are there for a number of different reasons. These include:

- a. The Foundation Programme is a new period of training and information about it is still being disseminated. It should be allowed time to bed down in an appropriate manner ensuring that systems are in place, implemented and monitored effectively through employing Boards and Trusts. It is important to ensure that these standards are in place and fit for purpose delivering good quality training and putting patient safety first before moving to a system which mirrors that of specialist training where such systems are more established.

⁸ An extensive mapping exercise was carried out to ensure that the detail of The New Doctor (2005) was included in the Foundation Curriculum. This detail was then removed from The New Doctor (2005) leaving a much less detailed set of outcomes set at the level of the GMC. This less detailed set of outcomes is attached at Annex A.

⁹ Recommendations for undergraduate training are available at http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors.asp and Generic Standards for Specialist Training are available at http://www.pmetb.org.uk/media/pdf/h/s/GenericStandardsForTrainingFinal05April06_1.pdf

b. There is no dedicated single Royal College or Faculty to advise on the totality of Foundation Programme training.

c. The point of full registration takes place within the Foundation Programme. It is important that the legal requirements relating to full registration are met in a manner that is fit for purpose.

d. The GMC and the PMETB must work together to ensure an appropriate continuum between undergraduate, foundation and specialist training. It is therefore an appropriate aspiration that in due course, all these standards for training and associated quality assurance processes will be the same. But this can only happen when the foundations for each period of training are in place and working. This will in due course reduce the burden for Deaneries and other bodies involved in Foundation Programmes.

19. The GMC and PMETB are ensuring that mechanisms collecting data for different periods of training are as streamlined as possible to reduce the burden on Deaneries, Foundation Schools and other bodies.

20. Quality assurance should ensure that the outcomes and standards are delivered enabling doctors to achieve and demonstrate the required curricular competences and outcomes throughout the Foundation Programme.

- 2. a. Are the outcomes and standards right for this stage of development for the Foundation Programme?**
- b. Please provide your comments on the drafts set out at Annexes A and B.**

The philosophy underpinning the quality assurance methods.

21. At Medical School, students learn the core knowledge, skills, professional attitudes and behaviours and must demonstrate these before the grant of a medical degree. These requirements are set out in *Tomorrow's Doctors*.¹⁰ This stage of medical training is delivered in a variety of ways, including in a range of clinical settings and with patients.

22. When doctors start work they are, for the first time, paid professionals and employees. Assessment will be focussed on performance. The Foundation Programme provides a bridge between undergraduate and postgraduate medical education and training.

23. A doctor undertaking specialist training is refining and consolidating skills learned as an undergraduate and during their Foundation Programme and will be learning new skills related to the area of medicine they are practising in.

24. The quality assurance process will apply methods appropriate to the transition from undergraduate to specialist training and will take account of the different

¹⁰ GMC, *Tomorrow's Doctors*, 2003, GMC, London

expectations of and from the new doctor compared to those of a student and a doctor undertaking specialist training.

25. There will be approximately 10 000 doctors in training in Foundation Programmes. Foundation Programmes are quality controlled locally within Quality Management Systems, normally by Deaneries or Foundation Schools. Deaneries or Foundation Schools will be running programmes, taking place in trusts, boards and other settings, each with their own quality processes.

26. This is a complex network of regulation and it will be important that the GMC and the PMETB seek to support the frameworks already developing and in place and make appropriate links with others involved in quality assurance to utilise the complex networks effectively¹¹. It is important that the quality assurance function of the regulatory bodies adds value to these local systems and the complexity of the governance networks in place. This is the nature of quality assurance.

27. The GMC and the PMETB wish to ensure that QAFP is a supportive process which ensures that local systems are in place to identify and resolve issues and to close audit circles to ensure effective quality control.

28. For the purposes of this paper we are using the following definitions:

a. Quality Assurance – ‘A program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met’¹². This is the system used to test the ‘Quality Controls’ or ‘Quality Management System’ of an institution (Medical School or Deanery) that they are fit for purpose – or from the GMC and PMETB’s perspective ‘appropriate for meeting regulatory standards’.

b. Quality Control – ‘Maintenance of standards of quality of ... services’¹³ These are the checks that an institution such as a Medical School or Deanery will put in place to ensure that they operate to defined standards. Standards can be internally or externally defined.

3. a. Do you support the philosophy underpinning the QAFP process?

b. Please provide any additional comments.

¹¹ See an interesting discussion on this issue at Farmer, E. et al *Assessing the performance of doctors in teams and systems*, 2002, Medical Education, Volume 36, 942 - 948

¹² Merriam-Webster, Inc, *Medline Plus, Merriam-Webster's Medical Dictionary*, © 2002, available at <http://www2.merriam-webster.com/cgi-bin/mwmednlm?book=Medical&va=Quality%20Assurance> accessed on 26 May 2006

¹³ Princeton University, *WordNet © 2.0*, © 2003, available at <http://wordnet.princeton.edu/perl/webwn> accessed on 26 May 2006

The nature of the quality assurance process.

29. We propose that QAFP should employ a variety of methods to ensure that it achieves its purpose. These include information collection (from a variety of sources including Postgraduate Deaneries, Universities and through surveys of doctors and those involved in teaching and training foundation doctors and including patients where possible). Interviewing foundation doctors, trainers and others involved in foundation training is an opportunity to triangulate and verify this information from information collection and from appropriate validated tools.

30. Initial feedback from the pilots suggests that the complexity of the training environment and the involvement of employing and educational bodies in different structures across the UK means that data collection and collation is challenging. However, data collection is a necessary part of the quality assurance process. It is important to be able to understand and confirm that local Quality Management Systems or Quality Control systems are in place and to ensure issues are identified and resolved quickly. We must ensure that we collect data in the most effective way. We are working closely with organisations such as the Healthcare Commission in England (and signatories to the Healthcare Commission Concordat) and NHS Education for Scotland to understand whether data from other bodies may help to inform the QAFP process.

31. We propose that an organisation responsible for the provision of Foundation Programmes (normally the Postgraduate Deanery or Foundation School) should be required to provide one set of information to the GMC and PMETB jointly.

32. It is envisaged that there will be three phases to the quality assurance process.

a. Information will be collected, analysed and a risk based¹⁴ Plan of Action formed.

b. Information will be verified by a Team of Visitors recruited against competences including expertise in medical education and quality assurance and a wide variety of experience (such as that acquired as doctors and during training), other health professionals, lay members and patients.

c. A judgement will be made about whether the standards and outcomes are met.

4. Do you agree that there should be three phases to the joint GMC / PMETB Quality Assurance process?

¹⁴ A risk based plan of action means that the team will identify important areas of concern from written information provided. The team will then focus its work on ensuring the verification and resolution of issues of concern as well as triangulation.

Phase 1 - Information gathering.

33. Our initial 2005/06 QAFP Deanery Questionnaire was framed against *The New Doctor (2005)* and the *PMETB Standards for Curricula and Principles for an Assessment System in Postgraduate Education and Training*.

34. Throughout the pilot we have been collecting feedback from our visitors. At the beginning many felt that there was a sufficient amount of information provided by the Deaneries. There was also a feel that the information, whilst there, was difficult to locate in the Deaneries responses. The Deaneries themselves felt that there was a great deal of duplication in the questions on the template. The complexity of different standards from the GMC and the PMETB in different documents also proved a challenge.

35. The GMC and the PMETB have, therefore, developed co-ordinated outcomes and standards for the Foundation Programme to simplify the information collection process and to ensure closer links to information collected for specialist training. The template should be easier to complete using one set of standards for Foundation Programmes which meet the requirements for both the GMC and the PMETB. As the template uses the same domains as the PMETB Generic Standards for Specialist Training, it is envisaged that Deaneries or Foundation Schools will be able to draw on information already provided to the PMETB for specialist training whilst also ensuring that the GMC requirements for Basic Medical Education are met.

36. The template has been designed to collect the core information required for a Visiting Team to form an Action Plan when considering the Deanery or Foundation School in question. It has been shared with the pilot Deaneries and the Visiting Teams in order to ensure it is fit for purpose.

37. A draft template is attached at Annex C. We have tried to strike the right balance of minimising the burden to the Deaneries and Foundation Schools yet ensuring sufficient information for the Visiting Teams. The information should enable the Visiting Teams to understand the Quality Management Systems in place at the Deaneries and to form an appropriate Action Plan to help them verify that the systems in place are working effectively to meet the required Standards for Training?

<p>5. Does the template strike the right balance requiring the right quality and quantity of information?</p>
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Phase 2 – The nature of the verification process

38. The three QAFP pilots looked at different models for the process of visiting to verify or triangulate information provided by the Deaneries and Foundation Schools. Visits were arranged with local faculty, foundation doctors and other people involved in Foundation Programme training.

