

Visit Report on Health Education England Wessex's new foundation programme for provisionally registered doctors outside the UK

The HEE Wessex and Kassel School of Medicine Foundation Year One programme was established in 2018. This was our first visit to quality assure the postgraduate medical education and training programme, based at Klinikum Kassel, Germany.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	Health Education England Wessex
Sites visited	Kassel School of Medicine (Klinikum Kassel)
Programmes	Foundation Programme (Year One)
Date of visit	16 May 2019
Key Findings	<ol style="list-style-type: none">1 The Foundation Year One programme was created in 2018 for 14 graduates from the University of Southampton Faculty of Medicine BM (EU) medical degree programme delivered by Kassel School of Medicine. This programme was designed to allow trainees full registration with the GMC and is the responsibility of Health Education England Wessex, which oversees Foundation training in Wessex.2 The GMC visit team identified several areas in the programme that are working well and it was clear during the visit that the Foundation Programme is valued and seen as a positive development for GNH.

The 'circle' meetings were praised by both learners and educators, there is protected time for teaching that trainees are able to attend, we heard about the good support and positive inductions that exist in some specialties and the ARCP process is fully integrated with Wessex Foundation School.

- 3** The leadership and administration teams in Kassel School of Medicine and Wessex Foundation School share processes and decisions in an effective, appropriate, collegiate and well-coordinated way. It was apparent throughout our visit that Kassel School of Medicine is a learning organisation that continually works to improve the quality of the education it offers to learners.
- 4** The team also identified several areas that could be improved, including ensuring trainees do not perform procedures beyond their competency and that rotas are designed so that trainees always have a suitable rest period. Further clarity around the role of foundation trainees at GNH should be provided and trainees could be given access to the e-learning for Health NHS modules.
- 5** The KSM management team should consider reviewing the structure and resources of the education management team. It would benefit the programme to integrate the clinical and educational governance systems at GNH further.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well	Report paragraph
1	Theme 1 (S1.2)	The Foundation Programme is valued and seen as a positive development for GNH by trainees, educational supervisors, clinical supervisors and clinical trainers.	1-2
2	Theme 1 (1.15)	Learners and educators both praised the 'circle' meetings as a means of seeking feedback on the programme.	3-6
3	Theme 1 (1.16)	All trainees are able to attend the protected teaching day that occurs once a month. We heard about a variety of educational methods associated with this teaching day, for example the use of role play.	7-9
4	Theme 1 (2.1)	Kassel School of Medicine is a learning organisation that continually works to improve the quality of the education it offers to learners.	10-14
5	Theme 2 (2.6)	The leadership and administration teams in Kassel School of Medicine and Wessex Foundation School share processes and decisions in an effective, appropriate, collegiate and well-coordinated way.	15-20
6	Theme 5 (5.9)	We heard about good support and positive inductions in some specialties.	21-22
7	Theme 5 (5.11)	The Annual Review of Competency Progression (ARCP) process for Kassel Foundation Programme is fully integrated with Wessex Foundation School and ensures common standards are applied across foundation trainees in the UK and in Kassel.	23-26

Area working well one: The Foundation Programme is valued and seen as a positive development for GNH by trainees, educational supervisors, clinical supervisors and clinical trainers.

- 1** It was clear throughout our visit that the learning environment and organisational culture value and support education and training. We heard how having foundation trainees at the hospital in Kassel has improved the culture and had a positive effect on the environment.
- 2** Some trainees have chosen to remain in the specialties they were originally assigned to, which is an endorsement of good quality training and positive working relationships. We heard from various groups throughout our visit that the Foundation Programme has changed the culture at the hospital, which has been valued and welcomed by all.

Area working well two: learners and educators both praised the 'circle' meetings prior to protected teaching as a means of seeking feedback on the Programme.

- 3** Kassel School of Medicine (KSM) ensures that foundation doctors are provided with learning opportunities and a chance to both receive and provide feedback on their performance. The work that trainees are asked to do also provides them with an appropriate breadth of clinical experience.
- 4** During our visit, we heard from foundation trainees about the 'circle' meetings that occur prior to protected teaching. These meetings happen on a bi-monthly basis and involve both foundation trainees and supervisors.
- 5** Any issues that the trainees have encountered during their role as foundation doctors are discussed at these meetings. It provides trainees with a forum in which to provide feedback on the programme. KSM also check on the balance between education and training through the foundation circles, as well as using the circles to provide further clarification on the role of foundation trainees.
- 6** Trainees emphasised that they value these circle meetings, especially when there is a relevant clinician from the Foundation Programme present. Therefore, we encourage the Foundation Programme team to try and ensure this is the case at future meetings. Representatives from the senior management team at KSM also attend these meetings.

