

Medical Council Malta  
QA Report of Foundation Programme Malta  
November 2018

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## **Introduction**

### **Preamble**

The regulatory body for the medical profession in Malta is the Medical Council, Malta as governed by the Health Carers Profession Act. It is entrusted with the quality assurance of the Malta Foundation Programme which is an affiliate of the United Kingdom Foundation Programme.

The Medical Council appoints a sub-committee as its Quality Assurance Team (QAT). The term of office of the QAT had expired in 2017. Following a transparent call of applications for the appointment of members on this committee and an interview process the following were appointed to form the QAT for three years (2018- 2020). These members are: Dr Doreen Cassar, Dr Bryan Flores Martin and Dr Tanya Mellilo.

### **Background**

The Medical Council, Malta (MCM), as the sole regulatory body of the medical profession in Malta, oversees the registration of all doctors, including the newly qualified, in accordance to the existing legal frameworks. The formation of the Foundation Programme Malta (FP Malta) required that the MCM not only oversees the registration of the newly qualified doctors but also quality assures the training and assessment processes of the Programme.

Since the foundation of the Malta Foundation School in 2009, it has been an affiliate of the UK Foundation School. This status enables trainees who complete the Malta Foundation Programme successfully to compete on the same level as those who are successful in the UK Foundation Programme for specialty posts in Malta, the United Kingdom or elsewhere.

The Malta Foundation School was granted re-affiliation to the UK Foundation Programme on the 19th September 2011 for a further 5 years after fulfilling the Quality Standards of the Medical Council Malta and the UKFPO.

The FP Malta follows the same aims, methodologies and assessment processes as the UKFP but as the Maltese Health service and context is different to that of the UK, nomenclature and structure of the FP Malta may not always be UK congruent.

The Foundation School falls under the remit of the Post Graduate Training Centre, chaired by Prof. R. Galea. The Foundation School Management Committee oversees the implementation, delivery and quality control of foundation programme training within the Malta Foundation School.

The Directors of the Foundation School are Dr T. Piscopo and Dr K. Cassar. The Foundation Training Programme Directors (FTPD) are Dr P. Ellul (Careers Advice lead), Dr J. Micallef (Clinical Skills Simulation Training Lead) and Dr E. Muscat (Trainee Support Team Lead). Dr Anna Spiteri (Trainee Support Team Lead Assistant (Professionalism and Behaviour), Dr Antoine Vella (Trainee Support Team Assistant (Clinical), Dr Yves Muscat Baron (Patient Safety Liaison Officer), Dr Alex Gatt and Dr Mariella Borg Buontempo have been taken on board as part of Faculty.

The Foundation School Manager is Ms Caroline Galea. Ms Priscilla Caruana is Foundation School Coordinator.

The MCM's purpose is to quality assure the Foundation Programme such that its graduates are considered well prepared to be fully registered by the Council, are at par with their UK peers and to ensure that the FP Malta retains its affiliation with the UKFP.

The first Quality Assurance Team (QAT) pilot visit and report of February 2011 was followed by a second formal QA visit which took place in May 2012. In November 2014 the FS Malta was again quality assured and the 2015 report was published. The QAT conducted a quality assurance visit in May 2018. This report is the outcome.

## **Quality Assurance Process**

The MCM adopted the outcomes and standards for training for the FP Malta defined by the updated GMC standards introduced on 2016 - 'Promoting Excellence: standards for medical education and training (PE)'. These standards superseded the GMC standards in 'The New Doctor'. The QA process focuses on this guidance to ensure that the FP Malta is able to deliver these standards.

## **Methodology**

The MCM QAT advised the Foundation School (FS) to complete a self-assessment and submit all documentation of the operational frameworks and terms of reference of the FS. It also required the data and documentation related to the quality management processes of education and training. Documentation for each identified competency was requested. The data for the period 2014-2017 was received in May 2018.

The MCM QAT analysed this data and created an action plan for the May 2018 visit on the basis of this information. Mapping against the Standards for Training for the FP was undertaken. The FS Malta was forwarded the outline of the required meetings as per action plan devised.