39. The North of Scotland visit took place in a block of three days across three different employing Boards.

40. Advantages of such a model included:
- a. Reduced cost of travel to the Visiting Team. Journeys were only made once to cover all aspects of the visit.
 - b. An intensive visit, including a detailed and structured preparation session enabled the Visiting Team to work well together at all times including question sessions to the Deanery and Board during the visits, to bond and to approach the task using the skills and abilities of the team together. The quality of the team's questions and approach was commended.
41. Disadvantages of such a model included:
- a. Such an intense visit process provides little time to reflect on findings.
 - b. If areas of concern are identified it is difficult to follow them up and resolve them within the same visit cycle.
 - c. The burden to the Deanery was immense as key personnel were involved in the visit over the whole three days. (Although over the whole cycle, one might argue that the burden was less than it might have been had the visit taken place over three separate days.)
42. The Wales Deanery visit took place across four days in a two day by two day model. Two days involved shadowing a local Trust Commissioning Visit which was part of the Deanery's Quality Management System.
43. Advantages of such a model included:
- a. Reduced burden on the trusts visited as this was combined with the local quality management system visits which would have taken place in any event.
 - b. An opportunity to see the local Quality Management System in action.
 - c. Time for reflection between visits and overnight during visits.
 - d. Time to follow up any issues of concern between visits within the visit cycle.
44. Disadvantages of such a model included:
- a. Resources – travel time over the whole visit cycle is increased because it is repeated on two or more occasions.
 - b. The length of time taken by the team to re-orientate and catch up to where they left off at the previous visit often some weeks or months earlier.
45. The West Midlands Deanery was the largest Deanery visited in terms of numbers of foundation doctors. The visit took place in three one day block visits to

different employing trusts within different Foundation Boards. Although, in practice, two of these day blocks were back to back.

46. Advantages of such a model included:

- a. Time for reflection between visits.
- b. Time to follow up if any issues of concern are identified.

47. Disadvantages included:

- a. Resources – travel time over the whole visit cycle is increased because it is repeated on three or more occasions.
- b. The length of time taken by the team to re-orientate and catch up to where they left off at the previous visit often some weeks or months earlier.

48. We submit that visits are appropriate for the early years of the QAFP process because the Foundation Programme is new and is being implemented now. It is appropriate for the GMC and the PMETB to be able to ensure that the quality management systems are in place, working, and achieving the right outcomes in terms of ensuring high quality educational provision. A current process of verification is needed. Our visits also demonstrated the importance of discussion at the visits. Discussion on site with trainers and foundation doctors confirmed some good practice and highlighted areas that required development.

49. In due course, both the GMC and the PMETB aspire to the possibility of verifying information in ways that do not involve visiting trusts or boards or other places of employment. We are working with other information collectors with a similar aspiration towards this goal. But we submit that we would wish to be satisfied that appropriate quality management systems were in place at local level first before moving to such a model of verification.

50. In order to work towards such verification, we also propose to collect information from Deaneries across the UK in the 2006/07 cycle. This would then be analysed by an expert Virtual team of assessors who would undertake a basic analysis. This analysis would not have the benefit of verification at this stage and it would also be a cost to the Deaneries as part of the development of the Foundation Programme process. However, we submit that there would be significant benefits to undertaking information collection from all Deaneries at this early stage of the process including the following:

- a. It would enable the GMC and the PMETB to share feedback with the Deaneries at a much earlier stage of the process than had previously been envisaged. We would submit that such analyses should be shared with the Deaneries at the earliest opportunity to enable initial feedback to be taken into account as part of the system.
- b. It would allow the GMC and PMETB to select Deaneries on the basis of the level of risk or the level of concerns identified from the completion of the

Deanery Questionnaire when QAFP goes live in 2007/08 following expert analysis by the Virtual Team of Assessors.

- c. It would reduce the burden for the Deaneries in subsequent years as they would simply need to provide updates to the information provided on the Deanery Questionnaire rather than a new Deanery Questionnaire each year.
- d. It would help to ensure that the GMC and the PMETB are able to identify issues that may require immediate discussions with the Deanery.
- e. It would help to ensure that the GMC and the PMETB are able to use and share potential examples of good practice through the Visiting Programme.
- f. It would provide valuable material to enable a separate Team of Visitors to be trained using the paperwork first before undertaking a visit.
- g. It would help to ensure that effective quality control procedures were put into place as the Foundation Programme beds down by drawing explicit attention to the Joint Standards for Training for Foundation Programmes.
- h. It would help to ensure effective communication channels between the GMC and the PMETB and the Deaneries about quality control and quality assurance.
- i. It would help the GMC and the PMETB to give further consideration to their aspiration to develop a quality assurance process which does not use visiting as the QAFP process beds down. The use of virtual Assessors will help us to explore these possibilities.

Frequency of visits

51. There will be 21 deaneries in place towards the end of 2006. We propose to visit Deaneries about once every five years or thereabouts. This would mean the GMC and the PMETB would be visiting about four Deaneries per year as part of the QAFP process when it went live.

52. We propose to review this cycle once all Deaneries have been visited and submit that this would be the right time to review the detail of the standards.

- 6. a. Are visits an essential part of the verification process at this stage of the development of the Foundation Programme?**
- b. What alternative models should we be considering?**
- c. Do you support the initial completion of the Deanery Questionnaire by all Deaneries. Please explain why or why not?**
- d. Is five years the right time for a quality assurance cycle?**

Phase 3 - Reporting and Approvals.

53. The GMC and the PMETB have different legal frameworks in respect of their reporting mechanisms.

54. From 2007, the Medical Act 1983 will be amended. The new Section 10A of the Medical Act 1983, will for the first time, allow the Education Committee to recognise programmes for provisionally registered doctors.

Approvals

55. The proposed Section 10A(2)(b) of the Medical Act 1983 provides that the Education Committee may determine the bodies that may provide, arrange for the provision of, or be responsible for programmes for provisionally registered doctors and (where different) the bodies by whom a person is to be employed or engaged while he is participating in a programme for provisionally registered doctors. Section 10A(1) also enables the Education Committee to recognise a Programme '...providing a provisionally registered person with an acceptable foundation for future practice as a fully registered medical practitioner.'

56. Thus the GMC can approve Programmes and bodies (including for example, a university, postgraduate deanery, foundation school or other appropriate body) that may provide or arrange for the provision of programmes for provisionally registered doctors up until the point of full registration.

57. The GMC's powers allow them to approve all Foundation Programmes. In order to ensure appropriate accountability, the GMC may also wish to approve at the level of Deaneries or Foundation Schools which display some or all of the following characteristics:

- a. A quality management system in place to approve posts locally which meets the GMC / PMETB Standards for Training for Foundation Programmes.
- b. A service level agreement with employers to require them to ensure the provision of appropriate education and training in posts.

58. Article 3(2) of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 provides the authority for the PMETB 'to establish standards of, and requirements relating to, postgraduate medical education and training; and to secure the maintenance of those standards. Article 4(5) of the Order enables (but does not require) the PMETB in performing functions under Article 3(2) to approve (a) a course of postgraduate medical education and training (or part of such a course) which the Board is satisfied meets or would meet the standards and requirements established under paragraph; (b) a programme of postgraduate medical education and training (or part of such a programme) which the Board is satisfied meets or would meet the standards and requirements established under paragraph; (c) a training post which the Board is satisfied meets or would meet the standards and requirements established under paragraph; (d) a general practitioner, whom the Board considers to be properly organised and

equipped for providing the training specified in article 5(1)(c)(i);(e) examinations, assessments or other tests of competence.'

59. The GMC and the PMETB are keen to ensure that approvals are as linked as possible within their different legislative frameworks.

7. a. What would be the appropriate body to be approved in each of the four countries of the UK?

b. What should be the level of approval of Programmes?

Reporting

60. It will be important for the GMC and the PMETB to retain their autonomy to exercise the statutory powers and duties provided for in the respective legislation governing the two bodies but within a joint process which does not detract from the importance of a seamless two year Foundation Programme. In practice it will be important for the QAFP process to provide sufficient information to each body to enable such a statutory judgement to be made.

61. In order to facilitate this, the GMC and the PMETB propose that the Visiting Teams should make a recommendation to a small working group convened by the Education Committee and the PMETB to scrutinise the findings of the Visiting Team. The findings of the Visiting Team should be structured against the domains in the Standards for Training in the Foundation Programme.

62. It will be vital to ensure that the Deaneries or Foundation Schools have an opportunity to comment on the report before it is formally presented to the regulatory bodies for approval. We propose that the final report be presented to the Deaneries and Foundation Schools and that they are allowed 28 days to respond to the report and to correct any factual inaccuracies. The report will be amended and sent back to the Deaneries. The Report will include recommendations of good practice to be disseminated to other Deaneries and Foundation Schools. It will also note any causes for concern with an agreed remedial Action Plan in place.