Area working well three: all trainees are able to attend the protected teaching day that occurs once a month. We heard about a variety of educational methods used with this teaching day, for example the use of role play

- 7** Doctors in training have protected time for learning and for attending organised educational sessions and training days to help them meet the requirements of the curriculum.
- 8** We heard how there are designated teaching days once a month. These teaching days always occur as scheduled and trainees informed us that they are released from training to attend these sessions.
- 9** The teaching day consists of a lecture at the start of the day followed by various discussions, such as ethics in nursing and a session on pathology. Trainees are also shown the mortuary. We heard how trainees engage in role play situations relating to specific cases at these teaching days. This provides further learning opportunities and is seen as a positive aspect of teaching by the trainees.

Area working well four: Kassel School of Medicine is a learning organisation that continually works to improve the quality of the education it offers to learners.

- 10** KSM appears to have effective, transparent and clearly understood educational governance systems and processes to manage and control the quality of medical education and training. Prior to our visit, we were presented with a copy of the Foundation Year Programme organogram, Quarterly Report of Competence Progression of the Programme reports from October 2018 and January 2019, Early Recognition of Problems with Delivering the Curriculum report from November 2018 and the Wessex Foundation School visit report from December 2018. KSM, at present, have produced two quality assurance reports. A third report based on questionnaires answered by trainees is being developed.
- 11** HEE Wessex conducted a quality visit at the end of 2018, with a further one planned for 2020. The plan in future is for the Head of the Wessex Foundation School to visit every two years, as they do with other LEPs in Wessex. They are able to trigger visits outside of the visit schedule if they feel it is necessary.
- 12** There are strong governance structures in place at KSM, with reporting systems in place within the hospital via IT systems. These systems and processes are explained to trainees when they commence the Foundation Programme in Kassel.
- 13** The Foundation Programme Director in Kassel meets with trainees every other month and with the supervisors the alternate months. Any concerns or issues with the Foundation Programme are raised and documented at these meetings, with appropriate action planned if needed. The individuals involved are then approached

and informed of the outcome of these discussions, along with any action that will be taken. This information is also shared with the supervisors.

- 14** We heard about the Foundation Programme document reader at various points throughout our visit. The reader is a comprehensive briefing document that outlines the new foundation programme. This is continuously worked on and if substantial changes are made to the document, this will be communicated to both trainees and supervisors. The organisation demonstrated a culture and attitude that is keen to continuously improve the quality of medical education and training.

Area working well five: the leadership and administration teams in Kassel School of Medicine and Wessex Foundation School share processes and decisions in an effective, appropriate, collegiate and well-coordinated way.

- 15** KSM and Wessex Foundation School have agreements in place with LEPs to provide education and training to meet the required standards. They have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements.
- 16** The Foundation Programme team in Kassel told us that the support and regular communication at KSM is good. They interact with the Wessex Foundation School in exactly the same manner as LEPs in the UK do. There is an enthusiasm to communicate with the Wessex Foundation School in a similar manner that LEPs in the UK do.
- 17** We heard that the Foundation Programme team in Kassel work very closely with the BM (EU) programme lead in Southampton, which provides good links with the University. The programme lead's engagement has allowed KSM to establish the Foundation Programme. It also helps with various other aspects, such as identifying trainees in potential difficulty.
- 18** KSM have a cooperative working relationship with Wessex Foundation School. When necessary, they contact the Head of Wessex Foundation School and the associate dean responsible for the Professional Support Unit in Wessex.
- 19** The Head of Wessex Foundation School is well known in Kassel and he has met all 14 trainees. The trainees have a representative who speaks on their behalf to the Foundation Programme Director. The trainees are also able to approach him directly.
- 20** Throughout our visit, we heard about the positive influence and leadership skills of the Foundation Programme Director in Kassel. The team he leads work efficiently to drive the programme forward.

Area working well six: we heard about good support and positive inductions in some specialties.

