

Medical Council
(Malta)

**Quality Assurance of the Foundation
Programme**

Report on Foundation School Malta

February 2011

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Contents

Introduction:	4
Preamble	4
Background	4
Quality Assurance Process	5
Methodology	5
Quality Assurance Foundation Programme Team	5
The Report:	6
Key summary of findings	6
Notably finding	6
Requirements	7
Recommendations	8
Domain 1: Patient Safety	9
Clinical Supervision	9
Fitness to practice	10
Support for Foundation Doctors	10
F1 sign off	10
Working within Competencies	11
Policies	11
Induction	11
Patient Handover	11
Domain 2: Quality Assurance, Review and Evaluation	11
Roles, responsibilities and lines of accountability	12
Competency Mapping	12
Feedback	12
Domain 3: Equality, diversity and opportunity	13
Domain 4: Recruitment, Selection and Appointment	13
Appointments to local Faculty	13
Recruitment and selection of Foundation Doctors	13
Domain 5: Delivery of Curriculum including assessment	14
Curriculum	14
Programme description	14
Regular formal educational sessions	14
Assessment	15
Methods and standards	15
Domain 6: Support and development of trainees, trainers and local faculty	15
Shadowing	15
Induction	16

Educational supervision	16
Careers Advice	17
Tasters	17
Study Leave	18
Appointment, training and appraisal of trainers	18
Pastoral support	18
Support for Foundation Doctors	19
Support for local faculty	19
Domain 7: Management of education and training	19
Domain 8: Educational resources and capacity	20
Regular review of learning resources and facilities	20
Clinical and practical skills Lab	20
Ratio of trainers to foundation doctors	20
Domain 9: Outcomes	21
Acknowledgement	21

Introduction

Preamble

The Medical Council, Malta (as the regulatory body for the medical profession) is entrusted with the quality assurance of the Malta Foundation Programme, the latter being an affiliate of the UK Foundation Programme.

The Medical Council appointed a sub-committee as its Quality Assurance Team (QA Team). Council Members, Dr Doreen Cassar and Dr Bryan Flores Martin were appointed to form this team for three years starting from October 2009 with the responsibility to carry out this process. Other members to this committee can be added if deemed appropriate.

Background

The Medical Council, Malta (MCM) oversees that registration of newly qualified doctors in according to the existing legal infrastructure of the country. The formation of the Foundation Programme Malta (FP Malta) required that the Medical Council not only oversees the registration of newly qualified doctors but also quality assures the training and assessment processes of the Programme. The Medical Council, Malta liaised with the General Medical Council (GMC) and the Postgraduate Medical Education Training Board (PMETB) to seek assistance in training its appointed members in Quality Assurance. Both the GMC and PMETB very willing offered their expertise and invited the two appointed members as observers in Quality Assurance (QA) visits to two UK deaneries.

The Foundation Programme Malta is an affiliate of the UK Foundation School. In principle it follows the same aims, methodologies and assessment processes. As the Maltese health service and context is different to that of the UK, nomenclature and structure of the Malta Foundation School may not always be UK congruent.

In essence the Malta Foundation School is quality managed by the Post-graduate Training Advisory Committee (PTAC) also known as the Foundation Board. The Malta Foundation School Management Committee quality controls the Foundation Programme.

The Foundation School falls under the remit of the Head Post Graduate Training Programme, Mr Arthur Felice. The Directors of the Foundation School are Dr Piscopo and Dr Cassar. The Foundation School Manager is Ms Caroline Galea.

The Medical Council's purpose is to quality assure the Foundation Programme such that its graduates are considered well prepared to be fully registered by the Council and to ensure that the Malta Foundation Programme retains its affiliation to the UK Foundation Programme.

The QA Team cognisant of the fact that the FP Malta only gained UK affiliate status in July 2009 planned its first official QA visit in late 2011. The MCM QA Team piloted the Quality Assurance of the Foundation Programme (QAFP) process in November 2010. It was agreed

that the report of this first QAFP be treated as a formal QAFP and be shared with the FP Directors so that maximal experience and feedback be gained.

Quality Assurance Process

The Medical Council, Malta adopted the outcomes and standards for training for the Foundation Programme defined by the GMC's 'The New Doctor' to be the standard required for full registration in Malta. The Quality Assurance process focuses on this guidance to ensure that the Foundation Programme is able to deliver these standards.