63. The Report and the Deanery response should be presented to a joint GMC /PMETB Foundation Approval Advisory Group.

64. It is important to have some form of scrutiny of the Visitors reports to ensure a separation of functions between the fact finding team and the statutory judgement to be made by both regulatory bodies. Such a body could consider any representations on the findings of the Visitors in addition to the report of the Findings and could make recommendations to the GMC and the PMETB about approvals. This mechanism could help to ensure an appropriate review of the conclusions of the Visiting Team.

8. Is the proposed reporting process fair and sufficient to enable the GMC and the PMETB to make a judgement about Foundation Programmes?

Composition of visiting teams

65. The Visiting Teams for the pilots were recruited against a set of published competences and they were recruited in open competition. We also wanted to ensure that doctors in Foundation Programmes, lay people and educational supervisors were included in the Teams to ensure an appropriate degree of expertise. The person and team competences for the pilot are set out at Annex 4.

66. The pilots suggested that we had the right mix of expertise to help us to develop the QAFP process and to produce reports with an appropriate degree of expertise to enable the GMC and the PMETB to make a judgement.

- 9. a. Are the person and team competences right?**
- b. How could they be improved?**
- c. Are we right to require certain experience in the team in addition to the competences? If so, what should it be?**

Section 3

Equality implications

67. Equality and diversity implications are important. It will be important for us to test the proposals with groups to ensure that we have not inadvertently overlooked any issues which may affect any groups.

68. The overall policy of moving to outcomes and away from prescribed experience should ensure that groups are not disadvantaged. This policy is being implemented through the quality assurance approach.

69. At each stage of the process we have developed an equality impact assessment. In order to measure the effectiveness of embedding thinking about equality and diversity issues in its implementation, we have concentrated on the development and analysis of specific data on two equality issues. In this way, we hope to ensure that thinking on these issues is integrated into the implementation of our policy.

- 10. a. Do the proposals described in this paper meet our commitment to equality and diversity?**
- b. If not, what other steps might we take to achieve this?**
- c. Are there groups for whom these proposals would have an adverse effect?**

Section 4

List of questions

1.
 - a. Are our principles and objectives appropriate?
 - b. What principles have we not included?
 2.
 - a. Are the outcomes and standards right for this stage of development for the Foundation Programme?
 - b. Please provide your comments on the drafts set out at Annexes A and B.
 3.
 - a. Do you support the philosophy underpinning the QAFP process?
 - b. Please provide any additional comments.
 4. Do you agree that there should be three phases to the joint GMC / PMETB Quality Assurance process?
 5. Does the template strike the right balance requiring the right quality and quantity of information?
 6.
 - a. Are visits an essential part of the verification process at this stage of the development of the Foundation Programme?
 - b. What alternative models should we be considering?
 - c. Do you support the initial completion of the Deanery Questionnaire by all Deaneries. Please explain why or why not?
 - d. Is five years the right time for a quality assurance cycle?
 7.
 - a. What would be the appropriate body to be approved in each of the four countries of the UK?
 - b. What should be the level of approval of Programmes?
 8. Is the proposed reporting process fair and sufficient to enable the GMC and the PMETB to make a judgement about Foundation Programmes?
 9.
 - a. Are the person and team competences right?
 - b. How could they be improved?
 - c. Are we right to require certain experience in the team in addition to the competences?
-

10.
 - a. Do the proposals described in this paper meet our commitment to equality and diversity?
 - b. If not, what other steps might we take to achieve this?
 - c. Are there groups for whom these proposals would have an adverse effect?

DRAFT OUTCOMES for full registration.

70. The following requirements must be demonstrated by all Provisionally Registered Doctors (PRDs) on different occasions and in different clinical settings before the grant of full registration.

71. These outcomes must be demonstrated as a professional in the workplace demonstrating a progression from the competence required of a medical student. They represent the minimum expected of a doctor before the grant of full registration. They do not preclude doctors gaining additional appropriate experience and indeed progression is encouraged.

Good clinical care

PRDs must:

72. Demonstrate that they recognise personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary.

73. Follow our guidance on the principles of good medical practice and the standards of competence, care and conduct expected of doctors in the UK.

74. Demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient at the centre of their practice by:

- a. Obtaining an appropriate history and identifying the main findings.
- b. Carrying out an appropriate physical and mental health examination.
- c. Using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnoses.
- d. Asking for and interpreting the results of appropriate investigations to confirm clinical findings.
- e. Establishing a differential diagnosis, where possible and considering what might change this.
- f. Understanding treatment options and the limits of evidence supporting them.
- g. Asking for patients' informed consent (under supervision).
- h. Helping patients to make decisions on their immediate and longer-term care taking into account the way the patient wants to make decisions (through

shared decision-making, or by the doctor explaining the options and the patient asking the doctor to decide, or by the doctor explaining the options and the patient deciding).

- i. Using medicines safely and effectively (under supervision) including giving a clear explanation to patients.
- j. Demonstrating an understanding of the safety procedures involved in prescribing controlled drugs.
- k. Keeping (or arranging for the keeping) of accurate and clear clinical records that can be understood by colleagues.
- l. Demonstrate that they can perform core clinical and procedural skills safely. These core clinical and procedural skills are set out at Appendix 1.
- m. Make efforts to reduce the risk of cross infection.

75. Demonstrate that they are recognising and managing acutely ill patients under supervision. This includes showing they are able to manage a variety of situations where a patient requires resuscitation.

76. Demonstrate that they promote, monitor and maintain health and safety in the clinical setting. Demonstrate an understanding of systems of quality assurance including clinical governance. They must be able to demonstrate an application of the principles of risk management to their medical practice. This includes understanding the procedures for reporting adverse incidents and the procedures for avoiding them. This also includes following safe practices relating to dangers in the workplace.

77. Manage their own time under supervision. And develop strategies with other health care workers to maximise time.

78. Demonstrate that they are able to take appropriate action if their own health, performance or conduct, or that of a colleague, puts patients, colleagues or the public at risk.

79. Demonstrate that they can recognise and use opportunities to promote health and prevent disease and show that they are aware of worldwide health priorities and concerns and health inequalities.

Maintaining good medical practice

80. Develop a portfolio including a variety of evidence (including work placed based assessments, involvement in educational and clinical teaching sessions and reflections on experiences with patients and colleagues) to demonstrate:

- a. That they have achieved the requirements in this guidance.

- b. Their ability to identify, document and meet their own educational needs.
- c. Understand the theory of audit, including change management.

81. Be able to explain how to contribute to audit and understand how the results of audit can improve their practice and that of others.

82. Internalise the importance of continuing professional development and self directed learning and demonstrate this through the assessment process. This will include the need to respond constructively to appraisals and performance reviews.

Teaching and training, appraising and assessing

83. Teach their peers and medical and other health and social care students under guidance, if required to do so, using appropriate skills and methods.

84. Contribute to the appraisal, assessment or review of students and colleagues PRDs work with.

Relationships with patients

85. Understand the theory and demonstrate the ability to ensure that effective relationships are established and maintained. This means creating an environment where the doctor can encourage and support the patient to share all information relevant to the consultation.

86. Introduce themselves to patients and colleagues with appropriate confidence and authority ensuring that patients and colleagues understand their role, remit and limitations.

87. Demonstrate that they recognise that patients are knowledgeable about themselves and the effect their health has on their daily life and should use this expertise to encourage and support patients to be involved in their own care. Relatives, or others caring for those with long-term health conditions, are often knowledgeable in this area, too. PRDs should be aware that:

- a. Carers, supporters and advocates (who speak on behalf of patients) often have to be included in the information given to patients.

- b. In the case of people with communication difficulties or difficulties processing information because of brain damage or an illness, it is absolutely vital that carers, supporters and advocates are kept informed about diagnosis and medical care, subject to GMC guidance on confidentiality.

88. Demonstrate that they encourage and support effective communication with people, both individually and in groups, including people with learning disabilities and those who do not have English as their main language.

89. Demonstrate that they are sensitive and respond to the needs and expectations of patients, taking into account only where relevant, their lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status.

90. Demonstrate that they respect and uphold patients' rights to refuse treatment or take part in teaching or research.

Working with colleagues

91. Work effectively as a member of a team including supporting others, handover and taking over the care of a patient safely and effectively from other health professionals.

92. Demonstrate respect for everyone they work with (including colleagues in medicine and other health-care professions, allied health and social care workers and non-health professionals) whatever their professional qualifications, lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status.

93. Demonstrate that they can communicate in different ways including spoken, written and electronic methods. They must use communication methods that meet the needs and contexts of individual patients and colleagues, including those within the team, or in other disciplines, professions and agencies where appropriate.

94. Share appropriate information, where necessary, with a patient's permission with other members of the healthcare team to provide the best possible information and treatment.