The MCM QAT arranged to visit the FS to conduct interviews with all levels involved in the FP during the period between 28<sup>th</sup> -30<sup>th</sup> May 2018. The purpose of these interviews was to triangulate the documentation received and gain first-hand information from all parties concerned.

**Separate meetings were held with:**

Foundation School Directors

Foundation Programme Training Directors

Trainee Support Team

Careers Guidance Lead and Team

Clinical Skills Lead Simulation Team

Foundation Programme Safety Officer

School Manager and School Coordinator

Head of Post Graduate Training Centre

Mater Dei Hospital: CEO and Medical Director

Saint Vincent De Paule Residence and Karen Grech/Stewart Care Medical Director

Educational Supervisors

Clinical supervisors

Foundation Doctors 1

Foundation Doctors 2

**MCM Quality Assurance Team**

The Quality Assurance Team (QAT) members appointed by the Medical Council to undertake the quality assurance process and visits were:

Dr Doreen Cassar MD, Dip. WH(ICGP), Dip. PC&GP(Ulster), FMCFD, MRCGP(Int), Cert Med Ed

Dr Bryan Flores Martin MD, MMCFD

Dr Tanya Melillo MD, M.D. (Melit) 1991 M.Sc. (Melit) 2003 PhD (Melit) 2015

**Declaration:**

Since the Quality Assurance Team Visit and presentation of this report, Dr T Melillo, has been engaged as an Educational Supervisor within the Foundation Programme.

# The Report

## Summary of Key findings:

1. The Medical Council QAT is satisfied that the Foundation School standards for education and learning are reached.
2. The Foundation School Malta is on track and has commendable organisational structures and systems in place to deliver educational and training requirements.
3. Quality Control and Quality Management systems are in place. These provide in depth information for monitoring, analysis and action if needed.
4. Patient Safety is given priority and importance.
5. Educational Programme planning is in evidence and quality is ensured.
6. Training of Educational Supervisors is in place.
7. Support for trainers is in place.
8. Support for trainees is working well.
9. Concerns can be raised and mechanisms for these are in evidence. However, this is offset by a local culture of fear of repercussions if concerns are raised.
10. Liaison between Foundation School and Hospital Management is ongoing and there is willingness to work towards achieving educational and training goals while providing for service provision.
11. Workload is appropriate. There are some rotations where work beyond time is experienced. These are mostly in some firms in Medicine.
12. EWTD can at times cause conflict with service provision and loss of trainees' ranking position for choice of clinical supervisors.
13. Clinical Supervision is not equitable across departments. Some clinical supervisors are not cognisant of their role in FY training.
14. Trainees in difficulty are catered for in sensitive, timely and structured process.
15. Areas for improvement are identified and focused on to achieve positive outcomes.

16. Trainees are receiving good exposure to encourage the appropriate educational and training opportunities.
17. Facilities, rotations and training opportunities are good.
18. Induction and handover have been revamped and positive outcomes have been achieved.
19. Recruitment and selection processes are transparent, timely and appeals systems are in place.

### **Notable Practice:**

1. Patient Safety is recognised as a priority. The introduction of a Patient Safety Officer in the organisational structures of the FS has further given importance to patient safety.
2. Working with the Hospital Management is ongoing and liaison with the Patient Safety and Quality Improvement Team is a positive step to promote and safeguard patient safety as well as to promote an educational environment in hospital and learning from errors in practice.
3. Continuous collection of data, analysis and monitoring to ensure good educational work experiences and early pick up of issues to work on is commendable.
4. The recruitment of foundation doctors is well documented, transparent and well organised with published time frames. Situational judgement tests are now locally produced. Interviews are standardised.
5. The induction period is very well organised. Foundation Year 1 doctors receive much information and guidance.
6. Handover policies are clear and collaboration with hospital management is healthy.
7. Clinical rotations are scrutinised for appropriate training and feedback from diverse surveys ensure suitability.
8. Assessments are documented, implemented and monitored.
9. Foundation Programme Training Directors (FPTDs) provide for personal knowledge of trainees, their progress and needs which may then be acted on early.
10. Educational Supervisors are monitored and deliver.
11. Protected time for teaching is in place.



