

Medical Council
(Malta)

Quality Assurance of the Foundation Programme

Report on the Foundation School Malta

January 2015

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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 appointed a sub-committee as its Quality Assurance Team (QAT). Dr Doreen Cassar and Dr Bryan Flores Martin were appointed to form this subcommittee for three years from 2014 till 2017. The QAT were given the responsibility to quality assure the Malta Foundation Programme. It was furthermore decided that other members could be added to this committee if deemed appropriate.

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 Council, chaired by Dr 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 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 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's 'The New Doctor' to be the standard required for the full registration in Malta. 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 July 2011 –July 2014 was received on the 20th October 2014.

The MCM QAT analysed this data and created an action plan for the November 2014 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 3rd November and 7th November 2014. 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 Simulation Team

School Manager and School Coordinator

Head of Post Graduate Training Centre

Mater Dei Hospital: CEO and Medical Director

Educational Supervisors

Clinical supervisors

Chief Medical Officer, Health Care Policy

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), Cert Med Ed., MMCFD

Dr Bryan Flores Martin MD, MMCFD

Ms Svetlana Cachia B.Com. (Hons), M.A. (Public Policy), Registrar MCM

The Report

Summary of Key findings:

1. The QAT reports that subject to the implementation of the requirements in this report, the Foundation School meets the standards for delivering the Foundation Programme with regards to the structured teaching, the hands-on training and the assessments whilst working in a supervised hospital or primary-care environment as described in the Reference Guide.
2. The QAT acknowledges the work done to meet the requirements indicated in the *'Report on Foundation School Malta July 2012'* and the recommendations therein.
3. The QAT and the Foundation School agree that the latter shall provide a plan to meet the requirements and recommendations set in this report. A further audit is envisaged within 2 years from the endorsement of this report.

Notable Practice:

4. The QAT encountered notable practices within the Foundation School Malta and on the site visit undertaken as part of the process. This section of the report draws together areas of notable practice identified through the visit and in this report.
5. The QAT notes that the policies and procedures introduced to ensure the quality of education and training is constantly being upgraded. (see Domain (D)1:4)
6. The QAT commends the Programme Manager and the Foundation School Directors for their commitment and the direction in which they are leading the Foundation School.
7. The QAT commends the enlargement of the Faculty both in the administrative, managerial and teaching areas. (D1:7, D7:67, D8:89).
8. The QAT commends the internal constant process of monitoring and analysis of the outcomes of the Foundation Programme in place and the use of this data to further improve the quality of the foundation training (D9:97)

9. The QAT commends the Directors of the Foundation Programme for the use of the competence adherence process to map the competencies required by the Foundation Programme Curriculum to all the foundation programme tracks (D:97; D9:98)
10. The QAT commends the quality and increase of the Trainee Support Team policies and the team's commitment to support doctors in difficulty (see D1:7; D6:67).
11. The QAT commends the work done in carrier advice and support.
12. The QAT commends the commitment in training of Educational Supervisors (ES) and the successful work done to keep these professionals up to date with changes to the Foundation Programme
13. The QAT commends the continued provision of one to one Clinical Supervisors (CS)(D8:94)
14. The QAT commends the Foundation Programme's Administrative Staff's open door policy to support the Foundation Doctors despite the obvious human resource problems (D7:79)
15. The QAT commends the continued remuneration of the induction weeks for all FY1 before they begin their work and commends the Health Division for this concession
16. The QAT commends the continuing good relationship with the hospital administration; the latter's commitment towards education and training as evidenced by the constant support for protected time.
17. The QAT commends the Foundation Doctors' commitment and team spirit and the efforts taken in self-help and lead.
18. The QAT commends the introduction of Medical Maltese sessions to foreign Foundation Doctors (see D4: 39)

Requirements:

