

Quality Assurance of the Foundation Programme

Report on Severn Deanery

November 2009

Contents

Introduction	5
Background to visit	5
The QAFP team	6
The report	7
Summary of our key findings	7
Notable practice	7
Requirements.....	7
Recommendations	9
Domain 1: Patient Safety	11
Clinical Supervision.....	11
Fitness to practise	12
Support for foundation doctors.....	12
F1 and F2 Sign off.....	13
Working within Competency.....	14
<i>Consent</i>	14
<i>Prescribing</i>	14
<i>Policies</i>	15
<i>Induction</i>	15
<i>Patient handover</i>	16
Domain 2: Quality Assurance, Review and Evaluation	16
Roles, responsibilities and lines of accountability.....	16
Identification, monitoring and resolution of issues and dissemination of outcomes	17
<i>Visits</i>	17
<i>Foundation school annual report</i>	18
<i>Surveys</i>	18
<i>Feedback</i>	19
<i>Quality management of assessment</i>	19
Domain 3: Equality, diversity and opportunity	19
Equality and Diversity Data	19
Equality and Diversity Training Data	20
<i>Flexible training</i>	20
<i>Training for foundation doctors with disabilities</i>	20
Domain 4: Recruitment, Selection and Appointment	21
Appointments to local faculty	21
Appointments to the foundation programme	21
Domain 5: Delivery of Curriculum including assessment	21
Curriculum.....	21
<i>Programme description</i>	21
<i>Regular formal educational sessions</i>	23
<i>Departmental teaching for foundation doctors</i>	24
Assessment	24
<i>Suitability for Registration and Completion of the Foundation Programme</i> ...	24
<i>Methods and standards</i>	25
<i>Demonstrating progression</i>	25
Domain 6: Support and development of trainees, trainers and local faculty 25	
Educational supervision	25

Careers Advice.....	26
<i>Tasters</i>	26
Study Leave	27
Pastoral support.....	27
Training and appraisal of trainers.....	28
Support for local faculty.....	28
Domain 7: Management of education and training	29
Domain 8: Educational resources and capacity	30
Regular Review of Learning Resources and Facilities	30
Ratio of trainers to foundation doctors	30
Clinical and practical skills labs.....	31
Domain 9: Outcomes	31
Acknowledgement	31

Annex A: glossary	32
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Introduction

1. The General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB) have different but complementary legal responsibilities to regulate Foundation Programme training. The GMC sets and maintains standards and outcomes for Foundation Year One (F1) and the PMETB sets and maintains standards for Foundation Year Two (F2)¹.
2. In March 2007 the GMC Education Committee and PMETB Training Committee and Board agreed the *Standards for Training for the Foundation Programme*. The PMETB *Generic Standards for Training* were adopted with two additional specific standards for the foundation programme where necessary to reflect the requirements in this period of training.
3. The GMC and PMETB piloted the Quality Assurance of the Foundation Programme (QAFP) process extensively from 2005 to 2007 and the first round of live visits were undertaken in 2007-08. The visited deanery is required to complete a self assessment and submit policies, procedures and data relating to their quality management of education and training to the GMC and PMETB. This data is then analysed by the visit team who create an action plan on the basis of this information mapped against the *Standards for Training for the Foundation Programme*. This action plan outlines what the team wish to explore during the visit and is shared with the deanery in advance of the visit.
4. This report will be presented to the PMETB Training Committee on 4 November 2009 and the GMC Postgraduate Board on 5 November 2009 for endorsement.

Background to visit

5. The Severn deanery (known hereafter as “the deanery”) is responsible for 553 foundation doctors (304 F1 doctors and 249 F2 doctors) via the Severn Foundation School. The deanery forms part of the NHS South West Strategic Health Authority.
6. The deanery covers a large geographic area in the South West of England, incorporating the counties of Gloucestershire, Somerset and Wiltshire, and the towns and cities of Bath, Bridgewater, Bristol, Cheltenham, Gloucester, Swindon, Taunton, Yeovil and Weston Super Mare. The region has nine acute trusts, seven Primary Care Trusts and three mental health trusts. There is one medical school within the region, Bristol Medical School. Approximately 50 per cent of the deanery’s foundation doctors are Bristol graduates.
7. The visiting team (known hereafter as “the team”) considered extensive documentation in advance of the visit and met key personnel from the deanery, foundation school and Bristol Medical School when undertaking this visit. The team also sampled by visiting three local education provider (LEP) sites within the region: Frenchay Hospital, North Bristol NHS Trust; Great Western Hospital, Great Western

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

Hospitals NHS Foundation Trust and Weston General Hospital, Weston Area Health NHS Trust.

The QAFP team

8. The visiting team members appointed by the GMC and PMETB to undertake the quality assurance visits were:

Professor Jacky Hayden (Team Leader)
Dr Jonathan Beavers
Professor David Croisdale Appleby
Dr Jill Edwards
Dr Jennie Johnston
Dr Calum Macleod

9. Kate Gregory (Senior Quality Assurance Advisor, GMC) and Farrah Mughal (Quality Officer, PMETB) supported the QAFP team.

The report

Summary of our key findings

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

11. The team and the deanery have agreed that the deanery will provide an update on the requirements within six months and recommendations within 12 months of the GMC Postgraduate Board and PMETB Training Committee's endorsement of this report.

Notable practice

12. The team encountered notable practice within the deanery and foundation school. This section of the report draws together areas of notable practice identified through the visit and in this report.

13. The team commend the Great Western Hospital and Weston General Hospital's plans to fund a paid early start for foundation doctors which will include one week of shadowing and induction. The team consider the paid early start to be an area of notable practice which would benefit foundation doctors across the deanery if disseminated to all LEP sites in accordance with the deanery's plans (see paragraph 72).

14. The team were pleased to meet with a group of enthusiastic and dedicated Foundation Programme Directors (FPDs) who were appreciated by the foundation doctors (see paragraph 81).

15. The team found the provision and support for foundation doctors training flexibly to be an area of notable practice (see paragraph 103).

16. The team heard from a number of groups that the Vanilla Curriculum is a useful resource and consider this to be an area of notable practice (see paragraph 118).

17. The team consider the provision made by the deanery and by LEP personnel to support foundation doctors with disabilities or other difficulties having an impact on their training to be an area of notable practice (see paragraphs 141-144).

Requirements

18. The deanery must continue to monitor neurosurgery at Frenchay Hospital until they have robust, triangulated evidence that the clinical supervision and patient safety concerns have been resolved. The deanery must provide the GMC and PMETB with updates as agreed between the deanery and the GMC and PMETB (see paragraph 47).