95. Demonstrate that they listen to and take into account the views of other health professionals and agencies. Where appropriate, share information with other professionals and agencies in accordance with GMC Guidance on Consent.

Probity

96. Be honest in their relationships with patients (and their relatives and carers), professional colleagues, and employers.

97. Be able to complete or arrange for the completion of legal documents correctly such as those certifying sickness and death (or arranging for these documents to be filled in) and liaise with the coroner or procurator fiscal where appropriate.

98. Understand and be able to apply relevant legislation to their day to day activities.

Health

99. Demonstrate an understanding of their responsibilities to maintain their health including a suitable balance between work and personal life, and knowing how to

deal with personal illness. They must take appropriate action to maintain their health and protect patients and follow our ethical guidance at www.gmc-uk.org.

100. Under *Good Medical Practice*, doctors must take responsibility for their own health in the interests of public safety. All doctors must follow this guidance. If a PRD knows, or has reason to believe, that he or she has a serious condition which could be passed on to patients, or that their judgement or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor on whether, and in what ways, they should change their clinical contact with patients. Doctors must not rely on their own assessment of the risk to patients.

Core clinical and procedural skills

- use local anaesthetics;
- give intramuscular and subcutaneous injections;
- prepare and administer intravenous medicines;
- interpret blood pressure in a range of clinical settings;
- interpret an ECG;
- interpret a peak-flow reading (of air flow out of the lungs);
- carry out venous and arterial puncture to take blood samples;
- gain intravenous access, including setting up an intravenous infusion or blood transfusion; and
- control infections, including washing hands, and prescribing antibiotics only where necessary.

We envisage that summary sheets will be prepared for Foundation Doctors, Educational Supervisor and the Postgraduate Deanery.

DRAFT

Standards for training for the Foundation Programme

Introduction

101. The GMC are responsible for securing and maintaining the standards for the Foundation Programme up to the point of full registration. The PMETB are responsible for securing and maintaining the standards for the Foundation Programme following the point of full registration.

102. From August 2007, the GMC and the PMETB will operate a single joint process for review and approval of Foundation Programmes or those who commission, deliver or manage the training in them. The exact units for approval and framework will be determined in a consultation later in 2006 following the first QAFP pilot.

103. This document sets out standards to be demonstrated through local systems. These standards will be used to help the GMC and the PMETB to determine whether training should be approved.

104. Where organisations responsible for quality management¹⁵, cannot demonstrate that the Foundation Programmes or posts they commission, manage or deliver meet these standards, the organisation responsible for quality management must agree a plan and timetable with the GMC and the PMETB that will ensure the standards are reached.

105. It is vital that the GMC and the PMETB are able to rely on local quality management systems to ensure the delivery of these standards. These arrangements must be developed and should ensure that issues are identified, monitored and resolved at local level. We recognise that there are complex responsibilities and lines of accountability in determining the quality of the environment in which postgraduate education is delivered, not least because of the interaction between education and service while delivering care to patients. It is important that locally co-ordinated systems are in place to ensure the promotion of high standards of medical education. It is local levers which will drive and secure

¹⁵ Organisations responsible for quality management systems and 'deaneries' are used interchangeably in this version of the draft standards. In due course, Deaneries might be substituted by Foundation School, or perhaps NES. This issue will be consulted on further. Quality Management is the system of quality control. Quality control is defined as 'Maintenance of standards of quality of manufactured goods or services' These are the checks that an institution such as a Medical School or Deanery will put in place to ensure that they operate to defined standards. Standards can be internally or externally defined.

change. This is a central pillar of regulation and supported by current regulatory strategy.

106. The GMC and the PMETB will strive to maintain their standards for the benefit of foundation doctors and patients. They will do this by ensuring that appropriate local quality management systems and organisational structures are in place. They will work with those systems and with organisations to help resolve issues of concern with all stakeholders involved. In this way, the GMC and the PMETB will empower and support organisations locally to apply local levers for change and to support them to do this when issues of concern arise.

Domain 1 - Patient safety

Responsibility

107. All doctors, employers and Deaneries or the organisation(s) responsible for administering the quality management system.

Standards¹⁶

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

Criteria

109. This standard will be demonstrated in working systems which must ensure:

- c. Fit for purpose supervision is in place for foundation doctors.
- d. Fit for purpose assessment systems for foundation doctors.¹⁷ Identification (as early as possible) of foundation doctors whose conduct gives cause for concern or whose health is affected to such a degree that it could harm the public.
- e. Provision of support for foundation doctors when appropriate.
- f. That foundation doctors who are a risk to patients are not signed up as having completed training satisfactorily. Information about these foundation doctors should be passed to the GMC for consideration about fitness to practise.
- g. That foundation doctors only undertake tasks in which they are competent in or are learning to be competent in with adequate supervision.

¹⁶ We recognise that standards might also be defined as criteria. Comments in the consultation are welcomed on this point. We will continue to work with our Visitors and QAFP pilot sites to specify more precise standards as more data becomes available for the next revision of these standards.

Evidence

110. Deanery quality data (including surveys etc...), deanery or university guidance on fitness to practice policies and their implementation, GMC and PMETB visits, data from foundation doctors and local faculty, and possibly data from other healthcare regulators and organisations.

Guidance

111. All those¹⁸ who teach, supervise, give counselling to, employ or work with foundation doctors are responsible for protecting patients. Patients will be protected through explicit and accountable supervision. Where there are serious concerns about a foundation doctor's performance, health or conduct, immediate steps must be taken to investigate the concerns to identify whether they are well founded and to protect patients. This information should normally be brought to the attention of the foundation doctor's educational supervisor and, where appropriate the organisation responsible for the quality management systems involved in Foundation Programmes. The GMC should be informed as appropriate.

112. Foundation doctors must never be put in a situation where they are asked to work beyond their competence without appropriate support and supervision from the clinical supervisor. Patient safety must be paramount at all times.

113. Those responsible for training have a responsibility to share information with relevant individuals about foundation doctors that is relevant to their development as a doctor, both before and during the Foundation placements. Where possible, the foundation doctor should agree to this. When the foundation doctor does not agree, or is not able to do so, those responsible for training must consider the foundation doctor's rights to confidentiality and any serious risk posed to patients, the public, themselves or colleagues when deciding whether to share information with other people involved in training the foundation doctor. Foundation doctors in F1 or F2 cannot be allowed to continue training if they pose a risk to patients or the public. In some circumstances, if the foundation doctor is not able or not willing to agree to information being revealed, it may be that they are not able to continue training and meet the outcomes of training. In these circumstances, that information should be passed to the GMC and to the foundation doctor. Further information on this subject is provided in GMC guidance *Confidentiality: Protecting and Providing Information*. Advice should be sought from the Deanery, the GMC, a relevant defence organisation and the employer as appropriate.

114. By confirming that a foundation doctor has met all the necessary outcomes of training, the person appointed for this purpose is confirming that the foundation doctor has achieved the required outcomes of training and practises in line with the principles of professional practice set out in *Good Medical Practice*.

115. Those supervising foundation doctors must provide honest and justifiable comments when giving references for, or writing reports about, them and include all

¹⁸ This includes the university with a medical school. Further guidance may be sought from the GMC.

relevant information which relates to the foundation doctor's competence, performance and conduct.

Domain 2 - Quality Assurance, Review and Evaluation

Responsibility

116. Deaneries or other organisations responsible for administering the quality management system, employers, foundation doctors and local faculty.

Standards

117. There must be a clear quality management system in place with standards for employers and supervisors and foundation doctors which are fit for purpose and promote educational standards.

118. The quality management system will demonstrate robust procedures for approving training programmes at local level and checking their quality.

Criteria

119. This standard will be demonstrated by systems that encompass the following:

h. Information about roles and responsibilities of all those involved in the Foundation Programme including lines of authority and responsibility must be available and clearly disseminated to foundation doctors, deaneries or other relevant bodies. The roles and responsibilities of the following will be included:

- i. Postgraduate Deans.
 - ii. Universities.
 - iii. Relevant Schools / Committees or other organisational structures (for example, foundation schools etc).
 - iv. Employers.
 - v. Educational supervisors.
 - vi. Clinical supervisors.
 - vii. Foundation doctors.
- i. Identification, monitoring and resolution of issues and the way that loops are closed in areas including:
- i. Entry to the Foundation Programme.
 - ii. Quality of training experience (including induction, ongoing training, supervision, content of job).

- iii. Appraisal.
- iv. Assessment.
- v. Supervision.

Evidence

120. Deanery quality data (including inspections, reports of others visits and various surveys), information about administration of quality management systems.

Guidance

121. Programmes should include placements which are long enough to allow foundation doctors to become members of the team and allow team members to make reliable judgements about trainee abilities, performance and progress.

122. There must be a standard learning agreement for each placement within the Programme.

123. Foundation year 1 doctors must have written approval from their University to accept a programme completing basic medical education.

