



Quality Assurance of the Foundation Programme

Report on the Foundation School Malta

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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.

In 2009, the Medical Council appointed a sub-committee as its Quality Assurance Team (QA Team). Dr Doreen Cassar and Dr Bryan Flores Martin were appointed to form this subcommittee for three years. The QA Team were given the responsibility to quality assure the Malta Foundation Programme. Ms S. Cachia, Medical Council Registrar was later added to the team. 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

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The Directors of the Foundation School are Dr Piscopo and Dr Cassar. The Foundation School Manager is Ms Caroline Galea.

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.

Following the first Quality Assurance Team (QAT) pilot visit and report of February 2011, it was agreed that a second formal QA visit would take place in May 2012.

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 MCM QAT analyzed this data and created an action plan for the May 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 2nd and 8th May 2012. The purpose of these interviews was to triangulate the documentation received and gain first hand information from all parties concerned.

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), MMCFD (Team Leader)

Dr Bryan Flores Martin MD, MMCFD

Ms Svetlana Cachia BCom Hons, MA (Public Policy), Registrar MCM

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The Report

Summery 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 February 2011 (see 2011 Report 21 to 27) and the recommendations therein (see 2011 Report 28 to 36).
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, within three months. A further audit is envisaged within twelve months 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 and commends the move to introduce the four month rota as advised by the UKFPO.
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 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 (see A35)
8. 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 (see A35, A23)
9. The QAT commends the increase in Associate School Directors and Training Directors (see OO The Foundation Programme Quality Assurance Process 2010-11)

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10. The QAT commends the quality of the Trainee Support Team policies and the team's commitment to support these doctors (A22)
11. The QAT commends the work done in carrier advice and support (A40, A41).
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 (A23)
13. The QAT commends the provision of one to one Clinical Supervisors (CS).
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 (see 00)
15. The QAT welcomes the two week of remunerated induction for all FY1 before they begin their work and commends the Health Division for this concession (see A6)
16. The QAT commends the issue and updating of 'The Perfect House Office Guide' which caters for the local hospital and social practices and for the Malta Foundation School (QAFP Malta 2010-11)(A51)
17. 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.
18. The QAT commends the Primary Health Care Department for the appointment of a Foundation Programme Coordinator to ensure appropriate management and overview of the FY2 placements in General Practice/Family Medicine, and also to liaison with the Foundation School Directors.
19. The QAT commends the Foundation Doctors' commitment and team spirit and the efforts taken in self help and lead.
20. The QAT notes and commends the improved induction, organised training and general support to the foundation doctors' needs shown by the different departments in particular the Foundation Doctors' perceived improvement in the Accident and Emergency Department (A36, A37).

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Requirements:

21. The Foundation School must continue ensuring that the present dissemination of all its policies to all stakeholders is maintained.
23. The Foundation School must ensure that ES and CS adhere to its policies especially regarding their duties. Compulsory regular updates to all stakeholders should be considered. The regular updates.
24. The QAT recommends that the Foundation School should lay plans for the appraisal of both ES and CS so that remedial action may be taken if appropriate.

Recommendations:

24. 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.
25. The Foundation School should provide more guidance on the use of taster and validity of taster weeks and further encourage this opportunity.
26. Tasters in the academic stream are to be planned and encouraged.
27. Although not within its remit, the Foundation School together with hospital authorities, should ensure that Foundation Doctors can take their due vacation and study leave.
28. The Trainee Support Team should ensure the completion of all its planned structures.
29. The Foundation School should insist with the Medical School (UoM) for 'Transfer of Information' of the graduates. This would ensure that difficulties, if existent, are picked up early on.
30. Foreign applicants have different curriculum and examination dates from the local applicants. The use of teleconferencing for the applicants' interviews should be strongly considered.