19. The deanery must continue to monitor clinical supervision and cover for foundation doctors working at night at Weston General Hospital until they have robust, triangulated evidence that the clinical supervision and patient safety concerns have been resolved. The deanery must provide the GMC and PMETB with updates as agreed between the deanery and the GMC and PMETB (see paragraph 48).
20. The deanery must continue to monitor the cases of foundation doctors being bullied, intimidated and being compelled to take consent where they do not feel competent to do so at Great Western Hospital until they have robust, triangulated evidence that the concerns have been resolved. The deanery must provide the GMC and PMETB with updates as agreed between the deanery and the GMC and PMETB (see paragraph 66).
21. The deanery must ensure that departmental induction for foundation doctors takes place at the start of each foundation programme placement and is fit for purpose across all LEP sites (see paragraphs 73-74).
22. The deanery must establish effective systems to centrally quality manage the foundation programme assessments. These systems must be supported by robust local quality control of the foundation programme assessments at LEP level which must feed into the central deanery and foundation school system (see paragraphs 94-95).
23. The deanery must develop the analysis of equality and diversity data relevant to the foundation programme and use this analysis to implement changes and make improvements in the quality of foundation training where appropriate (see paragraph 96-97).
24. The deanery must ensure that all foundation doctors receive appropriate equality and diversity training (see paragraph 102).
25. Community placements for foundation doctors must be increased so that foundation doctors have opportunities to achieve the foundation programme competencies (see paragraphs 113-115).
26. The deanery must re-examine how each of the individual foundation programmes map to the foundation curriculum and provide a balanced educational experience. The deanery must introduce effective mechanisms to ensure that the two year foundation programmes are capable of delivering the foundation programme curriculum and providing an appropriate balance of experience (see paragraph 116).
27. The deanery must ensure that foundation doctors receive regular feedback on their clinical performance from their clinical supervisor during each of their placements (see paragraph 129).
28. The deanery must address the inconsistencies in the use of the F2 study leave budget for advanced life support (ALS) training across LEP sites (see paragraphs 138-139).

29. As part of the strategy for faculty development and training the deanery must now introduce specific training for the educational supervisors of foundation doctors. The deanery must consider specific training for those who clinically supervise foundation doctors and who are not also educational supervisors (see paragraph 146).

30. The deanery and the foundation school must produce a strategic plan for the development of the foundation programme in the Severn deanery with specific reference to work programmes which enable them to meet the GMC/PMETB *Standards for Training for the Foundation Programme* (see paragraph 152).

Recommendations

31. The deanery should ensure that there is a review and handover process between each foundation doctor's clinical supervisors. This handover should be a routine occurrence and should not only take place where there are concerns regarding a foundation doctor (see paragraphs 52-54).

32. The deanery should investigate European Working Time Directive (EWTD) monitoring practices at LEP sites to ensure that foundation doctors are supported both by the deanery and locally to monitor and record their hours accurately (see paragraphs 60-61).

33. The deanery should consider disseminating the SHA policy and information about whistleblowing more directly to foundation doctors (see paragraphs 69).

34. The deanery should ensure that foundation doctors are always able to hand over their patients at the end of their shift in a fully-informed manner through a formalised process and consistently across LEPs (see paragraphs 75-76).

35. The deanery's quality management visit processes should consider the *Standards for Training for the Foundation Programme* and should include meetings with representative samples of foundation doctors. The deanery should introduce more lay involvement in the quality management systems and should ensure that the selection process for lay individuals is robust and transparent (see paragraphs 85-88).

36. The deanery should implement systematic data analysis and production of action plans requiring evidence and action from LEPs as a result of the PMETB/COPMeD National Survey of Trainee Doctors (see paragraph 90).

37. The deanery should work with LEPs to achieve a consistent approach to mandatory training in equality and diversity for educational supervisors, with a view to ensuring that local training is compatible with the deanery requirements for training in equality and diversity (see paragraph 99).

38. The team note the provision for foundation doctors with disabilities which is implemented on an individual basis. The deanery should produce a deanery-wide policy on disability which should improve consistency of support and provision (see paragraph 105).

39. The deanery should introduce a robust selection process against competencies for educational supervisors. The deanery may wish to utilise the work that is being done at the Great Western Hospital to inform this (see paragraphs 106-107).
40. Until the deanery has met the requirement in paragraph 26, if swapping of posts within a rotation is to be allowed specifically for the purpose of ensuring appropriate balanced programmes, the deanery should put in place a fair process with robust published criteria. This would allow foundation doctors to make reasonable requests to change their allocated foundation programmes and develop the capability to respond favourably to such requests where they are likely to significantly enhance the educational experience of the applicant (see paragraph 117).
41. The deanery should address problems being experienced by F2 doctors in attending the required proportion of the regional teaching days (see paragraph 122).
42. The deanery should work with LEPs to achieve a consistent approach to departmental teaching for foundation doctors (see paragraph 124).
43. The deanery should consider introducing educational supervisor forums at LEP sites which do not currently have such forums to allow educational supervisors to support each other and share concerns and notable practice (see paragraphs 151).
44. The deanery should identify and form functional relationships with key stakeholders including the SHA and LEPs to agree and deliver the strategic plan for the foundation programme (see paragraph 152).
45. The deanery should work with the Strategic Health Authority (SHA) to identify appropriate sustainable resources for foundation training, and ensure that these are properly used. (see paragraph 155).
46. The deanery should implement processes to analyse and share information about notable practice to all LEPs (see paragraphs 161).

Domain 1: Patient Safety

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

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

Clinical Supervision

47. The team received triangulated evidence of a situation in the Neurosurgical department at Frenchay Hospital where foundation doctors considered that they were working without sufficient clinical supervision and that this could affect patient safety. The team reported this to appropriate trust and deanery personnel during the visit. Following the visit, the team were provided with information which demonstrated that the trust and deanery were taking action. The deanery must continue to monitor this situation.

48. The team heard from foundation doctors at Weston General Hospital about potential patient safety concerns relating to a lack of appropriate clinical supervision for foundation doctors and inappropriate staffing levels at night. The team reported this to appropriate trust and deanery personnel during the visit. Following the visit the team were provided with information which demonstrated that the trust and deanery were taking action and were placing the situation under review. The deanery must continue to monitor this situation.

49. Foundation doctors reported variations in their allocation of a named clinical supervisor for their placements. In some cases foundation doctors were not told who their named clinical supervisor was and had to approach consultants to ask them to be their clinical supervisor, in other cases clinical supervision was thought to be very good and foundation doctors were clear who their named clinical supervisor was. Foundation doctors found the standard of clinical supervision to be variable between specialties and departments and dependent on the engagement of their clinical supervisor. However, in most cases (excepting those outlined in paragraphs 47 and 48) foundation doctors were able to find senior support in person or by telephone when necessary.