19. The Foundation School must continue ensuring that the present dissemination of all its policies to all stakeholders is maintained. (D1:15, D1:17)
20. The Foundation School must continue to ensure that ES and CS adhere to its policies especially regarding their duties and availability. (D1:2, D1:11, D1:13; D2: 29)
21. The QAT recommends that the Foundation School appraises both ES and CS so that if the outcome of remedial action taken is ineffective, dismissal is affected. (D5: 40, 46, 58)
22. The Foundation School has to continue to ensure that protected time for foundation doctors is respected by all (D5: 34)
23. The Foundation School needs to continue to work on fostering a no blame culture such that critical incidents are reported and outcomes promote learning (see D 1: 18)
24. The Foundation School has to work with Hospital Management on the EWTD such that both patient safety and hospital work are fulfilled (see D 1: 19)
25. Liaison with Hospital Management on provision of all necessary consumables for safety at work is to be maintained. (see D1: 17, D8:83)
26. The Foundation School has to be the catalyst in ensuring that the policy of handover and its documentation is embedded in Hospital Practice (see D1: 25, 27)
27. The Foundation School works towards the Department of Health embarking on a Strategy Plan for staffing of the Health Service such that career advice is well informed and budgetary planning is sound.(D6:51)
28. The Foundation School should be a catalyst for the Department of Health to employ formal Occupational Health Service for doctors.(D6: 63)

Recommendations:

29. The Foundation School should continue to remind Educational Supervisors of their responsibility to be available to meet Foundation Doctors (FD) on a regular basis during each placement to discuss their progress, outstanding learning needs and how to meet them (D2: 20).
30. ES and CS should be provided not only with didactic refresher sessions but also discussion fora to enrich their facilitator/teacher roles (D6; 68)
31. Policies to ensure FY1 experience is more clinical should be encouraged. (D6:56, D6: 57)
32. The Foundation School should provide more guidance on the use of taster and validity of taster weeks and further encourage and provide for such opportunities.
33. The Foundation School should act on unprofessional behavior even if this is considered minor infringement such as - failure to appear once commitment to attending a course is made. (D6:58)
34. Tasters in the academic stream need to be planned and encouraged.
35. Recent individual cases of doctors in difficulty have further highlighted the essential need of Transfer of information about foundations doctors from the undergraduate years. The lack of this essential information is proving to be both a safety issue and detrimental to the FD future career.(see D1:3, D1:4)
36. The Foundation School has to plan ahead and lobby for the allocation of space to house the increase in educational and administrative requirements (D8:83, D8:84, D8:87)
- 37 The Foundation School, while already cognizant of the further increase of medical graduates applying for foundation posts, needs to continue to protect the educational milieu of the programme by not accepting to increase the number of posts available if the budgetary requirements (financial, human resources, spatial) are not readily available (D8:83, D8:84, D8:88, D9:90, D9:91, D9:92, D9:94)

Domain 1 –Patient Safety

Patient safety is the prime concern of all and the following standards are essential for this:

- i. The duties, working hours and the supervision of trainees must be consistent with the delivery of high quality, safe patient care.*
- ii. There must be clear procedures to address any concerns about patient safety arising from the training of doctors.*

Clinical Supervision

1. The QAT notes that all the Educational Supervisors (ES) within the Foundation School have been trained. Refresher training is also given. It is noted that practically all ES are doubling up as Clinical Supervisors (CS), thus ensuring that Foundation Doctors are only assigned to well trained staff.
2. Foundation Doctors all agreed that the amount of supervision, assessment and accessibility were good. *Senior Access and Support* was reported as 99.2% at Mater Dei hospital and 100% in all other hospital and primary health care. During the QAT visit, it was reported by foundation doctors that it was the Basic Specialist Trainees (BST) who seem to offer most supervision to foundation doctors

Fitness to Practice

3. The Foundation School has good relations with the Medical School, University of Malta and most are graduates from this school. However, it is regrettably noticed that there no progress has been made on the transfer of information from the University of Malta (UoM) to the Foundation School. The QAT has acknowledged the fact that several attempts to remedy this have been tried.
4. There have been cases of fitness to practice with foundation doctors. It is evident that the Foundation School not only noted these but also instituted appropriate programmes to specifically help out and also report on these doctors. Communication with the hospital administration and Medical Council has occurred on Fitness to Practice.
5. The ES End of Placement Review Report has been found as a useful tool for ES to assess the trainee's level of progress.

Support for Foundation Doctors

6. All involved have a good knowledge of the Trainee Support Team and its activities

7. The Trainee Support Team has been further developed. A Lead Assistant for Professionalism and Behaviour and another Assistant for Clinical Support are now on board. Its members are to be commended for their commitment, knowledge, empathy and skill in providing support.
8. No gender, sexual harassment or otherwise discriminatory issues have been reported by any party.