124. Programmes should ensure that foundation doctors have appropriate learning opportunities to meet the learning outcomes for this period of training and are able to demonstrate this.

125. There should clear quality control standards and systems in place for the workplace based assessment process, which are fit for purpose.

126. There should be clear quality control standards and systems in place to ensure the appraisal process takes place.

127. There must be procedures in place to check the quality of training and assessments and to ensure that standards are being maintained.

128. The methods used to check the quality of approved training programmes should take account of the views of foundation doctors and the local faculty.

Domain 3 - Equality, Diversity and Opportunity

Responsibility

129. All doctors, employers and the organisation responsible for administering the educational quality management system.

Standard

130. All bodies involved in the commissioning, management and delivery of training for provisionally registered doctors must be aware of and implement their legal obligations under law.

Criteria

131. Data about equality and diversity issues should be collected routinely, analysed, recommendations developed, implemented and monitored.

132. Data about training healthcare staff in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.

133. Data about how issues are identified or fed into the quality management system and how loops are closed.

Evidence

134. Deanery quality data, Policies and their how their implementation is monitored at employer level.

Guidance

135. Guidance about Equality and Diversity issues should pervade the other domains and all activities.

Domain 4 - Recruitment, selection and appointment

Responsibility

136. Deaneries, and local faculty¹⁹ and through these employers for ensuring fitness for the post.

Standard

137. Recruitment, selection and appointment systems must be fit for purpose.

138. The following processes must use objective and fair selection procedures without being biased or unfairly discriminating against anyone:

- a. Recruitment and selection to the Foundation Programme.

¹⁹ PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision.

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

Criteria

139. Information about selection procedures should be published.

140. Those responsible for selecting should include people with a range of expertise and knowledge. They should be trained to apply selection guidelines consistently and fairly. They must be trained to be able to promote equality and diversity (people's different backgrounds and circumstances) and follow current equal opportunities legislation and good practice.

141. There should be clear paperwork for those within programmes about choices in the programme and how they are allocated.

142. Appointments to local faculty should be made against a set of defined and published criteria. Whilst recognising that appointments are often volunteered for and that time is challenging, it is important for these educational appointments to be carried out to a particular standard to help to raise the quality of the educational experience in Service.

143. The appointment process should demonstrate that foundation doctors are fit for purpose and able, subject to a good induction and ongoing training, to undertake the duties expected from them in a supportive environment. It should build on experiences gained at medical schools to support fitness for purpose in the working environment.

Evidence

144. Evidence will include data analysis about selection into Foundation programmes, data analysis about how selections for placements are made and data analysis about recruitment procedures for local faculty.

Guidance

145. Further guidance is provided in the Operational Frameworks.

146. Educational supervisors should have specific training for their role. This might include training in educational principles as well as specific skills training. There should also have access to training in the tools for assessment used in the local area.

147. The legal responsibility for confirming the requirements of full registration for UK graduates remains with their medical school. There should be appropriate mechanisms in place to ensure that the responsibility for signing the Certificate of Experience is clear.

Domain 5 - Delivery of curriculum including assessment.

Responsibility

148. Deaneries, local faculty²⁰, foundation doctors and the Academy of Medical Royal Colleges Foundation Committee.

Standards

149. The Foundation Curriculum must meet the outcomes and standards for training used by the GMC and the PMETB.

150. The Foundation Curriculum (including assessment) must be delivered.

Criteria

151. These standards might be demonstrated through the following criteria:

- a. A clear programme description which outlines how the competences including general professional competences will be covered in the placements and what evidence and information will inform a judgement about the performance of the trainee.
- b. Sufficient practical experience must be available to support acquisition of competencies as set in the Curriculum.
- j. The assessment system defined in the curriculum must be implemented.
- k. Formal educational documentation as determined by the Deanery or Foundation School including appraisal must be completed within each post.
- l. Foundation doctors must have regular feedback on their performance within each post as defined by the Deanery or local Foundation School.

Evidence

152. Evidence for this domain will include: approval of the Foundation Curriculum against outcomes for F1 and F2 along with relevant Standards for Training. Data from the Deaneries, local faculty²¹ and foundation doctors should also be included. Visits will also be carried out to local faculty and foundation doctors to determine if these standards are being met.

²⁰ PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision.

²¹ PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education, locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision. See PMETB, *Generic Standards for Training*, 2006.

Guidance

153. A system should be in place to ensure that foundation doctors receive regular formative feedback as defined by the Deanery or Foundation School.

154. Different methods of assessment should contribute to the overall judgement made about the performance of a Foundation doctor.

155. Training and learning can be delivered in a number of ways but it must be relevant and must meet the learning needs of the foundation doctor. Training must provide the following:

- a. Learning based on experience that provides clinical training in a range of practices and procedures.
- b. Regular, formal educational sessions that cover topics of value and interest to Foundation doctors.
- c. Opportunities for self-directed learning so that foundation doctors can develop the skills and habits they need to learn by themselves.
- d. Opportunities to reflect on learning and practice and to discuss issues with their educational supervisor and other colleagues.
- e. Opportunities to demonstrate a progression in learning from medical school through to the Foundation Programme.

156. Foundation doctors must be able to suggest topics to be included in their training programmes. They must also be able to comment on the order of topics so that training meets their needs. In formal educational sessions, foundation doctors must not be on duty and give their pagers to someone else so that they can take part.

157. Training can take place in a variety of clinical settings, including hospitals, general practices, community-based medical services and other health and social care settings, that allow foundation doctors to gain the necessary competences.

158. Foundation doctors will work and learn in interprofessional and interdisciplinary health care teams. It is important that their knowledge and skills are used appropriately so that, working with colleagues, they can provide high-quality patient care and complete training successfully. Foundation doctors must not regularly carry out tasks that do not need them to use their medical expertise and knowledge, or have little educational value.

159. Those responsible for training and their NHS partners should discuss and, where appropriate, provide opportunities for foundation doctors to train with other health and social care professionals. This will help mutual understanding of roles and responsibilities.

Assessment and Appraisal

160. A judgement must be made to confirm that all the core outcomes used by the PMETB and the GMC have been met based on a variety of assessments, reports and other observations and information.

The principles of assessment

161. Those responsible for designing assessment must set up valid methods for assessing foundation doctors' suitability for full registration, completion of Foundation Programme training and entry to Specialist Training. This must include the following.

- a. A clear, documented and published process for assessing foundation doctors' performance, including information about completing and putting forward:
 - i. Confirmation of Satisfactory Service at the end of each placement within a programme which includes the outcomes met during that placement, the outcomes not met during the placement and the outcomes not dealt with during that placement.
 - ii. A Certificate of Experience for doctors who have completed the first year of the programme successfully enabling them to apply for full registration.
- b. A clear, documented and published system for dealing with foundation doctors who have not completed training successfully, including:
 - i. A procedure for making an appeal.
 - ii. A process for identifying and providing any further training needed.
 - iii. Counselling for those who are not able to progress to full registration.

162. Assessments may be carried out in a variety of ways, but must be carried out to the same standard. This will allow foundation doctors with a disability to show that they have achieved the outcomes. Those responsible for assessment must be aware of and apply legislation and good practice relating to the assessment of those with a disability.

Assessing performance

163. This section sets out a suggested model for assessing foundation doctors.

The assessment process

164. When they start each placement, foundation doctors and their educational supervisors must meet to agree how the learning objectives for this period of training

will be met and confirm how formative feedback and summative judgements will be made. Educational supervisors must then make sure that foundation doctors' performance is appraised at appropriate intervals. Feedback about performance helps to identify strengths and weaknesses, both in foundation doctors and in the training provided, and allows changes to be made. Foundation doctors must have opportunities to discuss issues or problems, and to comment on the quality of the training and supervision provided. Educational supervisors must make sure that all doctors and other health and social care workers who have worked with the foundation doctor have an opportunity to provide constructive feedback about their performance.

165. Foundation doctors must maintain a personal portfolio and logbook to describe and record their experiences and to identify strengths and weaknesses. This portfolio should include summaries of feedback from the educational supervisor and significant achievements or difficulties, as well as the results of the foundation programme assessments. It will also help the foundation doctor to demonstrate progression during their training. This will emphasise the importance of maintaining a portfolio of evidence of achievement, which will be necessary once they have completed foundation training and in due course to retain their licence to practise. It will also provide those responsible for training with evidence that can be used to assess performance and progress.

Assessment based on evidence of performance

166. At the end of each placement, the educational supervisor, in conjunction with the Postgraduate Deanery must assess whether the foundation doctor has met the necessary outcomes. The educational supervisor must only confirm Satisfactory Service if the foundation doctor has met the necessary outcomes.

167. When an educational supervisor assesses the performance of a foundation doctor, the following sources of documented evidence should be used:

- a. Evidence of direct observation of the foundation doctor's performance.
- b. Reports from colleagues about the foundation doctor's performance.
- c. Discussions with the foundation doctor about their performance.
- d. The foundation doctor's personal portfolio.