50. The deanery advised that it uses PMETB/COPMeD National Survey of Trainee Doctors data to identify how effective foundation doctors perceive clinical supervision to be. This will also be raised during deanery visits to trusts. The deanery does not have a policy for dealing with clinical supervision issues, but addresses cases on an individual basis using an approach which is tailored to the particular problem. FPDs are encouraged to act on the survey data and other data that the deanery and foundation school collect and approach LEP personnel where appropriate if a clinical supervisor is underperforming. The team were advised that underperforming clinical supervisors have ceased to supervise foundation doctors in some cases.

Fitness to practise

51. The foundation school receives transfer of information (TOI) documents for all Bristol Medical students, declaring their fitness to practise, and requests this information for medical students from other medical schools. In 2008 the foundation school did not receive TOI documents from all other medical schools and relied on the first meeting between the foundation doctor and their educational supervisor to provide equivalent information. In 2009 TOI is a mandatory part of the application process to foundation training so such difficulties should not occur. F1 doctors are required to complete a TOI document when they move from F1 to F2 declaring any impairment to their fitness to practise, this is sent to the foundation school and passed to the appropriate FPD. The information is not passed to the foundation doctor's educational supervisor without the foundation doctor's permission.

52. Foundation doctors have one educational supervisor for the duration of their F1 year, and another educational supervisor for the duration of their F2 year. Foundation doctors should have a named clinical supervisor for each of their placements. Educational supervisors should inform clinical supervisors of any performance issues at the start of a foundation doctor's placement with that clinical supervisor. The team heard that in most cases, but not all, this did happen.

53. Information about each foundation doctor's performance, including the results of assessments, is held on the e-portfolio and can be viewed by educational supervisors. A form must be completed by the clinical supervisor regarding their foundation doctor's performance in that placement and stored on the e-portfolio at the end of each placement. These forms are reviewed by the educational supervisor and the FPD for the purposes of sign-off at the end of F1 and F2.

54. The deanery should ensure that there is a review and handover process between each foundation doctor's clinical supervisors. This handover should be a routine occurrence and should not only take place where there are concerns regarding a foundation doctor.

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

Support for foundation doctors

56. The deanery provides foundation doctors with the deanery policy for dealing with bullying and harassment at their induction to the foundation programme. For August 2009 the deanery will provide this policy along with other documents in an electronic format on a memory stick, with a view to improving foundation doctor awareness of this policy. The deanery seeks to uncover any instances of bullying when it conducts its visits to LEPs and it is also included in the foundation end of placement and end of year surveys. Issues relating to bullying are covered in the PMETB/COPMeD National Survey of Trainee Doctors which the deanery analyses and circulates to LEPs. Foundation doctors are provided with LEP policies for dealing with bullying and harassment at their LEP inductions.

57. The deanery deals with complaints of bullying on an individual basis, usually at LEP level through the FPD with involvement from the Associate Postgraduate Dean for Performance. The FPDs and educational supervisors that the team met had a good understanding of the processes for dealing with complaints of bullying.

58. The 2008 foundation end of year survey indicated that only 7.8 per cent of foundation doctors were aware of a system for reporting inappropriate or bullying behaviour. Foundation doctors whom the team met were not aware of the deanery bullying policy but were confident that they would be able to approach someone for help if they were being bullied or experiencing inappropriate behaviour.

59. The team heard from foundation doctors at Great Western Hospital about cases where foundation doctors felt bullied and intimidated when they refused to take consent in cases where they did not feel competent to do so. The team reported this to appropriate trust and deanery personnel during the visit. Following the visit the team were provided with information which demonstrated that the trust and deanery were taking action and were placing the situation under review. The deanery must continue to monitor this situation.

60. The team heard of some cases where foundation doctors felt compelled by senior colleagues to record hours which did not reflect the length of time they were working, and where foundation doctors were encouraged to take breaks and finish work on time only when European Working Time Directive (EWTD) monitoring was taking place. The team also heard of cases where consultants received an automatically generated email if a foundation doctor in their department reported hours which were not EWTD compliant, which often led to foundation doctors experiencing pressure from consultants to record EWTD compliant hours for the rest of the monitoring period.

61. The deanery should investigate EWTD monitoring practices at LEP sites to ensure that foundation doctors are supported both by the deanery and locally to monitor and record their hours accurately. Foundation doctors should not be compelled to behave differently during a monitoring period so that hours can be recorded as EWTD compliant.

F1 and F2 Sign off

62. For F1 sign off educational supervisors submit a form for their foundation doctor/s to the appropriate FPD which requires them to indicate that the foundation doctor has satisfactorily completed their placements and assessments, has attended the required proportion of formal teaching and has completed a TOI form and a statement of health and probity. The FPD then reviews this form and meets with the foundation doctor (in some LEPs this process is delegated to Clinical Tutors or Foundation Tutors) and signs off the form if the foundation doctor has completed F1 satisfactorily. The form is then passed to the deanery to process with the medical schools for final sign-off and full registration with the GMC. The team found that there was good understanding of the F1 sign off process amongst FPDs, educational supervisors and foundation doctors.

63. The process for F2 sign off is very similar to that for F1, though the form completed by the educational supervisor is slightly different. The team found that there was good understanding of the F2 sign off process amongst FPDs, educational supervisors and foundation doctors.

Working within Competency

64. Foundation doctors are asked if they have been asked to undertake procedures which were beyond their competence in the end of year survey. In the 2008 survey 9.1 per cent of respondents had been asked to do this. Some foundation doctors reported feeling asked to work beyond their competence when departments were short staffed due to sickness and annual leave, when holding referral bleeps and when providing night cover. In most cases foundation doctors confirmed that senior cover would be available if a patient were acutely ill or the foundation doctor required assistance.

65. Educational supervisors interviewed were aware of the departments which were busy and short staffed, and of the concerns that foundation doctors could have regarding working within competence. Educational supervisors reported that they worked to support foundation doctors in these situations.

Consent

66. Foundation doctors are trained in when and when not to take consent as part of their F1 formal teaching. Consent policies are also covered in LEP induction. Foundation doctors interviewed were clear on consent policies but the team heard from foundation doctors at Great Western Hospital about cases where they had been asked to take consent when they did not feel competent to do so. In most cases foundation doctors had refused to take consent under these circumstances, but the team heard from some foundation doctors who had experienced bullying behaviour when they had questioned whether they were competent to take consent for a procedure. The team reported this to appropriate trust and deanery personnel during the visit. Following the visit the team were provided with evidence which demonstrated that the trust and deanery are taking action and are placing the situation under review. The deanery must continue to monitor this situation.

Prescribing

67. Foundation doctors are trained in prescribing in an early F1 formal teaching session and prescribing is also covered in mandatory online training modules which should be completed during foundation doctors' first F1 placement.