12. Study leave is not equitable between foundation year one and two.
13. Supervision by senior staff is available.

### **Requirements:**

1. St Vincent De Paule Residence has been flagged as not always having senior cover for Foundations Doctors. Although the FS is working with the Clinical Chair to achieve cover and ensure patient safety, the Medical Council requires feedback on the progress in this. Medical Council feels that in the interim, it is best that only FY2s are sent to this rotation.
2. It is noted that reports from a surgical clinical supervisor was made that breaking bad news is at times made to be the responsibility of Foundation Doctors. Consent beyond capability is also at times the case. These are problematic and patient and doctor safety issues are present. FS has to ensure that clinical supervision is fit for purpose and responsibilities of senior staff are not shifted to Foundation Doctors.
3. Clinical Supervisors need to be updated as to their role in trainee education. More communication between supervisors and FS is needed.
4. CPD training for educational and clinical supervisors should be mandatory.

### **Recommendations:**

1. Firms which have a heavy workload such that work beyond time is experienced, should have greater staffing numbers. Follow up of foundation doctors in such placements should be tighter to ensure that the educational opportunities are not lost and learning is taking place.
2. There seems to be some form of bullying by Basic Specialist Trainees in that they do not help out Foundation Doctors, although the employer and FS have protocols against abuse and bullying. This compounds stress at work and working beyond time to the detriment of learning. Further efforts to liaise with hospital management to mitigate this is recommended. Foundation Doctors should be further encouraged to speak up and seek help from FS if this is encountered.
3. The local culture of fear of repercussions if reporting of concerns is made, is difficult to change. However, the FS should continue to work for change and encourage such reporting. Although a no blame communication is in place, the FS has to be cognisant

that its surveys are not picking this up and more effort to counteract this reluctance is needed.

4. Study leave for FY1 doctors should be equitable with FY2 doctors.
5. The communication of service exigencies and EWTD uptake needs to be better. Trainees do not understand why they should lose their ranking for choice of clinical supervisors if EWTD is opted for. Patient safety has to be assured while considering doctor work overload aspects and service provision. As the number of doctors opting for the EWTD was noted to be steadily increasing, the Foundation School together with the hospital administration might consider introducing the EWTD (S.L. 452.87 Organisation of Working Time Regulations Article 17).
6. It is recommended that all opportunities for learning are maintained and SCRIPT online learning continues to be available.

## Findings

### Theme 1 Learning Environment and Culture

**S.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.**

**Standard 1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**

**R1.1 Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.**

The Learning environment is safe for patients and supportive for learners. Education and training are supported and valued by the hospital management, staff and patients.

The Foundation School (FS) has policies that support the reporting of concerns about patient safety. A dedicated Foundation Patient Safety Officer (FPSO) has been introduced. Meetings with Foundation Programme training representatives occur as do meetings between trainees and Foundation Training Programme Directors to ensure an open communication system and knowledge of how concerns may be raised.

The FS has had a small number of concerns raised.

This is supported by the Mater Dei Hospital protocols for patient safety. A dedicated Patient Safety and Quality Improvement Team (PASQIT) is functioning and work with the FPSO and FS.

Both the Foundation School and PASQIT work hard to create a culture of no blame and raising of concerns, to further education and learning. Incident reports are anonymous. Once concerns are flagged these are followed up.

However, on triangulation with Trainees, the QAT found that there is resistance to report by trainees for fear of repercussions. This even though confidentiality is repeatedly guaranteed. On further questioning it was evident that the trainees interviewed provide feedback to FS, which is not what they actually experience due to this perceived culture of repercussions. This cultural fear was not only found in the local trainees but also in trainees coming from foreign universities.

This results in the FS collecting evidence that all is well but in fact the local context may be causing false reassurance.

**R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.**

**R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.**

FS provided solid evidence that protocols and practices are in place to deal with concerns efficiently and effectively. Educational and clinical supervisors are on board with flagging concerns and are aware of the processes that need to be followed. Being a small community where one knows everyone, flagging and action is timely and follow up is ensured.

Trainees who are in difficulty have a dedicated team to ensure that both learner and patients remain safe.