168. Also, there may be other sources of evidence that will provide a valuable insight into the competence. These sources should be recorded and may include:

- a. Feedback from patients who have been in contact with the foundation doctor.
- b. The outcome of audits.

169. Those responsible for training must:

- a. Have a clear process for developing the measures for assessment that will be used for assessing the foundation doctor's progress and performance.
- b. Publish the assessment measures that educational supervisors will use to assess the foundation doctor's progress and performance.
- c. Provide educational supervisors with guidance and training in Deanery procedures when using these measures.
- d. Define the process that educational supervisors undertake to apply the measures consistently and fairly.
- e. Make sure that educational supervisors identify the evidence on which the certificates of experience and achievement of F2 competences have been completed.

170. A named representative of the university, normally but not necessarily the postgraduate dean, must be responsible for filling in the Certificate of Experience based on the Confirmation of Satisfactory Service signed by educational supervisors at the point of application for full registration.

Domain 6 - Support and development of trainees, trainers and local faculty²²

Responsibility

171. Deaneries, employers, trainers and local faculty and foundation doctors.

Standards

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

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

Criteria

174. All provisionally registered doctors must have the opportunity to shadow their first placement before starting work.

175. There must be an ongoing induction and training programme for foundation doctors and local faculty. This must also include handover of patient care by foundation doctors.

176. There should be a review and handover process by supervisors concerning their foundation doctors.

²² PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision.

177. Foundation doctors must have a designated educational supervisor.
178. Foundation doctors must sign a summary of agreed educational objectives and assessments for the placement at the start of each post.
179. Foundation doctors must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss and review with their educational supervisor (or representative).
180. Foundation doctors must meet with their educational supervisor on a regular basis during the placement, to discuss their progress, outstanding learning needs and how to meet them.
181. Foundation doctors must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of local faculty²³.
182. Foundation doctors must have access to career advice.
183. The procedure for accessing study leave must be published, fair and practical.
184. Trainers must be appropriately appointed, trained and appraised against their educational activities.

Evidence

185. Evidence will include deanery quality data.

Guidance

186. A formal induction and ongoing training during the Foundation Programme should include:
- a. Service and individual placement issues (including their status as new doctors and their role in the interprofessional and interdisciplinary team, health and safety matters, the name of the person responsible for issues within the employing organisation, clinical governance and audit arrangements).
 - b. Educational issues – The following general issues must be covered in all induction programmes, GMC ethical guidance, outcomes in The New Doctor, information about the Foundation Programme, how performance and progress will be assessed, educational and clinical supervision (including the name and contact details of the educational supervisor for each placement and how clinical supervision will be provided and by whom), how quality of training is monitored and health and safety at work, including their own

²³ PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision.

healthcare and educational opportunities available in the placement and the programme.

- c. Formal handover / local induction at the beginning of the placement.
- d. Effective handover procedures during the placement.
- e. Information about flexible training, returning to training for graduates or Foundation doctors who have taken a career break for any reason and for those who have had a career break due to particular health problems or due to a disability.
- f. Information about what to do when there are any problems and about the support networks available (including Occupational Health, counselling and disability services). There should be named contacts for doctors in difficulty.
- g. Information about how Foundation doctors should register with a local General Practitioner and the importance of looking after their own health.

187. Systems should be in place to ensure appropriate support for the academic and welfare needs of foundation doctors.

188. Local faculty must have access to a summary of the support that is provided to them and information about how to access such support to help them to undertake their roles and responsibilities effectively.

189. Foundation doctors must have a summary of agreed educational objectives and assessments for each placement and must review this with their educational supervisor during the placement.

190. Those responsible for training must also provide guidance to:

- a. Graduates or those already in foundation training who want to carry out flexible training as a foundation doctor.
- b. Graduates or foundation doctors who have taken a career break after graduation but want to return to training.
- c. Graduates or foundation doctors who need a break after graduation because of health problems or a disability.

191. The Foundation Programme involves taking increased responsibility for patients, under the supervision of more experienced doctors. Those responsible for training and their NHS partners must make sure that foundation doctors have appropriate clinical and educational supervision at all times. Foundation doctors must:

- a. Receive educational and clinical supervision that is appropriate to their experience.

- b. Receive appraisal (a positive process to provide structured and constructive feedback on the foundation doctor's performance, chart their continuing progress and identify their development needs).
- c. Never be expected to carry out unsupervised tasks that they do not have enough experience for.
- d. Always have direct access to a senior colleague who can advise them in any clinical situation. (Foundation doctors must never be left in a situation where their only help is outside the hospital or the place where they work.)

192. There must be a named educational supervisor for each placement. The foundation doctor must be told the name and contact details of the educational supervisor. Educational supervisors must be involved in teaching and training foundation doctors and should help with their professional and personal development.

193. Educational supervisors must tell the NHS employer and those responsible for training of serious weaknesses in a foundation doctor's performance that have not been dealt with, and any problems with training programmes. Foundation doctors should be told of the content of any information about them that is given to someone else. Where appropriate²⁴, and with the foundation doctor's knowledge, relevant information should be given to the educational supervisor for their next placement so that appropriate training and supervision can be arranged. Information that would always be passed on would normally include assessment results and basic local formal information

194. There must be at least one clinical supervisor in each training placement, who is responsible for teaching and supervising foundation doctors. The clinical supervisor may be the educational supervisor or another person. The foundation doctor must be told the name and contact details of the clinical supervisor. Clinical supervisors must make sure that the interests of patients are protected at all times.

Domain 7 – Management of Education and Training

Responsibility

195. Deaneries and Local faculty

Standard

196. Education and training for the Foundation Programme must be planned and maintained through transparent processes which show who is responsible at each stage

²⁴ It is difficult to envisage a situation where such action would not be appropriate.

Criteria

197. Foundation programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of standards in the arrangement and content of training programmes to ensure effective delivery.

Evidence

198. Deanery policies and Service level agreements with the organisations employing doctors.

Guidance

199. Management of education and training in the Foundation Programme should be dealt with specifically in this domain.

Domain 8 - Educational resources and capacity

Responsibility

200. Deaneries and employers.

Standard

201. Overall educational resources and capacity should be fit for purpose.

Criteria

202. Foundation doctors must have access to appropriate learning resources and facilities, including libraries, IT facilities and facilities for a range of investigations and teaching accommodation.

203. The fitness for purpose of the facilities must be regularly reviewed and recommendations made where appropriate.

204. A suitable ratio of trainers and Foundation doctors.

Evidence

205. Other organisations may well collect information on this type of issue across the four countries. This means that we may well collect or use data about this from sources other than the Trusts / Boards and Deaneries.

Guidance

206. Foundation doctors must have opportunities to develop and improve their clinical and practical skills in an appropriate environment (where they are supported by teachers) before they use these skills in clinical situations. Skills laboratories and centres provide an excellent setting for this training.

207. Working in an environment which is committed to care based on evidence and to research can help foundation doctors to understand the importance of developing research and audit skills to improve their practice. It also helps to make sure that those responsible for their learning are aware of current developments in clinical theory and practice.

Domain 9 – Outcomes

Responsibility

208. Foundation doctor, educational supervisor, local faculty and Deaneries

Standard

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

Criteria

210. Undertaking a Foundation Programme which meets the requirements of the approved Foundation Curriculum will normally confirm that these outcomes are being delivered.

Evidence

211. Deanery quality data, including data from local faculty and foundation doctors.



**Deanery Response Questionnaire
Foundation Programme Training 2006/07**

**3 July 2006
v5.0**

Annex C

Quality Assurance of the Foundation Programme (QAFP)

The GMC are responsible for setting the standards (currently patterns of experience) and quality assuring F1 prior to the grant of full registration. PMETB are responsible for setting, securing and maintaining the standards for postgraduate education and training, including F2, following full registration.²⁵

The GMC and the PMETB have published joint draft standards for foundation programme training and outcomes for full registration during the Foundation Programme. The purpose of our joint quality assurance process is to ensure that these outcomes and standards are being met. There is one quality assurance process and one set of standards for both years of the Foundation Programme.

This document sets out the information required by the GMC's Education Committee and the PMETB to quality assure training within the Foundation Programme in the UK. For guidance on completing the questionnaire please refer to the GMC and PMETB Standards and outcomes for full registration available at <http://www.gmc-uk.org/education/index.asp> or contact the QAFP Team on QAFP@gmc-uk.org or telephone 020 7189 5109. Please do refer to existing documents when responding to the questionnaire if appropriate. If a document is referred to, it may be clearly referenced in the questionnaire and listed in the Document Register.

²⁵ This statement follows legal advice received to this effect. Although the Foundation Programme itself is not explicitly mentioned in legislation.