- 21** The Kassel Foundation Programme provides trainees with various forms of support, including positive educational inductions to certain specialties. During their induction, trainees are made aware of the pastoral support team and the services that are available to trainees. There is a psychiatric consultation service in the hospital available to trainees and we were told during our visit that KSM also identify suitable sources of support for trainees who want help and support outside of Gesundheit Nordhessen Holding (GNH).
- 22** Trainees praised the inductions they received in several specialties. For example, in anaesthetics, trainees described constant support and supervision with new procedures for the first 5 weeks before having to attempt these alone.

Area working well seven: the Annual Review of Competency Progression (ARCP) process for Kassel Foundation Programme is fully integrated with Wessex Foundation School and ensures common standards are applied across foundation trainees in the UK and in Kassel.

- 23** Assessments appear to be carried out by individuals with appropriate expertise, and who have been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor's in training performance and being able to justify their decision.
- 24** During our visit, we heard about the Annual Review of Competency Progression (ARCP) process for the Kassel Foundation Programme. The process appears to be robust, collaborated and fully integrated with the Wessex Foundation School. The ARCPs for foundation doctors in Kassel are not treated any differently to the ARCPs in the UK.
- 25** The Foundation Programme Director and the Foundation Year Coordinator in Kassel attend and review the ARCP panels. They follow the Wessex standard that requires the Foundation Programme Director to look at ARCP requirements and e-portfolios halfway through the year, not just at the end.
- 26** We were told that if a trainee receives an Outcome 3, or fails the ARCP process, KSM would follow the procedure that is set by the Foundation Programme in Wessex. This standard requires trainees to complete an extended four months of training. The Foundation Programme team in Kassel highlighted that they do not expect any trainee to receive an Outcome 3. However, KSM have plans in place if a trainee receives an Outcome 3 and this would involve placing the trainee at GNH for a further four to six months.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements	Report paragraph
1	Theme 1 (R1.10)	KSM must make sure that foundation trainees are not expected to work beyond their competence.	27-31
2	Theme 1 (R1.12)	GNH must make sure that rotas are designed so that trainees always have a suitable rest period during and after prolonged periods of work.	32-34

Requirement one: KSM must make sure that foundation trainees are not expected to work beyond their competence.

- 27** KSM must make sure there is a reliable way of identifying learners at different stages of education and training, and to make sure all staff members take account of this. This will ensure trainees are not expected to work beyond their level of competency.
- 28** We heard a mixed reaction from trainees when asked if they are asked to perform procedures beyond their level of competency. While most trainees felt adequately supported, some trainees had performed procedures on their own that they did not feel competent enough to perform. This appears to depend on the department the trainees are working in.
- 29** The clinical and educational supervisors with responsibilities for foundation trainees feel that as the programme develops over time, there is a greater clarity around the role of trainees and their level of competency. The supervisors feel more confident with their second set of trainees and that they have learnt what trainees can and cannot do. Foundation doctors have restrictions on what they are able to do and what can be expected of them. This, along with their level of competency, has become clearer over time as the programme has developed.

- 30** The supervisors informed us during our visit that help and support is always available to trainees if and when they request it. They recognise that trainees will always want further support, as every doctor does when they first start working. The supervisors try to emphasise to trainees that this support is available if they feel that they need it but they encourage trainees to become more confident and independent regarding everyday decisions about patient care
- 31** Clinicians indicated that the competency of foundation doctors varies from trainee to trainee. Those who appear less competent are given further supervision and support. Clinicians do not think trainees are asked to perform procedures beyond their level of competency. However, as indicated above, this varies depending on the department. Therefore GNH must ensure that if trainees feel that they are being asked to perform procedures beyond their competency, their concerns should be listened and responded to and if help and support is requested, it must be provided.

Requirement two: GNH must make sure that rotas are designed so that trainees always have a suitable rest period during and after prolonged periods of work.