68. The team found the support and teaching provided by pharmacists for foundation doctors at all three of the sites visited to be strong and appreciated by the foundation doctors.

Policies

69. The SHA has a whistleblowing policy which states that staff who raise matters in good faith under the policy will be supported, and managers at all levels of the organisation will ensure that issues raised will be treated in an appropriate and serious manner. Despite this and the deanery's clear commitment to foundation doctor welfare, certain strong points of principle such as whistleblowing being a protected act were not widely understood by foundation doctors, some of whom reported that they would not feel able to report concerns due to a perceived negative consequence on their career. The deanery should consider disseminating the SHA policy and information about whistleblowing more directly to foundation doctors.

Induction

70. The team heard about the deanery's wish to introduce a paid early start for all F1s within the Severn Foundation School which will include one week of shadowing and induction. The deanery is awaiting a decision from the SHA as to whether they will support this financially.

71. The deanery has agreed central components for all LEP inductions with the FPDs. The foundation school has funded a 'Training Tracker' tool which allows induction e-learning modules to be uploaded by LEPs and held centrally, so that they can be accessed and shared by all LEPs and foundation doctors. The Training Tracker tool is in its first year of use, the team noted a good level of awareness and use of this tool at the LEP sites and encourage continued use and evaluation.

72. A number of LEPs within the deanery have undertaken to fund a paid early start for foundation doctors from August 2009 which will include one week of shadowing and induction. The Great Western Hospital and Weston General Hospital will run week-long inductions which combine theory and practical shadowing and include input from F1 doctors who are moving in to F2. The team consider the paid early start to be notable practice which would benefit foundation doctors across the deanery if disseminated to all LEP sites.

73. Deanery quality management visits do not review the quality of LEP or departmental inductions unless departmental induction has been highlighted as a negative outlier in the PMETB/COPMeD National Survey of Trainee Doctors or an area of concern in the deanery's End of Placement foundation doctor survey. Foundation doctors complete an induction form as part of their e-portfolio within one month of starting each of their placements which asks them to report on whether they have received an appropriate induction and have been provided with the necessary information to work in their department. Foundation doctors are asked about the quality of departmental induction in both the end of placement and end of year surveys. Foundation doctors interviewed reported wide variability in the quality of departmental induction and it was frequently the case for foundation doctors not to receive departmental induction.

74. The deanery must ensure that departmental induction for foundation doctors takes place and is of a consistent minimum standard across all LEP sites. The

deanery should consider defining a framework for departmental induction and establishing local quality control of departmental induction by the FPDs.

Patient handover

75. Monitoring of patient handover is devolved to LEP level and is reviewed during deanery visits and the end of placement and end of year surveys. The team heard from foundation doctors that handover was very variable across LEPs and departments, in some cases it was taking place, was well organised and included learning opportunities, whilst in others it did not happen at all.

76. The deanery should ensure that foundation doctors are always able to hand over their patients at the end of their shift and that this takes place through a formalised process which is supervised by a senior clinician and is implemented consistently across LEPs.

Domain 2: Quality Assurance, Review and Evaluation

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

Roles, responsibilities and lines of accountability

77. At the time of the visit the post of Foundation School Director was about to be vacated. An acting Foundation School Director had been appointed for an interim period of six months until a substantive Foundation School Director could be recruited. The team heard that the job description for the Foundation School Director was in the process of being agreed by the deanery and the SHA. The team consider that succession planning for the role of Foundation School Director should be established as soon as possible and as part of an overall strategic plan for the direction of the foundation school (see paragraph 152).

78. Within the deanery there are 14 Schools: acute care common stem; anaesthesia; dentistry; emergency medicine; foundation school; medicine; obstetrics and gynaecology; paediatrics; pathology; primary care; psychiatry; public health; radiology and surgery. The foundation school is accountable through the Foundation School Director and Foundation School Board to the Postgraduate Dean, who is accountable to NHS South West (the SHA). The Foundation School Director is supported by a Foundation School Manager, a Foundation School Administrator and 18 LEP based FPDs.

79. Each LEP has at least one FPD and some larger LEPs have more than one. FPDs are responsible for the overall management and quality control of foundation programmes within a particular geographic area which includes acute, mental health and Primary Care Trusts. The FPDs monitor the foundation programmes in their area to ensure that each one meets the deanery requirements and enables foundation doctors to gain the competencies required in the foundation programme

curriculum. The FPDs are also responsible for planning and monitoring the quality of the formal teaching and dealing with any attendance problems at this teaching.

80. FPDs monitor summary data, such as number of assessments completed, in the e-portfolios of their foundation doctors and review the e-portfolio for the purposes of sign-off at the end of F1 and F2. FPDs are often the first or an early point of contact for foundation doctors who are experiencing difficulties or wish to feed back on their training. FPDs are involved in organising and in some cases providing pastoral support and careers advice for foundation doctors.

81. The team were pleased to meet with a group of enthusiastic and dedicated FPDs who were appreciated by foundation doctors.

82. The work of the foundation school is governed by the Foundation School Board (FSB). The FSB is chaired by the Foundation School Director. Membership includes: the chair of Directors of Medical Education (DME)/Clinical Tutors group; acute trust representatives (one per Trust); partnership/mental health trust representative; trust management representative (Medical Director or designate); Postgraduate Centre Manager representative; medical personnel specialist representative; primary care representative; Bristol Medical School representative (Clinical Dean/Director of Medical Education); medical student representative(s) and foundation doctor representative(s).

83. The terms of reference of the FSB include facilitating relationships and communications between the foundation school, deanery, university/medical school and LEPs relating to the foundation programme. The FSB is also responsible for overseeing the quality of the teaching and assessment of foundation doctors, including taking action on reports of deanery visits to trusts and receiving medical student and foundation doctor feedback. The FSB monitors the educational design, content and delivery of foundation programmes in the deanery.

Identification, monitoring and resolution of issues and dissemination of outcomes

84. Quality management in the deanery is supported by the deanery quality management team which is led by the Deputy Postgraduate Dean, supported by an Associate Postgraduate Dean for Quality Assurance and includes a Quality Assurance Manager, Administrator and Secretary. The team reports to the deanery executive group through the Deputy Postgraduate Dean.

Visits

85. The deanery undertakes biennial quality management visits to trusts. The visit teams include senior members of the deanery team, a DME and Medical Director from a neighbouring trust, and additional members who could be lay, the Head of School of Primary Care, or his nominee. The visit team considers PMETB survey data, the trust annual report, the previous visit report for the trust, and the annual school report relevant to any department in the trust which the deanery has a concern about.

86. The team heard that lay visitors are appointed on the basis of personal recommendations. The deanery should introduce more lay involvement in the quality management systems and should ensure that the selection process for lay individuals is robust and transparent.