F1 Sign Off

9. There is a robust system to ensure that only those who are fit for purpose are signed off and directors are well trained for this
10. Foundation Doctors were aware of who signs them off at the end of the year and through the e-portfolio and the help of the ES know what is required of them.
11. When the Educational Supervisor and Foundation Doctors are not within the same hospital, there is difficulty in getting sign off and this causes a degree of anxiety for some Foundation Doctors.

Working within competency

12. Foundation doctors reported that they were working within their competencies, though they complained that at times workloads were excessive.
13. There seems to be developing a culture of hierarchy wherein the Foundation Doctors are not always supported and helped by their seniors in training. This is to be addressed.
14. Hospital management is working with the Foundation Programme to ensure that all staff work within competency.

Policies

15. All Foundation School, Health Division, Hospital and departmental policies, directives and memos are sent directly to all via the official e-mail the e-portfolio and internal web site Kura.

16. The Foundation Programme Directors monitor patient safety through the e-portfolio feedback from the Foundation Doctors and ES.
17. Although there are clear policies on procedural aspects of care, the hospital administration has to provide all necessary tools so that these policies are upheld and the foundation doctors feel they can work as they should.
18. Critical incident reporting has to be fostered in a no blame culture. Anonymous reporting in the prevailing culture of fear of repercussions is being developed.
19. A drive to have a strategy plan for trainees who opt for the European Working Time Directive (EWD) is in development by hospital management. It is reported that FD are being coerced (albeit not by the Foundation School or its officials) to opt out of the EWD as otherwise they would never be able to progress in their careers.
20. The existing policy stating that all doctors use a stamp and registration number on all medical documents has to be enforced.

Induction:

21. The two week induction period at the beginning of FY1 is well organized and received by the trainees.
22. A few reports of information overload for FY1s during this period were noted.
23. There has been good progress at the level of departmental induction. Pairing of doctors for shadowing has been described as helpful to extremely helpful. All departments organize an interdepartmental induction every three months with level of attendance rising from 67.4% in 2011 to 90.8% in 2014. General Practice and Emergency Department are commended for their whole day induction sessions.
(see *Report on Induction Week* by Dr P. Ellul 2014)

Patient Handover:

24. There were no problems noted on patient handover by FY2s
25. FY1s mostly agree that there is a good handover of patients at the end/start of placement. This is 90.4% in 2014 compared to 87.9% in 2011. It is however noted that some hospital firms (and in particular Gozo General Hospital at 66.7%) are not as

efficient as others in handover. More worrying is that the culture of handover is not rooted in hospital policy. Documentation on handover is also poor.

26. Sessions on proper handover practice are being offered.

27. It is recommended that handover policy is continually made known and mandatory documentation becomes the norm.

DOMAIN 2 – Quality Assurance, Review and Evaluation.

Quality assurance, review and evaluation of the Foundation Programme ensures that the roles and responsibilities of all those involved in the FP, including the lines of authority must be known to all and there must be continuous identification, monitoring and resolution of issues arising and the dissemination of outcomes.

Roles, responsibilities and lines of accountability

28. There are clearly defined roles and responsibilities for the ES, CS and Foundation Directors. These roles are well defined and adhered to.
29. Understanding by the ES and CS of role, responsibility and accountability is established and remains intact albeit with a few exceptions.
29. Knowledge of the purpose, workings and contacting of the Trainee Support Team is universal
30. The Foundation School Board meets twice a year. There seems to be trust in the work of the foundation directors with excellent linear quality management procedures in place.
31. The QAT notes the commitment to the Foundation Programme by the Medical Director, the MDH Human Resource Manager and the Post-Graduate Advisory Committee Team.
32. During the two week induction, both Maltese and foreign trainees have the various roles and duties well illustrated

Competency Mapping

33. The Foundation directors are ensuring that for each foundation doctor, each post on each track is mapped to the foundation curriculum

Feedback

34. Feedback received is generally positive. The current level of feedback is positive, from Primary Health Care at 92.6% to Mater Dei Hospital at 85.9%. The use of anonymous on-line feedback should further raise this figure, to allow improved Programme evaluation. The Programme evaluation is ongoing and participation has increased over the last visit.

Domain 3 – Equality, Diversity and Opportunity

All post-graduate training must be fair and based on principles of equality.

35. From the data collected and collaborated from all those involved, there appears to be no discrimination during recruitment, selection and training based on race, ethnicity, sexual orientation or religion.