- 32** GNH are required to design rotas that minimise the adverse effects of fatigue and workload. Both prior and during the visit, we heard about the occurrence of 24 hour shifts. We were informed during the visit that such shifts occur in German hospitals and are not seen as rare incidents.
- 33** We heard of 24 hour shifts in certain specialties, for example Cardiology, Neurology and Paediatrics. Trainees are asked to do a 24 hour shift, return home to have 24 hours rest and then return to work. These shifts often occur as a result of staffing issues. For example in Paediatrics, when the foundation doctors started their placements, there was a loss of doctors and as a result two months of heavy workload.
- 34** We heard about trainees raising concerns regarding the lack of resting times during these shifts. The Foundation Programme team give advice to trainees on resting times during and after shifts. We encourage them to continue doing so, as well as ensuring that rotas are designed to enable trainees to have a suitable rest period during and after prolonged periods of work.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendation	Report paragraph
1	Theme 1 (R1.10)	HEE Wessex should clarify the role of foundation trainees at GNH to help all staff understand the role and competency of F1 trainees. The difference between foundation trainees and assistant doctors should be made clear to all.	35-41
2	Theme 1 (R1.19)	HEE Wessex should give trainees access to the e-learning for Health NHS modules specifically designed for the Foundation programme.	42-44
3	Theme 2 (S2.2)	The KSM management team should review the structure and resources of the education management team, including succession planning.	45-47
4	Theme 3 (R3.5)	HEE Wessex should consider making the Foundation programme curriculum reader more specific in regards to the procedures trainees are expected and allowed to perform. They should also consider involving more trainee input further when developing the content of the reader.	48-51
5	Theme 4 (R4.5)	HEE Wessex should think actively about how clinical governance and educational governance could be formally integrated so that best practice and common standards could be shared across departments.	52-55
6	Theme 5 (R5.9)	The Foundation Programme team should work towards a common understanding and experience of responsibility for patient care based on a team approach.	56-60

Recommendation one: HEE Wessex should clarify the role of foundation trainees at GNH to help all staff understand the role and competency of F1 trainees. The difference between foundation trainees and assistant doctors should be made clear to all.

- 35** Prior to our visit, we were provided with copies of GNH job descriptions for various specialties. During our visit we found there was some confusion over the understanding of the role and competency of foundation trainees. GNH must have a reliable way of identifying learners and make sure all staff take account of this so that learners are not expected to work beyond their competence.
- 36** Early on in the Foundation Programme year, clinical teams regarded foundation doctors and German assistant doctors, who may be much more experienced, as equivalent. The education team has sent out communications to clarify this misperception. The education team should continue to work with clinical teams to embed understanding of the role of Foundation doctors.
- 37** Foundation trainees expressed concern that consultants at GNH do not fully understand the roles of foundation trainees and that they have often been regarded as assistant doctors in the German system.. Trainees believe that in some specialties, consultants are still not gaining a better understanding of this as the programme develops.
- 38** However, supervisors with responsibilities for foundation trainees told us that they are developing a greater understanding and are gaining further clarity over the role of foundation trainees as time goes on. They feel more confident now, with their second set of trainees, than they did with their first. The supervisors have learnt what the trainees are expected to do and are capable of doing but must also recognise their supervision requirements.
- 39** The Foundation Programme team are working to provide as much clarification as possible on the role of foundation trainees. For example, the Foundation Programme Director in Kassel uses the implemented 'circle meetings' to provide this clarity and also makes presentations at several conferences. The foundation trainees themselves discuss their status as foundation doctors with other doctors at GNH and this helps them reiterate their role at the hospital.
- 40** We were told that the Foundation Programme team plan to visit specific departments to help them improve their understanding of the role of foundation doctors. They will also encourage new foundation doctors to meet with current foundation doctors to discuss their experiences and the expectations of being a foundation doctor at GNH.
- 41** We understand that active work has been undertaken to help others understand the role and competency of foundation trainees but more could be done to help achieve this before the new trainees start. The difference between foundation trainees and assistant doctors should be made clear to all at GNH.

Recommendation two: HEE Wessex should give trainees access to the e-learning for Health NHS modules specifically designed for the Foundation programme.

- 42** The Kassel Foundation Programme should have the capacity, resources and facilities to deliver relevant learning opportunities required by the training programme and to provide the required educational support.
- 43** During our visit, we heard how trainees do not have access to the e-learning for Health NHS modules that foundation doctors in the UK have access to. These modules are specifically designed for the foundation programme and the trainees would like access to them
- 44** Given that the e-learning modules are specifically designed for foundation trainees and provide exposure to NHS work practices and values, we recommend HEE Wessex provide this access.

Recommendation three: The KSM management team should review the structure and resources of the education management team, including succession planning.