Methodology

The Medical Council's Foundation Programme Quality Assurers advised the PTAC to complete a self assessment and submit all documentation of the operational frameworks and terms of reference of the Foundation School. It also required the data and documentation related to the quality management processes of education and training. Documentation needed to be submitted for each identified competency.

The MCM QA Team analysed this data and created an action plan on the basis of this information. Mapping against the Standards for Training for the Foundation Programme was undertaken; The Foundation School Malta was forwarded the outline of the required meetings as per action plan devised.

The Medical Council Quality Assurers arranged to visit the Foundation School to conduct interviews with all levels involved in the Foundation Programme during the period of 17th, 18th and 19th November 2010. The purpose of these interviews was to triangulate the documentation received and gain first hand information from all parties concerned.

Quality Assurance Foundation Programme Team

The Visiting Team members appointed by the Medical Council to undertake the quality assurance visits were:

Dr Doreen Cassar MD, Dip.WH (ICGP), Dip. PC&GP (Ulster), MMCFD (Team Leader)

Dr Bryan Flores Martin MD, MMCFD

Registrar Medical Council, Ms S. Cachia BCom Hons (Public Policy) supported the team's activities

The Report

Summary of key findings:

1. The Visiting Team reports that subject to the implementation of the requirements in this report, the Foundation School Malta meets the standards for delivering the Foundation Programme.
2. The Visiting Team and the Foundation School agree that the latter shall provide a plan to meet the requirements and recommendation within three months. A further audit will be held within twelve months from the endorsement of this first report.

Notable practice:

3. The Visiting team encountered notable practice within 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.
4. The Visiting Team notes that the policies and procedures introduced to ensure the quality of education and training and commends the Programme Manager and Foundation School Directors for their commitment and the direction in which they are leading the Foundation School.
5. The Visiting Team commends the academic Foundation Programme, the support to Foundation Doctors within the programme and the PTAC's monitoring of the programme.
6. The Visiting Team commends the constant process of monitoring and analysis of the outcomes of the Foundation Programme in place and the use of this information to develop and improve the quality of foundation training.
7. The Visiting Team 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.
8. The Visiting Team commends the quality of the Trainee Support Team policies and the commitment and team work evidenced to support these doctors.
9. The Visiting Team commends the strategy and investment for clinical simulation and the emphasis on training Foundation Doctors to manage the acutely ill patient and working in a multi-professional team.
10. The Visiting Team commends the efforts in carrier advice and support developed.

11. The Visiting Team commends the commitment to training of Educational Supervisors (ES) and the effort to keep these professionals up to date with developments in the Foundation Programme.
12. The Visiting Team commends the attention to provide one to one Clinical Supervisors (CS).
13. The Visiting Team commends the Foundation Programme's administrative staff's open door policy to support the Foundation Doctors.
14. The Visiting Team commends the Health Division for providing one week of remunerated induction for all FY1 before they begin their work.
15. The Visiting Team commends the issue of 'The Perfect House Officer Guide', which specifically caters for the Malta Foundation School and local hospital practice.
16. The Visiting Team commends the policy of admitting doctors who have graduated some months after the start of Foundation programme for that year, and for providing adequate recourse for this delay.
17. The Visiting Team commends the relationship with the Dean of the University of Malta and the undergraduate medical programme.
18. The Visiting Team commends the good relationship with the hospital authority and administration. The commitment towards education and training of the hospital superintendent is evidenced by the support for protected time (one hour per week) for Foundation Doctors.
19. The Visiting Team commends the Department of Primary Care on appointing a Foundation Programme Coordinator to ensure appropriate management and overview of FY2 placements in General Practice/Family Medicine, and also to liaison with the Foundation School Directors.
20. The Visiting Team commends the Foundation Doctors' team spirit and the efforts taken in self-help.

Requirements:

21. The Foundation School must ensure that all its policies are disseminated to all key stakeholders including Foundation Doctors, ES, CS and Hospital management.
22. The Foundation School must ensure that its policies regarding roles and responsibilities of Clinical and Educational Supervisors are adhered to.
23. Appraisal of Educational and Clinical Supervisors, in particular for their education roles, is recommended.