The hospital management through the introduction of PASQIT further aids in changing the culture to facilitate raising concerns, ensuring patient safety and learning from mistakes. The no blame culture is being invested in. Learning activities and feedback on situations flagged through incident reports further enhance clinical governance and learning opportunities.

**R1.4 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.**

The FS has updates for both educational and clinical supervisors. The foundation trainees are exposed to weekly educational sessions. Discussion of professional attributes are in place. There is evidence of investment in communication skills /soft skills that will scaffold professionalism of candour and this will soon be available.

**R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.**

**R1.6 Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.**

The FS promotes an open-door policy and foundation trainees feel that they can seek help and feedback from the FS. All protocols for clinical activity and governance are published and

trainees have full access to these early on in their induction. This is further reinforced by educational and clinical supervisors.

However, this is offset by the perceived local context and culture of fear to report. (see R1.1). This barrier is being worked on by PASQIT. FS Directors all encourage reporting.

**R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.**

There are enough staff for supervision. There are adequate learning opportunities. Foundation Doctors Work Practice and Operating Procedures are published documents. The End of Placement Survey summary provides evidence that learning opportunities are adequate.

Triangulation through trainee interviews showed that workloads in some departments is such that Foundation doctors work beyond their official time schedule, a condition that is worse when one considers that the latter is beyond the 48 hour EWTD.

**R1.8 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.**

The FS assess rotations continually. Staffing is such that on paper there is on site access to senior colleagues who can provide the necessary supervision and help. However, triangulation of the evidence showed that there are isolated cases of bullying by Basic Specialist Trainees on Foundation Doctors. This goes unreported due to fear of repercussions. In some instances, there have been isolated reports, which have been dealt with through discussions with the Clinical Chairs. Resolution is not also achieved.

Rotations at St Vincent De Paule Residence were reported to have problems of lack of support and supervision during duties on some nights. This was known to FS and the Clinical Management at the Residence and efforts to correct this were in place.

**R1.9 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.**

**R1.10 Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.**

**R1.11 Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.**

In general responsibilities of learners are appropriate for their educational stage and training.

However, in general surgery, isolated reports of working beyond competence in surgical rotations were received. These cases were of foundation doctors having to break bad news and consent for operations which were beyond their competence. This impinges on patient and doctor safety and is not good practice.

Unfortunately, this reporting had not reached FS, not due to lack of opportunity or facility to report but rather due to fear of reporting.

It was also evident that not all clinical supervisors are fit for purpose. It is essential that clinical supervisors are trained for their role in education and more communication with clinical supervisors is in place.

**R1.12 Organisations must design rotas to: a) make sure doctors in training have appropriate clinical supervision, b) support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK, c) provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme, d) give doctors in training access to educational supervisors, and e) minimise the adverse effects of fatigue and workload.**

Structures and opportunities for the above are in place. However, it is noted that the FS has to communicate the uptake of the EWTD better, such that no misunderstanding arise. Trainees received a communication form from the FS on the loss of ranking for clinical supervisor choice in certain departments, if the EWTD was opted for. This was taken as discriminatory by the trainees. The QAT gained adequate explanation of how the service exigencies impact the utilisation of the EWTD. No discrimination was noted. All relevant decisions on the organisation of the working time must follow the EWTD as enshrined in Maltese Law as S. L. 452.87 Organisation of Working Time Regulations.

**R1.13 Organisations must make sure learners have an induction in preparation for each placement that clearly sets out: a) their duties and supervision arrangements, b) their role in the team, c) how to gain support from senior colleagues, d) the clinical or medical guidelines and workplace policies they must follow, and e) how to access clinical and learning resources. As part of the process learners must meet their team and other health and social care professionals they will be working with.**

The induction programme is robust, intense and adequate. Uptake is compulsory and well attended.

**R1.14 Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.**

Handover policy for both day to day and rotation to rotation is well documented in the FP Work Policy Document, which is given out during induction. Both Mater Dei Management and Clinical Chairs work closely with the FS to achieve good handover for patient safety. Trainees feel they can practice safely with handover procedures.

PASQIT is working to strengthen handover when on call.

**R1.15 Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.**

This is in place. Trainees report many learning opportunities and clinical experiences especially during duties.