- 45** We heard how the team in Kassel has a strong relationship with HEE Wessex and they work well together. HEE Wessex praised the Foundation Programme Director in Kassel and his success in driving the programme forward, along with his well-established and efficient team.
- 46** The Foundation Programme team told us that if the Foundation Programme Director was absent for any reason; the team would be able to provide the required leadership and support to allow the programme to continue. They have been considering recruiting a deputy to the Foundation Programme Director and they have individuals in mind for the role. We also heard how the Foundation Programme team think that integration of clinical and educational governance would be improved if the deputy was recruited from one of the heads of department.
- 47** We encourage the KSM management team to review the structure and resources of the education management team, in particular succession planning. This team is currently working to a very high standard; however we are concerned about sustainability and the potential risks to the success of the programme without any extra staffing.

Recommendation four: HEE Wessex should consider making the Foundation programme curriculum reader more specific in regards to the procedures trainees are expected and allowed to perform. They should also consider involving more trainee input when developing the content of the reader.

- 48** HEE Wessex is responsible for ensuring learners receive information and support to help them move between different stages of education and training. KSM have created a comprehensive 'document reader' for foundation trainees and supervisors. This provides them with information on the foundation programme. Prior to our visit, we were provided with documents that outline plans for Year 2 and the support available for trainees with recruitment to Foundation Year Two.
- 49** The senior team continuously work on the document reader. If there are substantial changes to the Foundation Programme, the team incorporate these into the document and then inform both the trainees and supervisors of these changes.
- 50** Some trainees suggested that further improvements could be made to the document reader. For example, there could be further clarity surrounding the definition of 'supervising' and the procedures trainees are allowed and expected to perform. Trainees would also like to see the document expand on supervision and the level needed.
- 51** Whilst it was clear both prior and during the visit that HEE Wessex has created a detailed document reader for the Foundation Programme, there are still some areas of the reader that could be developed further. The visit team believe it would be beneficial if HEE Wessex consider involving the trainees further when developing the contents of the reader.

Recommendation five: HEE Wessex should think actively about how clinical governance and educational governance should be formally integrated so that best practice and common standards could be shared across departments.

- 52** HEE Wessex must support educators to liaise with each other to make sure they have a consistent approach to education and training.
- 53** Clinical and educational governance are brought together via the Foundation Programme Director in Kassel and senior figures in GNH. They meet every 4 weeks and, if needed, the Foundation Programme Director can approach the Managing Director of GNH directly. We were told that the Managing Director of GNH and the Foundation Programme Director also interact with HEE Wessex.
- 54** The heads of departments at Klinikum Kassel are very influential within the German system and we heard how they effectively act as the board of the hospital. The Foundation Programme Director interacts regularly with the heads of departments and this provides another link between educational and clinical governance.

55 However, we encourage HEE Wessex to actively think about how clinical and educational governance can be further integrated in a more formal manner. This will allow best practice and common standards to be shared across departments.

Recommendation six: The Foundation Programme team should work towards a common understanding and experience of responsibility for patient care based on a team approach.

56 The Foundation Programme in Kassel must ensure that services focus on patient needs whilst also providing trainees with a clear understanding of patient care. During the visit, we heard from trainees how they believe that certain patients are fully assigned to them and some to the assistant doctors, rather than patients being cared for by the team as a whole.

57 The Foundation Programme team in Kassel believe that despite there being no community clinical placements apart from Psychiatry, trainees get a good experience of rehabilitation and managing patients with long term conditions. There are thoughts to expand the foundation programme to include community elements in the future, but the team want to establish the programme within GNH in the first instance.

58 Trainees informed us that the majority of the time, a colleague is present if they need further information or guidance. However, the individuals are often busy with their own patients.

59 We were told by trainees that in certain specialties and placements, they are expected to do the ward rounds on their own. This can lead to trainees managing over 30 patients at one time and therefore experiencing a significantly high workload. As a result, there is a lack of time to ask questions and the sense that there is no one to ask the questions.

60 Whilst it is clear that plenty of support is available, trainees feel that they are often unable to access this support. This can lead to trainees feeling isolated, creating the pressurised feeling that they have sole responsibility for their own patients. The Foundation Programme team should try and work towards a common understanding and experience of responsibility for patient care based on a team approach, so that departmental teams as a whole have responsibility for the patients and not just the individual trainees.

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