87. The visit team meet with the Medical Director, DME, FPD, postgraduate centre management team, the GP Training Programme Director and two trainees – one foundation doctor and one specialty trainee. All attendees are present throughout the meeting. The trusts are assessed against the PMETB *Generic Standards for Training*. Following the visit a report is produced which is provided to the trust for a factual accuracy check and goes to the deanery executive group who agree an action plan for the trust. Trusts are usually required to provide an update on the action plan within three to six months of the visit, updates are monitored by the quality management team.

88. The quality management team does not consider the foundation programme specifically in their visit processes. The quality management and control of foundation training and foundation programmes, including the formal teaching for foundation doctors and the quality of assessments, is devolved to the FPDs and the LEPs. The visit processes should consider the *Standards for Training for the Foundation Programme* and should include meetings with representative samples of foundation doctors.

Foundation school annual report

89. The foundation school is required to complete an annual report based on the nine domain headings in the *Generic Standards for Training*. The report goes to the deanery quality management team who work with the foundation school to develop an action plan, which includes red, amber and green indicators for any issues raised. The report and action plan then goes to the deanery executive group. The report is used to inform deanery visits and informal discussions with the Schools and the LEPs.

Surveys

90. PMETB/COPMeD National Survey of Trainee Doctors data is analysed by the Quality Assurance Manager who presents it in a standardised format to trusts. The team note that the deanery had a high response rate to the 2009 trainee survey. The quality management team use the survey data to prioritise trust visits. The deanery should implement systematic data analysis and production of action plans requiring evidence and action from LEPs as a result of the PMETB trainee survey.

91. The deanery collects data from foundation doctors through surveys at the end of their placements and at the end of their training year. This data is provided to the LEPs through the FPD. The team heard from FPDs that the data has been used to change policies and placements.

Feedback

92. The foundation doctors whom the team met were generally not aware of action taken by their LEP, foundation school or deanery as a result of the PMETB trainee survey and the end of placement and end of year deanery surveys. Foundation doctors were also not aware of outcomes from deanery visits. The team note that the deanery would like to share analysis of survey data with trainees and publish visit reports and annual school reports on the deanery website. The team endorse this approach.

93. The team consider that feedback to foundation doctors from surveys and visits should be provided and disseminated effectively.

Quality management of assessment

94. The team are concerned that there is not a deanery or foundation school system to monitor the quality of the foundation programme assessments, including monitoring of who is doing the assessments, when during a placement/foundation programme they are being completed, and whether they are being completed correctly. The team heard from FPDs who considered that central monitoring of the quality of the assessments should be taking place. Foundation doctors reported that some of their colleagues were completing all their assessments towards the end of their F1 or F2 year and were engaging friends to assess them. The team heard from foundation doctors that there is considerable variability in the quality of how the assessments are carried out and in the amount of time spent completing them.

95. The deanery and foundation school must establish effective systems to centrally quality manage the foundation programme assessments. These systems must be supported by robust local quality control of the foundation programme assessments at LEP level which must feed into the central deanery and foundation school system. The team encourage the deanery to consider the work done at Weston General Hospital to monitor and map the foundation programme assessments.

Domain 3: Equality, diversity and opportunity

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

Equality and Diversity Data

96. The deanery analyses and monitors equality and diversity data for recruitment purposes. The deanery recognises the need to analyse this data in terms of progression and assessment and is in the process of considering its approach to this. The team endorse this approach.

97. The deanery must develop the analysis of equality and diversity data relevant to the foundation programme and use this analysis to implement changes and make improvements in the quality of foundation training where appropriate.

Equality and Diversity Training Data

98. Deanery records show that most educational supervisors have had training in equality and diversity. The team heard from an LEP that the training that they provided in equality and diversity was not considered to be sufficient by the deanery, so their educational supervisors were required to complete deanery approved training in this area.

99. The deanery should work with the LEPs to achieve a consistent approach to mandatory training in equality and diversity for educational supervisors, with a view to ensuring that local training is compatible with the deanery standard for training in equality and diversity.

100. All deanery and SHA staff undergo equality and diversity training every two years. Anyone involved in scoring applications to the foundation school must have undergone equality and diversity training within the last two years.

101. The deanery aspires to identify clinical supervisors who require training in equality and diversity and provide this training.

102. The majority of foundation doctors do not receive training in equality and diversity. The deanery must ensure that all foundation doctors receive appropriate equality and diversity training.

Flexible training

103. The deanery is supportive of flexible training both for foundation doctors with health issues and for those with family responsibilities. Currently there are five F1 flexible training posts and five F2 flexible training posts, 10 per academic year in total. There is currently no waiting list for flexible training. The team consider the provision and support for foundation doctors training flexibly to be an area of notable practice.

Training for foundation doctors with disabilities

104. The team heard examples of how foundation doctors with disabilities were supported in their training. Cases are dealt with on an individual basis through a co-ordinated approach involving the deanery, foundation school, FPD and LEPs. The team found the provision and support for foundation doctors with disabilities or difficulties having an impact on their training to be an area of notable practice.

105. Provision for foundation doctors with disabilities is implemented on an individual basis. The deanery should draw together best practice in this area to

produce a deanery-wide policy on supporting trainees with disabilities which should improve consistency of support and provision.

Domain 4: Recruitment, Selection and Appointment

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

Appointments to local faculty

106. The FPDs are appointed by and accountable to the Foundation School Director and the LEP in which they are based. Educational supervisors are identified at LEP level. There is not a formal appointment process for educational supervisors.

107. The deanery should introduce a robust selection process against competencies for educational supervisors. The deanery may wish to utilise the work that is being done at the Great Western Hospital on developing competences and a formal appointment process for educational supervisors to inform this.

Appointments to the foundation programme

108. Foundation doctors are recruited via the UK Foundation Programme Office (UKFPO) national process. The application and scoring processes follow those laid out by the UKFPO and include calibration training and benchmark scoring. The Deanery also participates in the required validation and quality assurance processes.

109. Applicants rank all the programmes offered by the Foundation School and are allocated a programme according to their score in the application process. Appointments are made to a two-year foundation programme.

Domain 5: Delivery of Curriculum including assessment

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

Curriculum

Programme description

110. When the foundation programme was introduced the deanery worked with LEPs to identify placements suitable for foundation training against educational criteria. The deanery then designed programmes which provided adequate exposure to a range of specialities and allowed foundation doctors to meet the competences required in the foundation curriculum. Foundation doctors spend their F1 year working within one acute trust, approximately 70 per cent move to a different trust for the F2 year. The foundation school runs 12 two-year academic foundation

programmes which the team heard were well-received by the foundation doctors undergoing the academic programmes.