Part 1 – Basic information

212. Please give us the following basic information

Name of University Medical School(s)	<input type="text"/>
Name of Postgraduate Deanery delivering Foundation Programme	<input type="text"/>
Postgraduate Dean	<input type="text"/>
Email	<input type="text"/>
Foundation School Dean (if different)	<input type="text"/>
Email	<input type="text"/>
Name and role of main GMC/PMETB contact (if different to above)	<input type="text"/>
Email	<input type="text"/>

213. Please provide definitions of relevant terminology used by the Deanery in the completion of this questionnaire. (This might include Foundation Programme, unit of approval, foundation school etc...) ²⁶

214. Please provide a brief contextual description of the service configuration in the Deanery area. ²⁷

²⁶ This question is designed to ensure that terminology used means the same thing to both the Deanery and the Visitor. If definitions in another document are used please reference this. It is hoped that common terminology can be used in due course.

²⁷ This question is an opportunity for the Deanery to provide a background and context for the delivery of education within the service structure to the Visitor who will not normally have had experience of the specific structures in place in the Deanery being visited. It might include information about hospitals are grouped together, where mental health is situated, the training status of primary care providers and how the educational structures map onto the service configuration.

215. Please provide a diagram which explains the Deanery structures involved in managing foundation programme training. (This should include information about the organisation of training including, for example, the Foundation School (if applicable), Management Committees (if applicable), links to local faculty in the employing health service organisations, Foundation Programmes and posts²⁸.)

216. Please provide an organisation chart that outlines the management structure for the supervision and delivery of the programme within the employing health service organisations²⁹, practices and any other sites. Details should include a brief description of job role (with sample job descriptions if possible, although we recognise that the detail of these may change from employer to employer), and information about how the personnel relate to the Deanery and to the healthcare partners and any other relevant structures).

217. Please provide information about the names of any health authorities, health boards, trusts, boards or hospitals and ISTCs within the Deanery providing Foundation Programme training.

218. Please give details of how you ensure good communication between the Deanery, those involved in training within the Foundation Programme, Medical students and foundation trainees.

219. Please provide information on the total number or percentage of trainees in all the foundation programmes within the Deanery in each year broken down by the following categories^{30 31}.

Year	Male	Female	Total Number	Year	UK degree	EU degree	International medical degree	Total Number
1				1				
2				2				

White British	Black British	White Irish	White Other	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British - Chinese	Not Stated	Disability	Total Number

²⁸ Please note many of these definitions are provided in the Operational Framework. Please define the terminology you are using for the purposes of the pilots.

²⁹ Including NHS Trusts and Boards.

³⁰ These are the categories used in the 2001 Census. This information should be the same as for the HESA stats, which may be provided in lieu of completing question 5.

³¹ This question is designed to cover all the trainees within the area of the Deanery. Some Deaneries may be accommodating trainees from other Deaneries and some Deaneries will export graduates to another Deanery. Please explain why these trainees are, or are not included in these figures.

Year 1										
Year 2										

Part 3 - Meeting the Standards

Domain 1 – Patient safety

220. Please tell us how the Deanery meets and quality controls the standards and criteria for Patient Safety for Foundation Programme training. Please ensure that the following issues are also addressed:

- a. How appropriate clinical supervision is ensured.
- b. How are decisions about performance monitored and used to further development? Detail how your systems assess each trainee whose performance, how that assessment is fed back and how an individual's training programme is, where necessary, adapted to meet the trainees needs.
- c. Please tell us how and when Trainees who are performing poorly are identified. How are such cases handled? How are opportunities for remedial training identified and managed?
- d. How does the Deanery publicise complaint procedures about trainees to the public, trainees and Health service partners?
- e. Please demonstrate how Trainees are informed about and understand whistle-blowing arrangements in relation to colleagues and staff?
- f. How does the Deanery inform foundation doctors about the GMC and other ethical guidance to Trainees?
- g. Please give details, suitably anonymised, of the outcomes obtained from the above since the last visit.
- h. Please give details of any changes in structure or process since the last visit.

Domain 2 – Quality Assurance, Review and Evaluation

221. Please tell us how the Deanery meets and quality controls the standards and criteria for Quality Assurance, Review and Evaluation for Foundation Programme training including organisational arrangements and ensuring access. Please give details of the standards/ targets set Trusts and other providers and provide summary data demonstrating that the Deanery is effective in achieving improvements in quality. Please ensure that the following issues are also addressed:

- a. Please tell us about the Deanery's methods for evaluating and improving the quality and standards of learning/medical education. This should explain how weaknesses are addressed and loops are closed. It should include the mechanisms for communicating with university of graduation, Trust or Board representatives, clinical and educational supervisors and trainees.³²
- b. Please describe the arrangements that the Deanery / Foundation School³³ has in place to ensure that it has sufficient, appropriate and effective clinical and educational supervision in all foundation programme placements to deliver the curriculum as intended; and how are these arrangements monitored?

Domain 3 – Equality, Diversity and Opportunity

222. Please tell us how the Deanery meets and quality controls the standards and criteria for Equality, Diversity and Opportunity for Foundation Programme training. Please ensure that the following issues are also addressed:

- a. What percentage of educational supervisors have participated in training in equality and diversity?
- b. Please explain how the Deanery has managed training for Foundation doctors with disabilities.³⁴ In particular:
 - i. What is the process for ensuring access to Foundation Programmes for applicants with disabilities?
 - ii. What changes that have been made to the Programme to meet the needs of foundation doctors with disabilities? Please provide specific examples of how foundation programmes have been modified?
 - iii. Can you demonstrate that discussions took place individually with the trainee, the Trust or Board, Educational Supervisors and others?³⁵

³² Please attach a supporting structure diagram if helpful perhaps demonstrating Committee structures.

³³ This should be the body managing the Unit of Approval. Please define the terms used to complete the questionnaire.

³⁴ If this function is managed by a body other than the Deanery, please explain with reference to that body and how it relates to the Deanery. This should include the input of Occupational Health or its equivalent.

³⁵ Where possible this information should demonstrate how education and training has been modified to integrate these processes.

Domain 4 – Recruitment, selection and appointment

223. Please tell us how the Deanery meets and quality assures the standards and criteria for Recruitment, selection and appointment for Foundation Programme training.

224. Please describe the organisational arrangements for identifying and training educational supervisors.

Domain 5 – Delivery of curriculum, including assessment

225. Please tell us how the Deanery meets and quality controls the standards and criteria for Delivery of curriculum, including assessment for Foundation Programme training. Please ensure that the following issues are also addressed:

- a. Please tell us about the Deanery's methods for promoting consistent standards of programme delivery across multiple sites including mechanisms for ensuring that arrangements are publicised to trainees.
- b. Please explain how the assessment system chosen meets the following principles of assessment set out by PMETB³⁶?
 - i. Provide a blueprint map of assessments.
 - ii. Demonstrate how it meets the PMETB criteria?
 - iii. Demonstrate how it meets the principles of *Good Medical Practice*?
 - iv. Demonstrate how the Deanery will ensure that there are sufficient resources available to support assessment?
 - v. Demonstrate how the Deanery ensures there are sufficient resources to support the monitoring and ongoing monitoring of assessments?
- c. Please show how the Deanery can be confident that Foundation Trainees have the knowledge, skills, attitudes and behaviour necessary to achieve full registration and undertake the second year of Foundation training. This should include:
 - i. The assessment arrangements (formative and summative) for all curricular components.
 - ii. What arrangements are in place to apply to a Trainee who is not able to pass all summative assessments?

³⁶ These are set out at <http://www.pmetb.org.uk/pmetb/publications/principles.pdf>

- iii. Please explain how the Deanery or Foundation School or other body ensures consistent assessment standards across all sites where training is delivered. Please explain the role of external assessors, if any, in this process.

Domain 6 – Support and development of trainees, trainer and local faculty³⁷

226. Please tell us how the Deanery meets and quality controls the standards and criteria for support and development of trainees, trainers and local faculty for Foundation Programme training. Please ensure that the following issues are also addressed:

- a. Please tell us how and when the performance of Foundation Trainees is appraised³⁸, including:
 - i. The systems that are used.
 - ii. The training provided for appraisers.
 - iii. Quality of training and those involved in it.
- b. Please tell us about the Deanery / Foundation School's³⁹ organisational arrangements for Foundation Trainees' pastoral support and career advice and how access to these arrangements is achieved and monitored. Please include information about the organisational arrangements and arrangements for ensuring access to occupational health, welfare, support and counselling.
- c. Please provide a summary of the organisational and monitoring arrangements in place for ensuring access to induction programmes for Foundation Trainees with reference to the Programme and the placements (either by the Deanery or health service organisation) including any shadowing opportunities available.⁴⁰
- d. Please evidence the systems that are in place to provide training, monitoring, and support to educational supervisors and those involved in assessment of all foundation programme training; and provide evidence of take up rates of training.