Domain 4 – Recruitment, selection and appointment

All the processes for recruitment, selection and appointment are open, fair and effective

36. It is noted that the foundation school administrator is very open to queries made by interested applicants including overseas ones.
37. No negative comments were received for the selection process/interview. In view of the travel expenses to be incurred, the different examination schedule of foreign universities, the use of teleconferencing (in use by the Health Division for higher grades) with overseas applicants for this purpose deserves special mention (see *Report on survey Amongst Applicants to the foundation School 2012*).
38. Allocation of posts is such that each Foundation doctor can plan ahead and that a broad spectrum of specialties is experienced. The four month rotation of posts is working well.
39. Medical Maltese is offered to foreign foundation doctors. This is commendable as patient safety should increase. However, it is noted that use of this facility is poor.

Domain 5- Delivery of Curriculum and Assessment

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

Curriculum

40. The two week Induction and Shadowing organized in the beginning of the programme, the pairing of trainees to facilitate taster weeks, together with the various books (the induction handbook called The perfect House Officer Guide, Malta Foundation Programme Handbook and the GMC documents Good Medical Practice and the New Doctor), websites and training in e-portfolio are well organized and received.

Regular Formal Education Session

41. The coordination by Foundation Directors and the Foundation Doctors' Representatives (an elected peer review team) has ensured topical educational sessions and continues to work well.

42. Protected time for formal educational sessions is formalized. However there are still complaints of such sessions not being pager free and that there are some hospital firms that do not always respect protected time. This is mainly due to heavy workload on the wards. There is commitment by hospital administration to safe guard protected time (see Circular MDH/20/2014). It is recommended that there is continual direction by the hospital administration on the importance of allowing foundation doctors to attend these sessions without fear of repercussions from management.

Suitability for Registration and Completion of the Foundation Programme

43. Suitability for completion of FY1 and FY2 is monitored via the e portfolio

Assessment

44. Monitoring of progress with work based assessment is carried out by the Foundation Programme Directors, Associate Directors and their Foundation Administrators

Methods and Standards

45. Foundation Doctors are required to take a number of assessments to complete each year of training. Foundation doctors were all aware of this need and were all making

sure that they performed their assessments on time (see Audit and Quality Improvement Committee Report 2014)

46. Education Supervisors are generally well prepared and able to perform and use the prescribed assessment tools.
47. Some foundation Doctors still seem to find some difficulty to set up meetings with their ES. However, generally all ultimately complete their requirement with suitable prompting by the Foundation Directors that view progress in the ES end-of-placement review report.
48. It is recommended that the very few ES who do not deliver despite training and repeated support, no longer form part of the Foundation Programme.

Domain 6 – Support and Development of Trainees, Trainers and the Foundation School

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 the local faculty.

Shadowing

49. The QAT reconfirms that all incoming FY1 had the appropriate shadowing period before the commencement of the first placement. This was also confirmed by overseas medical graduate FY1.

Induction

50. The QAT found the induction policies and their delivery to be adequate. The increase to two weeks was commendable

51. The QAT found that the change in the Curriculum of the UoM undergraduate medical course providing a period of full immersion in hospital work prior to the start of the Foundation Programme that has been instituted, has brought a change in the capacity of local Foundation Doctors to integrate into the Foundation Years.

Education Supervision

52. It is evident that some ES and Foundation Doctors complain of some difficulty in organising meetings. The FTPDs and the AFTPDs regular review of the ES's end of placement review report allows early recognition of any problems arising in this area as well as ensuring Foundation Doctor's progress. (D5:44).

53. ES are all trained for their role and a good number had refresher update courses

54. Foundation Doctors are all assigned a CS. All are amiable to oversee supervised learning events such as mini-CEX, DOPS and CBD as well as involving foundation doctors in clinical bedside teaching. There is still considerable variation in the quality of clinical supervision and is dependent on the individual CS. Low levels on satisfaction perceived by trainees in Obstetrics and Gynaecology 24.1%, Ophthalmology 25% and Urology 44%

should be investigated. Current direct communication with the relevant heads/chairpersons to identify problem areas is deemed to be a start to rectify this situation. However, withdrawal of foundation doctors from these specialities or from particular non-achieving firms should be contemplated if no improvement is seen in the near future.