111. The team heard from some foundation doctors that their programmes did not include sufficient variety of placements. Some foundation doctors had wanted to change their allocated foundation programmes because they were doing the same placements in F1 and F2, or for personal reasons relating to the geographical locations of their foundation programmes. The team understand that the deanery's approach in this area does not allow any change to foundation programmes. The team heard that a small number of foundation doctors were resorting to resigning from their jobs and then re-applying in order to get a different foundation programme.

112. The team found examples of programmes which did not map to the curriculum and which, for example, did not include placements in acute medicine or had the same or very similar placements in both F1 and F2. There were also examples of programmes where the experience would offer little opportunity to gain the mental health competencies.

113. In 2009/10 39 per cent of F2 doctors will undertake a placement in general practice, and in 2010/11 that percentage will rise to 41 per cent. The deanery advised that the numbers of general practice placements has fallen in recent years. This was partially due to the fact that the expansion in F2 placements was funded by trusts who wanted to retain their F2 doctors for the full 12 months and not lose them to a general practice for four of those 12 months. This was exacerbated by the fact that at that time there was not a strong general practice presence in the deanery. The team note that the service level agreement the deanery has with the SHA states that 55 per cent of F2 doctors should do a placement in general practice, and that the deanery would like to increase the percentage of F2 doctors undertaking a placement in general practice to between 55 and 60 per cent. The team heard from the deanery that a proposal for funding for additional general practice placements had recently been turned down by the SHA and that they were modifying the proposal for re-submission. The team heard from the SHA that challenges regarding resources were having an impact on their ability to expand GP placements.

114. The team note that the Head of the School of Primary Care is keen to work with the foundation school to increase general practice placements for foundation doctors. The team heard at Weston General Hospital that £1million had been obtained for capital projects to develop 10 new training practices in and around Weston-Super-Mare which could contribute to an increase in general practice placements for foundation doctors.

115. Community placements for foundation doctors must be increased so that foundation doctors have opportunities to achieve the foundation programme competencies in primary care. This increase should also take place so that the deanery is in accordance with the national Department of Health target of 55 per cent of F2 doctors completing a placement in general practice.

116. The deanery must re-examine how each of the individual foundation programmes map to the foundation curriculum and provide a balanced educational experience. The deanery must introduce effective mechanisms to ensure that the

two year foundation programmes are capable of delivering the foundation programme curriculum and providing an appropriate balance of experience.

117. Until the deanery can ensure all rotations provide foundation doctors the opportunity to gain the competences of the curriculum through a balanced programme, the deanery should consider introducing a system which allows foundation doctors to put in reasonable requests for changes to their allocated foundation programmes and develop the capability to respond favourably to such requests where they are likely to significantly enhance the educational experience of the applicant. A re-examination of foundation programmes should also eliminate duplication of placements in F1 and F2 and result in fewer foundation doctors wanting to change their allocated foundation programmes (see paragraph 116).

118. The deanery has developed a summary document in a portable format based on the Vanilla Curriculum which is available to all doctors and their supervisors and is designed to ensure that learning opportunities which are relevant to the foundation curriculum are identified in placements. The team heard from a number of groups that this is a useful resource and consider this to be an area of notable practice.

Regular formal educational sessions

119. Formal teaching in F1 is carried out at LEP level. The foundation school carried out a mapping exercise to ensure that the F1 teaching delivered by the LEPs covered the foundation curriculum. Formal teaching in F2 is carried out through seven regional training days per year which are run by the foundation school. These are held at a range of locations across the deanery. Each day is run at least twice to facilitate foundation doctors' attendance. Attendance is monitored through an online booking system and by attendance registers on the day of the training. The deanery requires foundation doctors to attend 70 per cent of the formal teaching in F1 and F2.

120. The team heard from the deanery that in the majority of cases foundation doctors are facilitated to attend the F1 teaching by their LEP and that this teaching is bleep free. F1 doctors reported that this was the case and advised that they were able to meet the requirement for 70 per cent attendance. Foundation doctors considered most of this teaching to be useful and relevant.

121. The team heard from the deanery that one LEP is not supportive of the F2 regional training days and that the deanery is aware that foundation doctors in this LEP could experience some difficulty in being released to attend this training. The deanery advised that they have asked F2 doctors to tell them if this was the case so that they can intervene with the LEP on their behalf.

122. The team heard from F2 doctors that the regional training days are appreciated and well received, but there are problems with foundation doctors being able to attend. These problems relate to being released by their departments, particularly when departments are busy, and also to the timing of the training days which, though repeated at least twice, may clash with F2 doctor's on-call or night shifts and annual leave. The team heard from F2 doctors who had only managed to

attend four of the seven regional training days. Educational supervisors reported that they did encourage F2 doctors to attend regional teaching but were aware that F2 doctors were experiencing problems with being released from busy departments. The deanery should give further consideration to problems being experienced by F2 doctors in attending a reasonable proportion of this teaching.

Departmental teaching for foundation doctors

123. The team found the accident and emergency departments at Great Western Hospital and Weston General Hospital to be particularly strong in providing departmental teaching for foundation doctors, as was the paediatric department at the Great Western Hospital. Renal and respiratory medicine at Frenchay Hospital were also considered by foundation doctors to provide good teaching. General practice was considered to provide good teaching and support for foundation doctors across the deanery.

124. The team heard from some foundation doctors that the quality of their local formal teaching was variable. Teaching for F2 doctors was a particular concern, at some LEP sites there is no departmental teaching specifically for F2 doctors so F2 doctors are attending F1 teaching or core medical training teaching sessions. The team have noted that some F2 doctors are only able to attend four of the seven F2 regional training days, this in addition to variable departmental training for F2 doctors could result in an overall lack of formal teaching for this group. The deanery should work with the LEPs to achieve a consistent approach to departmental teaching for foundation doctors, particularly F2 doctors (see paragraph 122).

Assessment

Suitability for Registration and Completion of the Foundation Programme

125. Foundation doctors' suitability for registration and completion of the foundation programme are assessed through workplace based assessments and ongoing review of performance by clinical and educational supervisors throughout the F1 and F2 years. This information is recorded in the e-portfolio.

126. Foundation doctors are required to complete six direct observation of procedural skills (DOPS) assessments, six mini clinical evaluation exercise (mini-CEX) assessments, six case based discussion (CbD) assessments and a minimum of two mini peer assessment tool (Mini-PAT) assessments for each year of the foundation programme. The assessments are managed at LEP level, the foundation school has access to the assessment results through the e-portfolio. There is clear and detailed information regarding the format and purpose of these assessments on the deanery website.