³⁷ PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision.

³⁸ This refers to appraisal and not assessment. The definition in *The New Doctor* states the definition of appraisal to mean: 'A positive process to provide feedback on the PRHO's performance, chart their continuing progress and identify their development needs.'

³⁹ This will be the body managing the Unit of Approval, or the Deanery where appropriate. Please provide a definition of the terms used in completion of the questionnaire.

⁴⁰ Please reference supporting material referred to.

Domain 7 – Management of Education and Training

227. Please tell us how the Deanery meets and quality controls the standards and criteria for Management of Education and Training for Foundation Programme training.

Domain 8 – Educational resources and capacity

228. Please tell us how the Deanery meets and quality controls the standards and criteria for Educational resources and capacity for Foundation Programme training. Please ensure that the following issues are also addressed:

- a. Please tell us what facilities are provided to all Foundation Trainees throughout their foundation programme in order to deliver the curricular outcomes⁴¹.
- b. Please tell us about the strengths, weaknesses, opportunities and constraints that shape the way in which you develop, deliver and adapt your curriculum, assessments and other systems? This should include information about any difficulties encountered in delivering the Strategic Plan.
- c. Please provide an estimate including a breakdown of costs and resources involved in completion of this questionnaire.

Domain 9 - Outcomes

229. Please describe the process and evidence the various systems used to ensure that all foundation programmes deliver opportunities for doctors to achieve the outcomes (Please reference the Strategic Plan as appropriate).

Part 3 - Supporting documentation

230. Please include a copy of the following documents (where applicable) – use existing documents wherever possible. If documents do not exist, please explain proposals for development, if any. Please enter the details of all attached documents on the Document Register form provided.

- (Tick if attached)
- a. The latest version of the strategic plan relating to delivery of Foundation programme which sets out how the Deanery will ensure that outcomes specified will be delivered.⁴²

⁴¹ Please refer to paragraph 82 to 84 of 'The New Doctor'.

⁴² Please include information about any difficulties encountered in managing the Foundation Programme. Please also explain the relationship between the Deanery and the Organisation responsible for the Strategic Plan where appropriate.

- b. The Deanery policy outlining how Foundation Programmes are reviewed and approved.⁴³
- c. The most recent action plan deriving from issues raised in Committee(s) or Board(s) responsible for quality assurance and ensuring loops are closed.⁴⁴
- d. Details about the governance arrangements of the Deanery and Foundation School and recent external quality control reports and any follow up action.
- e. The Deanery's most recent internal quality control report on all the Foundation Programmes and follow up action, if any.⁴⁵
- f. An example of the agreements in place between the Deaneries and the Trusts relating to the provision of education.
- g. Information about recruitment, selection and development of Educational Supervisors (including information provided to Educational Supervisors).
- h. Information about recruitment and selection of all Foundation Programme trainees.
- i. Documentation provided to all Foundation Programme trainees. Please include the 'official' documentation Trainees are directed to including the Foundation Curriculum and the Operational Framework and the GMC and PMETB outcomes and standards as appropriate.⁴⁶
- j. Copy of equality and diversity policy. (This should also include a copy of policies on bullying, harassment and disability).
- k. Copy of any recent trainee feedback and any other feedback from those involved in the Foundation Programme and a completed analysis.⁴⁷
- l. Information about Appeals procedures
- l. Other documentation (please specify)

⁴³ This policy should also explain the internal Deanery QC procedures for obtaining feedback and how they relate to the approval process.

⁴⁴ Please provide information 'pre-Foundation' programme if relevant and informative. Please provide the name of the Committee or Board

⁴⁵ Please provide information 'pre-Foundation' programme if relevant and informative. This should demonstrate how issues of concern and quality are dealt with.

⁴⁶ This information should include clear programme descriptions outlining how the competencies will be covered and clear paperwork about choices in the Foundation Programme and how they are allocated. It should also include a clear documented and published process for assessing performance against outcomes. It should also include about completion of the Certificate of Experience. It should also include information about study leave.

⁴⁷ Please also provide an explanation of how such information was collected. Such information could include trainer or patient feedback.

231. Do you have any comments on completing the questionnaire, or any suggestions for improvements?

232. Do you have any other information or data that you wish to provide to the Team? (Please limit your response to no more than 500 words.)

Job Description for QAFP Visitors*Job purpose*

To determine whether Foundation Programmes and Postgraduate Deaneries delivering Foundation Programmes should be approved by the GMC and the PMETB.

Principal responsibilities

1. As one of a team of 5 visitors, your role will be to participate in all three elements of the joint GMC / PMETB pilot for Quality Assuring Foundation Programme training. These are
 - a. Analysing information received from the Postgraduate Deanery and identifying an Action Plan and visit objectives for the quality assurance process.
 - b. Verification of information received by taking part in visits.
 - c. Making a judgement about whether standards are met and ensuring that this is reflected in the findings of the final Report.-
 2. Your role will also be to participate in the development of the documentation supporting the pilot including the refinement of the standards and outcomes of the GMC and the PMETB as well as the documentation, process and instruments in use for the pilot.
 3. The QAFP Team Visitor will be expected to read and become familiar with the standards and outcomes of the GMC and the PMETB. Copies of these will be provided on appointment.
 4. The QAFP Team Visitor will be expected to read and be familiar with the information submitted by the Deanery.
 5. The QAFP Team Visitor will be expected to contribute to an 'Action Plan' meeting where the Team will decide their visit objectives for the quality assurance cycle which will include what information should be provided to them and how it should be sampled. They will also identify and review areas of risk.
 6. The QAFP Team Visitor will participate in visits to achieve specific pre-agreed objectives arising from the Action Plan. This will include the need to ask probing questions whilst maintaining a working relationship with those being quality assured.
 7. The QAFP Visitor will be expected to comment on a report recording their findings from the visit.
-

8. The QAFP Visitor will take part in a final meeting with the Team and contribute to a Team judgement about whether the Programme and the Deanery are meeting the required standards.

9. The QAFP Visitor will also review the questionnaire and other methodologies employed in the pilot and provide feedback to contribute to the development of all aspects of the pilot to the QAFP staff including:

- a. The QAFP Policy Paper
- b. The QAFP Questionnaire
- c. The QAFP Method
- d. Any other relevant feedback

Person specification for Quality Assurance of Foundation Programme (QAFP) Visitors

Key Skills

Essential criteria

10. The following criteria are essential for the role of QAFP Visitor.

- a. The Visitor must be able to absorb, analyse and interpret large amounts of disparate and complex information.
- b. The Visitor must be able to make reliable and objective judgments and convey these effectively.
- c. The Visitor will be able to think creatively and thrive in an environment of constant discussion and cross-fertilisation of ideas: demonstrating an ability to contribute to the QAFP pilot.
- d. The Visitor will be able to present arguments orally in a fluent and persuasive manner to other team members and GMC staff.
- e. The Visitor will have excellent interpersonal skills as this role involves establishing and maintaining good working relationships and interaction with Postgraduate Deaneries, Health Service Organisations (including Trusts and Boards) and environments where training is delivered, GMC staff and other Education Visitors.
- f. The Visitor will be able to work effectively as part of a team to contribute to the team's objectives in the quality assurance process.

g. The Visitor will have a knowledge, understanding and appreciation of the importance of promoting equality and valuing diversity and its application to work.

h. The Visitor must have an ability to understand complex organisational structures quickly.

11. The following criteria are essential for the role of the Team Leader. (If applying for the role of Team Leader please ensure that you specify this and complete the relevant part of the application form.)

12. In addition to the above essential criteria, applicants interested in applying for the role of Team Leader must also demonstrate leadership qualities and the ability to motivate and guide a team.

Desirable criteria

13. The following criteria are desirable for the role of QAFP Visitor. Please note that not all desirable criteria should be demonstrated by each individual. It is hoped that the Team as a whole will demonstrate the desirable criteria.

a. Previous experience of reading and using guidance and be familiar with and understand the guidance in *The New Doctor* and the PMETB standards including *Principles for an assessment system for postgraduate medical education and training* and *Standards for curricula*.

b. A familiarity and understanding of the environment in which the Foundation Programme training is delivered.

c. An understanding of the interplay between education and service in the workplace environment.

d. An understanding of the changes being made in postgraduate medical education, and the impact on the workforce.

e. A knowledge and understanding of management in the NHS.

f. A primary medical qualification and recent experience as a PRHO.

g. Experience of Implementation of a curriculum and delivery in the workplace.

h. A knowledge and understanding of quality assurance systems.

i. A knowledge and understanding of the design and implementation of assessment systems and of developing and delivering interprofessional learning.

14. Each team will display the characteristics detailed under the desirable section. Visitors will be selected ensuring that there is an appropriate balance of the desirable skills in the team.