24. The Foundation School must work with all Clinical Heads of Department to ensure that Foundation Doctors shall have an appropriate induction before they begin work in each new department/rotation.
25. All Foundation Doctors should have a named Clinical Supervisor prior to the start of a new rotation. It is recommended that the Foundation School nominates these Clinical Supervisors so that no time is lost from training time and doctors identified to be in need of support be assigned to most suitable supervisors.
26. The Foundation School must work with the Health Care Services Division of the Ministry of Health, the Elderly and Community Care to ensure that there are adequate financial and human resources available to sustain the delivery of foundation programme training.
27. The Foundation School must monitor the training received by all assessors including middle grades and non-medics to ensure Foundation Doctors are only assessed by appropriately trained individuals.

Recommendations:

28. The Foundation School should consider providing guidance on the content of shadowing programmes to ensure all incoming FY1s receive appropriate shadowing.
29. The Foundation School should consider monitoring induction in different departments to ensure there is a standard of induction being upheld.
30. The Foundation School should provide guidance and support doctors to ensure Foundation Doctors can attend core curriculum teaching and that it is pager free.
31. The Foundation School should consider providing an induction for non-Maltese graduates.
32. The Foundation School should remind Educational Supervisors of their responsibility to be available to meet Foundation Doctors on a regular basis during each placement to discuss their progress, outstanding learning needs and how to meet them.
33. The Foundation School should provide guidance on the use of tasters and to ensure Foundation Doctors have an equitable opportunity to take tasters.
34. The Foundation School should provide more guidance on access to the Trainee Support Team support to the ES and FD
35. The Foundation School should ensure that Foundation Doctors can take their due vacation and study leave.

36. The Foundation School needs to promote feedback from Foundation Doctors after each lecture. The Foundation School should look into more ways of promoting Foundation Doctor led weekly lectures/workshops. This would make the weekly lecture programme more relevant to the participants needs.

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 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

37. The Visiting Team notes that all Educational Supervisors (ES) within the Foundation School have been trained and some have attended the training programme more than once. This is also evident in Primary Care. It also noted that all ES double up as Clinical Supervisors (CS). This ensures that Foundation Doctors are only assigned to trainers with adequate training in handling trainees.

The End Of Placement Surveys provided major data on FD work.

e.g. For January to July 2010(sample data)

Accessibility to a senior colleague for advice and support: 94.3% always or most times

Senior colleague most accessed in order: BST, HST, Res Specialist, Consultant

Feedback received regarding performance: 57.4% frequently or regularly

Usefulness of feedback: 70.6% frequently or sometimes

Satisfaction with clinical skills acquired: 71.7% very satisfied to satisfied

Satisfaction with the quality of training offered by clinical supervisor: 68% very satisfied to satisfied.

ES, CS and Foundation Doctors, all agreed that the amount of supervision, assessment and accessibility were quite good.

38. However, a high percentage of FD complained of problems regarding working beyond working hours and sleep deprivation (37% always or frequently, 43% sometimes). Whilst this could be acceptable in emergency situations, the current opting out by almost all Foundation Doctors from the European Working Time Directive (no legal obligation yet) and high expectations by their seniors could be the cause. The EWTD should be introduced locally in 2012 when the European Union derogation ends. This is of course an employer/department responsibility.

Fitness to practice

39. The Foundation School has good relations with the Medical School, University of Malta. Most of the Foundation Doctors are graduates of this School. Yet there is no formal channel of communication through which fitness to practice of incoming Foundation Doctors can be discussed.
40. There is no formal policy that Clinical Supervisors must meet to hand over Foundation Doctors between posts. This information is passed on in informal ways and erratically. Some Clinical Supervisors even felt that they should not pass on information regarding their Foundation Doctor so as not to jeopardise this same Foundation Doctor. The formal policy of hand over by Clinical Supervisors is recommended.
41. Educational Supervisors are appointed for a Foundation Doctors for each foundation year. This ensures educational continuity.
42. Information on Trainee Support Team is handled on a case by case basis. Educational and Clinical Supervisors are informed accordingly. The introduction of a panel of professionals not involved in the administration of the Foundation School ensures that Foundation Doctors are assessed with no bias. The Visiting Team commends the policies and workings of the Trainee Support Team.