**R1.16 Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.**

Protected time is upheld. Attendance for training days is monitored. Evidence for this is good.

**R1.17 Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.**

**R1.18 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.**

No problems detected.

**R1.19 Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.**

**R1.20 Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.**

Learning opportunities are many. Organised weekly protected time sessions are in place. Clinical Skills and Simulation Training sessions uptake is high. Video links for learning are also available.

Prescribing Safety learning and SCRIPT are available. Uptake for SCRIPT was low although trainees were encouraged to use it. Discussion on the value of providing SCRIT in the long term were being discussed due to the low utilisation. The Medical Council notes that safe prescribing is essential and all opportunities for learning should be maintained.

**R1.21 Organisations must make sure learners are able to meet with their educational supervisor as frequently as required by their curriculum or training programme.**

This is in place and is working well. The occasional instances when difficulty to meet is noted, the set up of the FS is such that the responsible director steps in to facilitate meetings. Educational supervisors are also monitored.

**R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.**

Educational Supervisors are given a training opportunity once a year. This should be mandatory. More can be done to ensure training for clinical supervisors. Learners are supported.



## **Theme 2: Education governance and leadership**

**Standard 2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**Standard 2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.**

**Standard 2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**

**R2.1 Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.**

**R2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality**

**R2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.**

The FS have effective, transparent and clearly understood educational governance systems. Quality Control and Management systems are in place and functioning. The FS is organisationally sound and all measures to monitor the quality of the education offered and delivered and collect data are evident. The FS is accountable to the Post Graduate Medical Training Centre. Close liaison with and management by the PGTC is present. Policies are in line with UK Foundation Schools as evidenced by the quality mapping document submitted to the Medical Council Malta.

**R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.**

**R2.5 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality, and equality and diversity.**

**R2.6 Postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.**

Standards are monitored continuously and collection of data is robust. Feedback on learners' performance, progression and outcomes are gained through TURASS e portfolio, End of Placement Summaries, Foundation Training Programme Director's (FTPD) reports. Review of these reports showed adherence to these standards.

**R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.**

Systems are in place. Investigation of reported concerns have been adequately investigated, discussed and dealt with. Feedback has been given.

**R2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.**

**R2.9 Organisations must collect, manage and share all necessary data and reports to meet MCM approval requirements.**

Collaborative information sharing is in place.

**R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.**

**R2.11 Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.**

The employer has policies for protection of employees and job plans that ensure time for training. Hospital wide communication on protected time for learners is in effect. Supervision is provided.

**R2.12 Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.**

Multidisciplinary feedback is collected, the e-portfolio is reviewed by the FTPD and feedback to trainees is in place.

**R2.14 Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.**

**R2.15 Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress**

Educational and clinical supervisor staff is adequate. Educational supervisors are trained and meetings with foundation doctors are regular. FTPD oversees ES reports and flags concerns. These are dealt with in timely fashion.

Clinical Supervisors are in general working well. There are some concerns at St Vincent De Paule Residence which are being dealt with.

**R2.16 Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.**

Tools for pick up of doctors in difficult are in place. The Doctors in Difficulty Team is functioning and works very well to support FYs.

**R2.17 Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.**

**R2.18 Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the MCM.**

**R2.19 Organisations must have systems to make sure that education and training comply with all relevant legislation.**

These requirements are satisfied. Reporting of concerns and fitness to practice systems are in place and the FS informs the MCM of any issue. No sign off is given if safety and fitness to practice concern are present.

**R2.20 Organisations must make sure that recruitment, selection and appointment of learners and educators is open, fair and transparent.**

Processes in place are satisfactory. However, one notes that is still no disclosure of concern from the University of Malta, from where the majority of graduates apply. Unless pre-emptively informed, early help on assignments and detection of doctors-in-difficulty may be delayed.

## **Theme 3: Supporting learners**

**Standard 3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**

**R3.1 Learners must be supported to meet professional standards, as set out in Good medical practice and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.**

Requirement met.

**R3.2 Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a) confidential counselling services, b) careers advice and support, and c) occupational health services. Learners must be encouraged to take responsibility to look after their own health and wellbeing.**

The Trainee Support Team is very professional. FYs fully aware of support available. Most referrals are flagged by FTPDs and FS Directors.