55. Corroborated evidence provided show that trainees received appropriate supervision 99.2% in Mater Dei Hospital and rarely had to perform unsupervised tasks that they did not have enough experience and training for.

Appropriate workload

56. FY1 doctors report that they are 'scribes' during the day but have direct clinical contact with patients during duties, when level of supervision is reduced. This needs ratifying.
57. FY2 doctors report that clinical professional confidence increases by this time and direct patient contact is continual.

Career Advice

The Foundation School has a Foundation Career Lead. The Careers Lead is responsible for the implementation and development for career support and advice. The team is now well established (see Career and Audit Report 2014).

58. Participation in these sessions is good but at times foundation doctors book for Windmill sessions and do not turn up. This practice has to be rectified as professionalism is compromised and other foundation doctors are being affected.
59. A strategy plan for local career progression needs to be in place. This will help foundation doctors to plan better.

Tasters

60. All Foundation Doctors are highly encouraged to participate in this activity as highlighted by interviewed Foundation Doctors. However, despite this there is some difficulty too be released for this activity.
61. Tasters focus on clinical rotations. An academic track is still not in place.

Study Leave

62. The Foundation School in line with the Health Division has a standard study leave policy. Foundation Doctors are taught this policy during the induction weeks. Some interviewed Foundation Doctors stated that they have some difficulty in taking leave but this is a departmental variable.

Appointment, training and appraisal of trainers

63. The appointment of educational supervisors (ES) and clinical supervisors (CS) requires the attendance of training sessions in education supervision. To date there is no competitive appointment process for ES and CS. If the number of Foundation Doctors is to increase and the highly commendable one to one policy is to remain, this has to remain so. This in itself will prevent the exclusion of the very problematic ES.

64. All ES and CS have adequate knowledge of Foundation School Structures.

65. Appraisal of ES is carried out by the foundation Directors monitoring the input of the ES, CS and the foundation doctors. Formal appraisal is encouraged.

66. CS appraisal should be developed.

Pastoral Support

67. The QAT commends the Trainee Support Team (TST) Lead and the development of organizational structures that have taken place. New appointments have been made and all on board are to be commended for the professionalism and dedication. Policies are laudable. The information is handled in a professional and confidential manner. Reported outcomes have been positive. Ongoing support is effective.

68. It is commendable that due to an increase in the number of cases, there have been voluntary assistants forming part of the TST.

69. ES and CS are at times involved when discussing the support of Trainees in difficulty. A policy that describes when and how this involvement takes place is to be developed.

70. There is evidence of case referral to appropriate medical care when necessary and to higher levels of hospital administration and Medical Council when trainees are found to have fitness to practice issues.
71. Although referral to clinical care is possible, experience has highlighted the need of an appropriate occupational health service for all medical staff (not limited to the foundation doctors). The lack of this service puts pressure on the Foundation School and limits the care options medical staff can receive.
72. There is still no formal policy of exchange of information on incoming FY1 between the Medical School and the Foundation School. The Foundation School has repeatedly encouraged the development of this exchange.

Support for Foundation Doctors

73. The QAT acknowledges the presence of FY1 and FY2 representatives on the Foundation School Boards and committees. They are an obvious functioning and contributory link between the Foundation School and the Foundation Doctors.
74. The introduction of possible exchange rotations between local and UK training posts is a commendable practice. This supports foundation doctors who wish to train and experience other health care systems (*see Malta and Severn Foundation Schools-A Comparison*)

Support for local faculty members

75. The Foundation Directors are highly motivated, competent and hardworking and offer effective support to the ES and CS.
76. The QAT noted that updates for Faculty members did occur. One does notes that these updates are didactic in nature. It is suggested that fora for discussion are introduced such that members learn from each other

Domain 7 – Management, Education and Training

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

77. The QAT was provided with detailed and exhaustive information. There is evidence that the strategic vision for the Foundation Programme is being actuated and that there is evidence that the strategic vision for the Foundation Programme and the Foundation Directors and the Foundation School Board are committed to deliver.
78. The QAT noted that there is continual revision of policies developed and dissemination throughout the FS is ongoing.
79. The administrative team is efficient and effective in managing all queries and arising problems as well as the smooth running of the programme. However the lack of an administrative clerk is causing undue pressure on the present staff.
80. The in-house quality assurance and data collection continue to be adequate to ensure that delivery of training and the levels of education given to trainees are as planned.
81. The Foundation School Management Committee meets regularly to ensure that training arrangements are met. The Trainee: Foundation School Programme Director Ratio improvement has resulted in there being a lesser load on the Foundation School Director and greater efficiency.
82. There is good evidence that Foundation School Directors and Foundation Programme Directors are easily accessibility by administration, faculty and foundation doctors (see *End of Placement Surveys for the Four Quarters 2013-2014*).