Methods and standards

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

128. The deanery has identified that a range of training level doctors and health professionals are carrying out the assessments and are aware of the need to provide assessment training for those who are not senior clinicians who participate in assessments. This is being reviewed as part of the deanery faculty development plan with the aim of providing targeted and specific training to all of those involved in assessment. Currently there are e-learning packages in the foundation assessments available, and elements of assessment are included in most Deanery provided teaching packages, which can be accessed by all faculty. FPDs act as LEP level 'champions' for the assessments. Foundation doctors and educational supervisors interviewed reported that the quality of assessments varied (see paragraphs 145-146).

Demonstrating progression

129. The team heard from many of the foundation doctors interviewed that they were not receiving adequate feedback on their performance and progression during their placements from their clinical supervisors. Provision of this feedback varied between LEPs and departments. Foundation doctors must receive regular feedback on their clinical performance from their clinical supervisor during each of their placements.

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

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

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

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

Educational supervision

130. Foundation doctors are allocated an educational supervisor for the whole of their F1 year, and another educational supervisor for the whole of their F2 year. Allocation of educational supervisors to foundation doctors takes place at LEP level and is done by the FPDs. Foundation doctors are advised who their educational supervisor is at the start of the year and their e-portfolio shows the name of their educational supervisor on the log-on page. In most cases a foundation doctor's

educational supervisor will also be their clinical supervisor for one of their placements during the year.

131. Foundation doctors are asked about their educational supervision in the end of placement and end of year surveys. The team heard from a few foundation doctors who had been allocated educational supervisors who had left the LEP and who had not been given a replacement educational supervisor following this.

132. Foundation doctors are required to meet with their educational supervisor at the start, mid-point and end of each placement, though the meetings at the end of one placement and the start of the next can be combined resulting in two meetings per placement.

133. Foundation doctors interviewed reported that the standard of their educational supervision was variable. Some educational supervisors were very good, but others did not clearly understand their role, were not able to use the e-portfolio, and did not conduct robust meetings of an appropriate duration with their foundation doctors. For example, the team heard about an educational supervisor logging on to the e-portfolio system with their foundation doctor and asking them to complete sections of the e-portfolio relating to the performance of the foundation doctor, which should have been completed by the educational supervisor.

134. Educational supervisors reported that they were able to meet with their foundation doctors the required number of times, but that they did experience some difficulties in arranging meeting when their foundation doctor was based at a different LEP site. Some educational supervisors that the team met did not fully understand their role in relation to their foundation doctors. There was confusion for some educational supervisors regarding the role and responsibilities of educational and clinical supervisors, and how these roles were different. There was evidence in some cases of repetition in the work being done by educational and clinical supervisors because of this lack of clarity about roles.

Careers Advice

135. The deanery's careers practitioner post is currently vacant. The previous post-holder undertook work in each of the LEP sites to raise awareness of career advice provision. Foundation doctors interviewed considered the careers advice that they received to be sufficient and appreciated the careers session delivered as part of the regional F2 teaching. Some foundation doctors commented that it would be beneficial if the careers session could be delivered earlier in the F2 year, because they had already submitted their applications for specialty training when they attended the careers session.

Tasters

136. Foundation doctors reported that they had been encouraged to do tasters and many had done so. Some foundation doctors had experienced difficulties in

arranging leave to do tasters when they were working in busy departments, particularly where there were staff shortages.

Study Leave

137. The deanery advised that when the foundation programme was first introduced there were many foundation programme posts which did not come with a study leave budget because the posts from which they were converted did not attract study leave. The deanery therefore decided to share the total study leave budget across all the foundation posts. This has resulted in a study leave budget of £293 per F2 doctor. The deanery centralised the foundation school's study leave budget from 1 April 2008.

138. The team note that advanced life support (ALS) training is a mandatory component of the foundation curriculum, but is not always funded for foundation doctors. Two of the eight LEPs within the deanery pay for ALS training for their foundation doctors, and the deanery advised the team that some foundation doctors will come into the foundation programme having already completed ALS training. Where ALS is not funded, foundation doctors are required to pay for it using their study leave budget, which in some cases does not cover the total cost of an ALS course though a number of courses at LEPs within the deaneries are capped at £293 for foundation doctors so that their study leave budget will be adequate. A significant proportion of foundation doctors are using their entire study leave budget to pay for mandatory ALS training, and in some cases are topping up their study leave budget themselves to cover the cost.

139. The deanery must address the inconsistencies in the use of the F2 study leave budget for ALS training across LEP sites.

140. Foundation doctors are asked about study leave in the end of placement and end of year surveys. Foundation doctors interviewed voiced many concerns about study leave and the study leave budget. They reported that the study leave budget was insufficient, particularly because many foundation doctors are required to fund mandatory ALS training out of their study leave budget. They reported that the process for obtaining study leave was very complicated. The deanery plans to make study leave guidance clearer.

Pastoral support

141. The deanery has a process for identifying and assisting foundation doctors who require support. Support may include help with communication, time management, professional and language skills, a referral to occupational health, and the option to train flexibly or in a supernumerary post. One particular LEP site has been identified as being best placed to provide a supportive environment for this group of foundation doctors, and the FPD at this site has expertise in this area. A confidential one to one counselling service is available to foundation doctors. Foundation doctors who are experiencing difficulty are discussed during a confidential agenda item at the FSB.

142. The FPDs whom the team met had a good understanding of the processes for managing foundation doctors who require support and considered the deanery and foundation school to be supportive in providing guidance in this area. FPDs advised that struggling foundation doctors tend to be managed locally unless their performance or health is significantly affected, in which case they will be referred to the deanery. Educational supervisors also had a good understanding of the processes and individuals involved.

143. Foundation doctors interviewed were confident of receiving appropriate pastoral support. Although not uniformly aware of the structures and services in place at deanery, foundation school and LEP level, most foundation doctors would approach their educational supervisor, their FPD or LEP postgraduate centre staff. Foundation doctors reported that postgraduate centre staff were particularly helpful in this area.

144. The team consider the provision made by the deanery and by LEP personnel to support foundation doctors in difficulty to be an area of notable practice. The team heard that the Associate Postgraduate Dean for Performance was particularly helpful in providing guidance and support to LEPs and to foundation doctors in difficulty. The team consider the measures and adjustments made to training for this group of foundation doctors to be useful and effective.

Training and appraisal of trainers

145. At the time of the visit the deanery had recently produced the 'Severn Deanery Faculty Development Plan' which sets training and development for local faculty against seven competences, and were sharing it with the Directors of Medical Education at the LEP sites. As part of this plan the deanery are carrying out an analysis of the training that each relevant individual has already completed and how this training maps to the seven competencies so that training is not duplicated and gaps in individual's training can be identified. Individuals can also complete an online self-assessment which allows them to see which areas they need training in.