Support for Foundation Doctors

43. Some Foundation Doctors admitted to not knowing of the support provided by the Trainee Support Team. This despite the availability of this information on the website and various meetings held with Foundation Doctors. This is of concern.
44. All Foundation Doctors were able to name the Foundation Programme Directors and administration staff. They felt able to approach the staff with issues and concerns. Administration support was on the whole reported to be highly effective. However some felt that support was not timely. It is encouraged that administration respond to requests in a timely manner at all times.
45. Gender issues amongst Foundation Doctors surfaced. While there seemed to be common knowledge of these gender issues in relation to some Clinical Supervisors, Foundation Doctors were not comfortable in totally expressing and reporting these concerns. A Whistle Blower policy is urgently needed.

F1 sign off

46. There is a robust system to ensure that only those Foundation Doctors who are fit for purpose are signed off.
47. Foundation Doctors were aware of who signs them off at the end of the year and what is required of them to be signed off.

Working within competency

48. Foundation Doctors reported that they were working within their competency. However due to staffing levels and Consultant/ Firm beds not being housed in specific wards, Foundation Doctors felt stretched and workloads were at times felt to keep them in hospital beyond their normal working hours. This workload problem also affected Foundation Doctors leading them to view their weekly protected time as a hindrance to work rather than as an educational opportunity to share experience and learn.

Policies

49. The Foundation Programme Directors monitor patient safety through the e-portfolio feedback from Foundation Doctors and Educational Supervisors. It is encouraged that policies of feedback from Clinical Supervisors are developed and encouraged.

Induction

50. Induction at the beginning of FY1 is well organised.
51. Departmental induction is variable in terms of quality and level of implementation. Most Foundation Doctors reported a departmental induction and feeling well prepared for each post. The induction in the surgical and obstetric and gynaecology departments needs to be looked into.

Patient handover

52. This is variable but mostly erratic and non-existent after the first post. This was identified first hand through Foundation Doctors interviewed. Patient handover must be ensured. It is recommended that handover is supervised by a senior professional preferably a consultant. One notes that the rotation of Foundation Doctors and other post-graduate trainees (BST, HST) do not coincide, thus reducing the importance of this handover.
53. Clinical Supervisors were variable in their knowledge of their responsibility of ensuring Foundation Doctors having proper patient handover. This is of concern.

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

54. The Foundation School has clearly defined roles and responsibilities of Educational, Clinical Supervisors and Foundation Directors. These roles and responsibilities are generally known and adhered to. However there seems to be confusion of the role of Clinical Supervisors.
55. Educational governance is clearly defined. However, this does not seem to be clearly understood by all Educational and Clinical Supervisors. Individuals generally go to the Director they know or meet most rather than follow a set process.
56. Educational and Clinical Supervisors also provided different levels of knowledge of the Trainer Support Team and how they should communicate with this team.
57. There still seems to be some misgivings about planning meetings with Foundation Doctors on the part of ES but these seem to be easily tackled by informal contact with the FS Manager and the Directors.
58. The Foundation School Board meets twice a year. There seems to be complete trust in the Foundation Directors workings. Quality management is taken on by this Board. There is a good team work and frank discussion on implementation and development issues.
59. The Visiting Team notes the commitment to the Foundation Programme (FP) by the Medical Superintendent (in representation of the Ministry) as the employer and by the Post-Graduate Training Advisory Committee.
60. At the entry point into the FP (both by Maltese and foreign applicants) and during the induction week, the various roles and duties are well illustrated to the Foundation Doctors.

Competency mapping

61. The Foundation Directors are ensuring that for each Foundation Doctor, each post on each track is mapped to the foundation curriculum

Feedback

62. Feedback is generally positive. The various programmes in place to evaluate the programme may require more participation from all those involved as at times participation by Foundation Doctors was low.

Domain 3 – Equality, Diversity and Opportunity

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

63. 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, but there appeared to be a number of complaints of gender discrimination at workplace. Some were handled by the ES and resolved, but the lack of a Whistle Blower Policy seems to prevent Foundation Doctors from voicing these problems.
64. As most Foundation Doctors will eventually be applying for a BST post within the same hospital, the lack of a Whistle Blower Policy means that most Foundation Doctors will refrain from voicing concerns so as not to jeopardise these selections. These concerns need to be brought to the attention of all involved.