Career Advice and support function well.

**R3.3 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.**

Cases of bullying by BSTs were reported during triangulation interviews. This was not picked up by tools available at FS. The employer and FS have protocols against abuse and bullying.

The QAT recommends that further efforts to liaise with hospital management to mitigate this are made. Foundation Doctors should be further encouraged to speak up and seek help from FS if this is encountered.

**R3.4 Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010. Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.**

**R3.5 Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered.**

Protocols for disabled learners are in place and cases of disability have been accommodated successfully.

**R3.6 When learners progress from medical school to foundation training they must be supported by a period of shadowing that is separate from and follows the student**

assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.

**R3.7 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.**

In place and well communicated.

**R3.8 Doctors in training must have information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.**

Academic Tracts are not in place due to the local context.

**R3.10 Doctors in training must have access to systems and information to support less than full-time training.**

**R3.11 Doctors in training must have appropriate support on returning to a programme following a career break.**

These are in place and have been utilised.

**R3.12 Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.**

Study Leave is available but FYs have to find their own cover for this to be utilised. FY2s are given preference for this. More equity for FY1s would be beneficial.

**R3.13 Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals, and where possible, patients, families and carers.**

In place.

**R3.14 Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.**

**R3.15 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.**

**R3.16 Doctors in training who are not able to complete their training pathway should be given career advice.**

Requirements fulfilled.

## **Theme 4: Supporting educators**

**Standard 4.1: Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.**

**Standard 4.2: Educators receive the support, resources and time to meet their education and training responsibilities.**

**R4.1 Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.**

Selection of educators is through a call for application. Priority is given to those applicants who have attended yearly professional development.

Training is provided for educational supervisors. The FTPDs have a group of trainees and educational supervisors they follow and review. Assessment of performance is noted if problems are noted during review. If problems are flagged, the FTPD seeks to gain information regarding issues noted and asks for remedial action.

Clinical Supervisors receive no training and assessment of performance is only through the End of Placement Report. However, it is noted that all clinical supervisors have received training as educational supervisors.

**R4.2 Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.**

Job plans reflect educational roles.

**R4.3 Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.**

**R4.4 Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.**

The FS seeks to support all educational supervisors (ES). It monitors and reviews through FTPD, meetings, and training updates. Trainees in difficulty are coupled with ES who are known to provide sensitivity. Feedback from ES is solicited.

**R4.5 Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.**



**R4.6 Trainers must be developed and supported.**

Training is offered. Pick up on retraining is not consistent. This should be uniform and mandatory for both ES and CS.

## **Theme 5: Developing and implementing curricula and assessments**

**S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.**

Good Medical Practice expectations are widely available to all trainees and educators. The FS constantly monitors that good practice is evident.

**R5.9 Postgraduate training programmes must give doctors in training:**

**a training posts that deliver the curriculum and assessment requirements set out in the approved curriculum**

**b sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum**

**c an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme**

**d the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation**

**e the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working**

**f regular, useful meetings with their clinical and educational supervisors**

**g placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress**

**h a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.**

The FS endeavours to select rotations that are conducive to deliver the curriculum and assessment requirements. The Foundation Doctors Work Practices and Operating Procedures are such that negotiation between service provision and educational needs are safeguarded and met.

Training is safeguarded and monitored through surveys. Technology enhanced learning opportunities are available and well attended.

Duties are such that the minimum to comply with the European Work Directive is fulfilled.

### **Postgraduate assessment**

**R5.10 Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.**

**R5.11 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.**

Assessments are done by educational supervisors who are trained. Systems are in place to ensure educational supervisors are timely in their assessments and provide trainees with appropriate feedback.

Clinical supervision in some departments is not up to the desired standard but both the FS and the local clinical chair/s are cognisant of this and are working to iron out problems.

### **Reasonable adjustments**

**R5.12 Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the *Equality Act 2010*, although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.**

All aspects of the Employment and Industrial Relation Act chapter 452 are in place and are followed, thereby ensuring that there is no discrimination and reasonable adjustments to assist doctors with ability problems are in place.

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