146. The team note the deanery's commitment to providing faculty development and training. As part of the strategy for faculty development and training the deanery must now introduce specific training for the educational supervisors of foundation doctors. The deanery must consider specific training for those who clinically supervise foundation doctors and who are not also educational supervisors.

Support for local faculty

147. FPDs whom the team met considered that they received a good level of support and communication from the deanery and foundation school, particularly in the areas of personal development and training.

148. FPDs have a minimum of one session per week identified in their job plans for their role. Some FPDs have more than one session because they have additional responsibilities such as co-ordinating a group of FPDs in a large LEP. In most cases

FPDs reported that their allocated sessions did not cover the actual time spent on the role. They are jointly appraised by the Foundation School Director and their director of medical education.

149. Educational supervisors are expected to include supervision of foundation doctors in their 2.5 SPAs (supporting programmed activities) per week for educational activities. In most cases educational supervisors reported that these sessions did not cover the actual time spent on the role. The deanery recognises that getting time for educational supervision in consultant job plans is a challenge. The deanery aim to negotiate appropriate time in all educational supervisors' job plans but consider that they are at the start of this process. Educational supervisors are appraised for their role in education as part of their NHS appraisal.

150. Educational supervisors were aware of training courses offered by the deanery and those who had attended training found it to be beneficial.

151. Many educational supervisors interviewed reported that they did not feel that they were part of the deanery and rarely met as a group to discuss their work. The deanery should consider introducing educational supervisor forums at LEP sites which do not currently have such forums to allow educational supervisors to support each other and share concerns and good practice.

Domain 7: Management of education and training

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

152. The team were unable to identify the deanery's strategic vision and how it would engage strategic partners such as the SHA and LEPs. There is not a document which sets out strategies and plans for the foundation programme in the deanery. The deanery and the foundation school must produce a strategic plan for the development of the foundation programme in the Severn deanery with specific reference to work programmes which enable them to meet the GMC/PMETB *Standards for Training for the Foundation Programme*. The strategic plan should detail the leadership roles within the foundation school and include succession planning for the Foundation School Director role. In addition, the plan should clarify communications and relationships between the SHA, the deanery, the foundation school, the LEPs, and LEP personnel including educational and clinical supervisors.

153. The Postgraduate Dean meets formally and informally with LEP personnel including Medical Directors and DMEs on a regular basis. The FSB includes representatives from each of the LEPs. LEP personnel at the sites visited considered their relationship and communications with the deanery to be good. The team note that the deanery takes a collaborative and often informal approach to their communications and relationships with LEPs. The team consider that the deanery could formalise some of the forums for communication and discussion.

154. The Postgraduate Dean is a member of the SHA Workforce Business Team and considers relationships with the SHA to be positive. The Postgraduate Dean's

communication channels are through the SHA executive meetings and through meetings between the Postgraduate Dean and the SHA's Director of Workforce and Associate Director of Finance. However, the team heard that communications between the SHA and the foundation school could be improved. A member of the SHA is invited to sit on the FSB but has not done so. The foundation school would like to see clear and formalised processes for engagement between the SHA and the deanery and foundation school. The team heard from the SHA that they would also like communication channels to be formalised. The team consider that much of the relationship between the SHA and the deanery and foundation school is dependent on the Postgraduate Dean and would encourage more formalised processes to be established so that lines of communication and interaction are less reliant on a small number of individuals.

Domain 8: Educational resources and capacity

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

155. The SHA commissions education within the deanery and controls an annual Multi Professional Education and Training levy (MPET) budget of £370 million. The deanery annual budget is £7.8 million. The deanery should work with the SHA to identify appropriate sustainable resources for foundation training, and ensure that these are properly used. Resources should be allocated on a needs basis, taking into account the strategic priorities of the deanery, the foundation school and the SHA.

Regular Review of Learning Resources and Facilities

156. Foundation doctors are asked about the quality of learning resources and facilities in both the end of placement and end of year surveys. Foundation doctors interviewed at all LEP sites visited considered the learning resources and facilities to be good. The team were pleased to note good library and IT facilities for foundation doctors at the LEP sites visited.

157. Foundation doctors and educational supervisors interviewed at all LEP sites considered the support provided by postgraduate and academic centre staff to be excellent. The team are pleased to note the good support provided by these staff for foundation doctors.

Ratio of trainers to foundation doctors

158. Educational Supervisors are typically responsible for two to four foundation doctors.

Clinical and practical skills labs

159. The Foundation School has access to High Fidelity Simulation Centres locally. Some F2 doctors use this facility as part of the regional F2 teaching and plans are underway to develop more centres to enable greater numbers of foundation doctors to use these resources.

Domain 9: Outcomes

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

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

160. The end of year survey asks foundation doctors to provide information on where they are going following completion of their foundation training.

161. The deanery should implement processes to analyse and share information about notable practice to all LEPs.

Acknowledgement

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

Annex A

Glossary

ALERT	Acute Life Threatening Events Recognition and Treatment
ALS	Advanced Life Support
CbD	Case based discussion assessment
COPMeD	Conference of Postgraduate Medical Deans
DME	Director of Medical Education
DOPs	Direct Observation of Procedures assessment
EWTD	European Working Time Directive
F1	Foundation Year 1
F2	Foundation Year 2
FPD	Foundation Programme Director
FSB	Foundation School Board
GMC	General Medical Council
GP	General Practice
GPST	General Practice Specialty Training
LEP	Local education provider
Mini-PAT	Mini peer assessment tool
MPET	Multi Professional Education and Training levy
MSF	Multi source feedback assessment
NHS	National Health Service
PMETB	Postgraduate Medical Education and Training Board
PRHO	Pre-Registration House Officer
QA	Quality Assurance
QAFP	Quality Assurance of the Foundation Programme
QC	Quality Control
QM	Quality Management
SHA	Strategic Health Authority
SHO	Senior House Officer
SPAs	Supporting programmed activities
StR	Specialty Registrar
TOI	Transfer of Information
UK	United Kingdom
UKFPO	UK Foundation Programme Office

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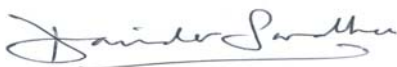
Dear Kate,

QAFP Visit to Severn

I enclose the Severn Deanery Action Plan arising from the 2009 QAFP Visit. I think our plans are robust and thoroughly researched with our stakeholders.

I wish to particularly commend my Foundation and Quality Management teams for the extensive hard work that has been done to take this forward. Can I also thank the QAFP visiting team and your office for all the support they have given us and the manner in which the monitoring and the recommendations were undertaken.

Yours sincerely,



Professor Davinder P S Sandhu
MD, FRCS (Ed.Urol), FRCS (Eng & Glas)
Postgraduate Dean/Head of Education