Domain 4- Recruitment, Selection and Appointment

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

Appointments to local faculty

65. Clinical and Educational Supervisors are not appointed by competitive recruitment but by self selection. As the FP Malta is in its infancy this is acceptable.
66. Recruitment of Associate Directors is not competitive. Associate Directors were identified by personal recommendation. The Visiting Team did not receive any remarks on this method of selection. There was positive feedback by all to the choice of these Associate Directors.

Recruitment and selection of Foundation Doctors

67. It is noted that the Foundation School Administrator is very open to queries made by interested applicants including overseas ones.
68. The selection process was well received by all and the introduction of an interview instead of the essay type questions was welcomed. The use of teleconferencing with overseas applicants for this purpose deserves special mention.

69. Recruits to the Foundation Programme are ranked on results achieved in years 1 to 4 of Medical School. Foundation Doctors expressed concern with this as most felt that it is in the final two years that an undergraduate consolidates learning. The fact that fifth year results are not considered as a concern.
70. Allocation of posts is such that each Foundation Doctor can plan ahead and that a broad spectrum of specialities is experienced. 45% of applicants are given posts according to their first preference.

Domain 5 – Delivery of Curriculum and Assessment

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

Curriculum

Programme description

71. The Visiting Team has noted that apart from the requirements set out in the approved curriculum, the Foundation School Malta has been proactive in its own regard in this field and has produced an interactive curriculum (presented as Document D3) “Interactive Curriculum Syllabus and competences: Foundation Programme Curriculum 2010-2011”.
72. The Induction and Shadowing week organised in the first week of foundation training, together with the various books (the induction handbook called The Perfect House Officer Guide v2.0 , Malta Foundation Programme Handbook, and GMC documents Good Medical Practice and The New Doctor), websites and training in e-portfolio seem to be well organised and received.
73. There were some limited reports that Trainee-Educational Supervisor appointments were difficult to arrange, especially if one’s assignment was located differently from the ES.
74. The Visiting Team noted with alarm that assignments to the Admission and Emergency Department were not being seen as a training post, no protected time was being allowed and at times supervision was lacking. This was also confirmed by the Medical Superintendent and remedial action was under discussion. Should no progress be achieved, withdrawal of Foundation Doctors from this Department could be an option.

Regular formal educational sessions

75. Delivery of lectures is now being coordinated by the Foundation Directors with Foundation Doctors’ representatives (an elected peer review team) and this has improved appreciation of topics selected.

76. Several complaints were reported that protected time for lectures and demonstrations etc were frequently curtailed by the doctors' firm and in fact pagers were often heard during these sessions.

Assessment

Suitability for registration and completion of the Foundation Programme

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

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

Methods and standards

79. Foundation Doctors are required to take a number of assessments to complete each year of training. Foundation Doctors were all aware of the need to perform the variety of assessments and were all making sure that they took their assessments.

80. Educational Supervisors are well prepared to perform and use prescribed assessment tools.

81. Some Foundation Doctors reported that they were not always able to find an appropriate member of staff with time available to supervise the assessment. However generally all are able to perform sufficient WBAs to be signed off at the end of the year.

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 local faculty.

Shadowing

82. The Visiting Team found that all incoming FY1 had the appropriate shadowing period before the commencement of their first placement.
83. Even FY1 coming from medical schools outside Malta reported that their shadowing period was adequate

Induction

84. The Visiting Team found induction policies and delivery to be well prepared and adequate. Some incoming FY1 s found induction to be repetitive of information found on the website and thought it wiser to curtail the induction week to increase the shadowing period. This was particularly so for the Maltese FY1s.
85. Quality data support by the Foundation School confirms that both the formal introductory induction and the start of assignment (with few exceptions) are well programmed and the norm.
86. The Visiting Team noted that there are discussions between the Foundation Programme and the Medical School to prepare the undergraduate medical student better for graduate practice. This would ensure that induction is smoother as undergraduates will be supported to acquire the necessary skills and experience before graduation. A period of some months of full immersion in hospital working life after earlier final undergraduate examinations is planned. The Visiting Team, while noting this to be a valuable experience for the undergraduate, is concerned that further pressure is placed on the undergraduate teaching time and programme. It recommends that the Foundation Programme further strengthens its induction programme rather than encouraging time loss from the undergraduate teaching programme.