Domain 8 – Education Resource and Capacity

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

83. The Foundation school needs adequate budgetary support. The Foundation School budget was reduced by 20.9% from 480,901 Euro to 380,371 Euro. Though partially justified by reduced capital expense, these budgetary cuts have resulted in the inability to have a technician on site for Clinical Skills simulation, Voluntary Assistants on the Trainee Support Team and inadequate administrative staff. This situation is not sustainable.
84. Resources fall short in financial, human and physical areas. The success of the Foundation Programme itself leads to this. The further increase in medical graduates from the UoM and the advertised new medical school (Queen Mary University of London) will further burden resources. Careful planning and appropriate budgetary support is needed for continuing of a safe and positive teaching and learning environment. Presently the budget for the Foundation School falls under the Post Graduate Training Centre. Resources are lacking and increased number of local graduates (University of Malta and Queen Mary University of London/Bart's and London School of Medicine and Dentistry) well surpassing the number of available foundation doctor posts, will strain the whole system and career progression. The Chief Medical Officer, Health Care Policy, has made a commitment to the grant of more resources to the Foundation Programme. However this needs to be consonant with training rather than to the bureaucratic needs of the Public Service.
85. It is noted that due to financial restrictions the local Foundation School directors are not able to regularly attend meetings in the UK. This may cause problems with affiliation with the UK.
86. An Educational strategic plan has to be developed. At present there is no updated needs assessment for medical staffing and development in the specialties. Carriers will be affected as will budgeting for resources.
87. All Foundation Doctors have access to IT and a number of e-learning resources. However, during the interviews, it was again noted that financial restrictions may result in a reduction in these facilities. This is regrettable and all effort to avoid this is advised.

88. All under-graduate, foundation and post –graduate teaching takes place in the same hospitals and the Primary Care Department. All have adequate facilities for these purposes but regular updating is a must.

Clinical and practical skills lead

89. The QAT notes that the Clinical Skills Lead is now helped by another clinician and the team is working well. Recruitment of basic and higher specialist trainees in Medicine as trainers occurs.

90. The clinical skills facility for the learning of procedural skills on simulated models or manikins has been established and attendance has increased. This increase causes overbooking at times.

91. Due to the increased use of the Clinical Skills laboratory an increase in consumable has resulted. More finances are needed due to this.

92. There is need for a dedicated larger space for this facility. A technician on site is a must as it would facilitate teaching and sorting of problems. At present the available teaching tools are not made full use of due to these limited human and spatial resources.

93. The introduction of a consent form to video participants is planned.

Ratio of trainers to foundation doctors

94. To date, the ratio of Foundation Doctor to ES and CS is appropriate at 1:1. Of note is the increase in number of locally graduating doctors. This will impinge on the capacity of the Foundation Programme to continue this system of a 1 to 1 ratio.

95. The increasing number of local graduates from the UoM, together with the envisaged sixty more graduates from QMUL, is also of concern as the capacity of the local Foundation Programme will be reaching its limit. Care to prevent lowering of standard must be taken.

96. With the increase in the number of Foundation Doctors and the possible removal of below average ES, the ratio might be lowered. The QAT encourages the Foundation School to advertise the latter post and plan more training sessions.

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

97. The Foundation School collects data on outcomes and is able to show the specific outcomes for all Foundation Doctors and the destinations of FY2 Doctors.

98. With the use of the e-portfolio (see *E-Portfolio Supervised Learning Events Designation Analysis 2013-2015* and the ES end of placement review report (see *End of Placement Surveys For The Four Quarters in 2013-2014*) the trainees' progress throughout the year can be followed by the ES, CS and the Directors.

99. The Foundation School is able to show outcomes for doctors needing support and doctors who are repeating the foundation year.

Acknowledgement

The Quality Assurance Visiting Team and the Medical Council Malta would like to thank the Foundation School Malta and all those they met and interviewed for their co-operation and willingness to share their experiences, concerns and learning.

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