Educational supervision

87. All Foundation Doctors interviewed had a named Educational Supervisor. Most had positive experiences with educational supervision and found no difficulty in meeting their educational supervisor. Some reported that finding time to meet their Educational Supervisor was a problem with supervisor cancelling meetings. However, this was echoed differently with Educational Supervisors complaining of trying to set up meeting with trainees and the latter failing to attend. The Foundation Directors and administration is well aware of some problems and the Visiting Team commends them for their management of this situation. Quality control is effective and regular in this regard.
88. Educational Supervisors interviewed by the Visiting Team had all been trained for their role. However, these Educational Supervisors showed various amounts of knowledge of their role and responsibilities. It was noted that most Educational Supervisors did not know the existing algorithms to follow in times when they needed to refer trainees for

further help. The Visiting Team notes that the foundation administration and directors take their role of regularly informing all concerned of developments in the programme seriously. This is done through the website and regular personal emails. However most Educational Supervisors admitted to not having the time to go through these emails due to pressures of work. The Visiting Team is concerned with this situation and recommends face to face update meetings with Educational Supervisors to manage this situation. These forums for Educational Supervisors would also serve for sharing of problems and as a learning experience.

89. Foundation Doctors showed varying levels of knowledge of individuals in the Foundation School. This was particularly in relation to Trainee Support Staff. All could identify the Foundation Directors and administrative staff. It was noted that some Foundation Doctors are mature and could deal with finding the information they needed to solve their problems either through the website or through contacting the Foundation School. However, a minority needed to be helped in seeking information and relied heavily on the foundation administration to give this information first hand. It is recommended that during induction all Foundation Doctors are empowered to seek information through the proper channels.
90. Foundation Doctors all had a Clinical Supervisor. The quality of clinical supervision is variable and dependant on the individual supervisor. On the whole the Foundation Doctors reported receiving appropriate supervision. They were able to contact various senior members of clinical staff if they required support. The ongoing training by the Clinical Supervisors and their assistants is satisfactory but the signing of these sessions into the e-portfolio is often delayed and requires chasing after.
91. Except for A&E, corroborated evidence provided show that trainees received appropriate supervision, and were rarely expected to carry out unsupervised tasks that they did not have enough experience for.

Careers Advice

92. The Foundation School has a Foundation Careers Lead. The Careers Lead is responsible for implementing and developing the policy for career support and advice. The Career Support Team is well established and trained. Resources for career advice are present. The Visiting Team notes the enthusiasm and vision of this team.
93. The Visiting Team found that not all Foundation Doctors seek to participate in the Careers Lead activities (Windmill Training Days). Staffing levels for the events need improvement. It encourages the Careers Lead to continue its invaluable work and promote its activities.
94. Foundation Doctors reported knowledge of the Careers Lead. Some Foundation Doctors relied on career support from their Educational Supervisor while others sought information through websites. The Visiting Team suggests that Educational Supervisors while offering career advice should also promote the Careers Lead activities and refer Foundation Doctors to the Career Lead.

Tasters

95. All Foundation Doctors are encouraged and able to take tasters.

Study Leave

96. The Foundation School has a standard study leave policy. Foundation Doctors are aware of this policy but find difficulty to take study leave due to the shortage of hospital staff.

Appointment, training and appraisal of trainers

97. The appointment of Educational Supervisors requires the attendance of training sessions in educational supervision. Would be Educational Supervisors are self referred or are personally encouraged to apply for these training sessions. All trained Educational Supervisors are then appointed. There is no competitive appointment process.
98. The Clinical Supervisors reported that they had no training for their post. The Visiting Team noted that not all Clinical Supervisors knew of the Foundation School structures and policies. This resulted in Clinical Supervisors varying in the knowledge of their role and responsibility. It is recommended that Clinical Supervisors undergo training.
99. Appraisal of Educational Supervisors is carried by the Foundation Directors monitoring the input of Educational Supervisors. Formal appraisal is encouraged.
100. Appraisal of Clinical Supervisors should be developed.

Pastoral support

101. The Visiting Team highly commends the Trainee Support Team Lead. Policies developed are laudable. The information is handled in a professional and confidential manner. Outcomes have been positive overall.
102. The initial reliance on the Team Lead/ Coordinator and the Foundation Directors has now been adjusted with an intermediate level of non-foundation school members. The relatively high number of trainees reported and assisted by the team indicates that all involved have adequate knowledge of its existence and help is being sought early. One possible flaw is the lack of reporting back on outcomes, but this has to be seen in the light of patient confidentiality and data protection.

103. There is presently no formal policy of exchange of information on incoming FY1 between Medical School and Foundation School. The Visiting Team encourages this development.

Support for Foundation Doctors

104. The Visiting Team commends the establishment of FY1 and FY2 representatives on Foundation School boards and committees. It is evident that these representatives work as a link between Foundation Doctors and developments in the Foundation Schools. Foundation Doctors know their representatives and receive information from them on foundation training.

Support for local faculty

105. The Foundation Directors are highly competent, hard working and offer effective support to Educational and Clinical Supervisors.

106. Educational and Clinical Supervisors are keen about their educational role. However it was noted that most struggle between their clinical workload and the educational commitment.

107. The Foundation School needs adequate support both financially and logistically to ensure its constant development and to safe guard the standards of training and effective supervision of the trainees, trainers, Foundation School directors and other personnel involved. The Visiting Team was convinced that the authorities had the development and the future development of the school at heart with both funding and support being available.

108. This has allowed investment in both human resources and infrastructure. It appears that the ratio of Trainee: ES is 1 and that of Trainee: Foundation Director is 1:20. This is an optimum scenario and should not be allowed to rise.

109. The setting up of a Simulation Unit and Lead is commendable. All Foundation Doctors reported that they are very well supported by the Lead for simulation.

Domain 7 - Management Education and Training

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

110. The Visiting Team was provided with detailed and exhaustive information. There is evidence that the Foundation Directors and the Foundation School Board have a strategic vision for the Foundation Programme.
111. The Visiting Team noted that several policies have been developed and disseminated.
112. There is an efficient administrative team which ensures that information is disseminated to both trainees and faculty. Queries and problems are managed affectively. The effective management from the Foundation School helps to ensure the proficient delivery of the curriculum.
113. The in-house quality assurance and data collection seem adequate to ensure that delivery of training and the levels of education given to trainees are as planned.
114. There is a good relationship between the Foundation School and the Medical School. The Dean of the Medical School sits on the Foundation School Board which meets twice yearly. The Visiting Team encourages further team work to ensure that curricula are stream lined and the curriculum of undergraduate years spiral up to foundation years.
115. The Foundation School Management Committee meets every 3 months. The representatives on this committee ensure foundation training agreements are met. The Trainee: Foundation School Programme Director ratio and the small administrative staff need to be reassessed.

Domain 8 – Educational Resources and Capacity

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

Regular review of Learning Resources and Facilities

116. All Foundation Doctors have access to IT and a number of e-learning resources.
117. Mater Dei is the general teaching hospital in Malta and it is here that most undergraduate, foundation training and post-graduate training of doctors take place. Attachments in Family Medicine are also taking place. All facilities are adequate for training and teaching purposes.

Clinical and practical skills lab.

118. Facilities to learn procedural skills on simulated models or manikins prior to undertaking the procedure on patients have now been made available.

Ratio of trainers to foundation doctors

119. The ratio of Foundation Doctors to Educational and Clinical Supervisors is appropriate. Educational Supervisor to Foundation Doctor is 1:1. An Educational Supervisor supervises a Foundation Doctor for one year.

Domain 9 –Outcomes

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

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

120. The Foundation School (FS) collects data on outcomes and is able to show the specific outcomes for all Foundation Doctors and the destinations of F2 doctors.

121. With the use of the e-portfolio, the trainees' progress throughout the year can be followed by the ES, the CS.

122. Data on outcomes is monitored for quality control on a regular basis by the Foundation Directors. Data is also accessible to the Foundation Board for quality management.

123. The FS is able to show outcomes for doctors needing support and doctors who are repeating the foundation year

124. Some further training on the end of the year assessment appears warranted.

Acknowledgement

125. 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.