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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 training with refresher training given (seven sessions in 2011). The increase of ES including those from Primary Care is noted. It has been noted that practically all ES are doubling up as Clinical Supervisors (CS), thus ensuring that Foundation Doctors are only assigned to well trained staff (see A28).
2. The ES, CS and Foundation Doctors all agreed that the amount of supervision, assessment and accessibility were quite good. This included those Foundation Doctors whose ES were not within the major hospital (Mater Dei Hospital(MDH)). All agreed that communications with outlying ES were satisfactory and these latter were able to smooth out any problems arising with the CS within MDH.

In fact (see A17)

Accessibility to seniors was rated at:	Always & frequent	83%
	Never	1%
Difficulty to contact senior	Never & rarely	78%
	Always	2%
Feedback Received	Regular & Frequent	51%
	Never & Rarely	18%
Feedback Received Useful	Always & frequent	68%
	Rarely & never	10%

3. As in the previous year, there were a number of complaints regarding working beyond roster hours (up to 44%) and sleep deprivation (37%). The former is definitely an increase from previous years. Foundation doctors admitted that though they were not actually ordered to perform these extra hours, the work load and the perceived expectation of their seniors compelled them to do so. To note that whilst discussion on the European Working Time Direction discussion at EU levels are ongoing for the possibility of extending the current opting out options, provisions for its end should be planned (see A17).

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Fitness to Practice

4. 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 is no transfer of information from the University to the Foundation School. The QAT has acknowledged the fact that several attempts to remedy this have been tried and recommends that a solution to this problem is found.
5. It is noted that a formal handover between CS at the end/start of an assignment still is not in place. It remains on the individual to decide to pass this information, but it is also noted that communication between the CS and the doctor's ES has become more established. (see A30)
6. The ES End of Placement Review Report has been found as a useful tool for ES to assess the trainee's level of progress (see A34)
7. Foundation Doctors require supervision by their seniors to initiate any treatment except in emergencies. This notwithstanding, there are many complaints that Foundation doctors are asked to consent patients for procedures they are not familiar with and a number do so although reluctantly.

See A17 where:

Expected to consent patient:	Always and frequently	47%
	Rarely or never	45%
Actually consent patient:	Always and Frequently	16%
	Rarely or never	6%

Support for Foundation Doctors

8. All involved have a good knowledge of the Trainee Support Team and its activities
9. Whilst the work performed in identifying and helping out those doctors requiring support is commendable, it is regretted that introduction of a panel of professionals not directly involved in the administration of the Foundation School has been delayed. This would ensure a non biased assessment (see A44)
10. Unlike the previous year, no gender, sexual harassment or otherwise discriminatory issues have been reported by any party but the introduction of a Whistle Blower policy might be warranted. The QAT notes that a Whistle Blower Bill was only discussed in Parliament this year and it might take some time for it to reach the Foundation School level (see department policy A4)

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F1 Sign Off

11. 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
12. 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 (see A26).

Working within Competency

13. Foundation doctors reported that they were working within their competencies, though they complained that at times workloads were excessive and they felt the need to remain in hospital beyond their normal working hours. Some expressed the view that the weekly protected time was also a cause of delaying their work and leaving late (see A17).

Policies

14. 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.
15. The Foundation Programme Directors monitor patient safety through the e-portfolio feedback from the Foundation Doctors and ES. Feedback from CS should also be monitored.

Induction

16. The two week induction period at the beginning of FY1 is well organized and received by the trainees (see A36).
17. There has been good progress at the level of departmental induction. Pairing of doctors for shadowing has been described as helpful to extremely helpful (see A36).

Patient Handover

18. 58% of trainees (see A36) agree that there is a good handover of patients at the end/start of placement. It is recommended that handover is supervised by a senior. Also, one notes that as the rotations of the Foundation Doctors, BST and HST do not coincide, the risk to patient safety from this handover is reduced.

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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

19. There are clearly defined roles and responsibilities for the ES, CS and Foundation Directors. These roles are well defined and adhered to (see A50).
20. Understanding by the ES and CS over the previous year (see A23)
21. Knowledge of the purpose, workings and contacting of the Trainee Support Team is now universal (see A44)
22. There are still some misgivings about planning meetings with Foundation Doctors on the part of the ES but these were easily tackled informal by the directors.
23. 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 (see A50).
24. The QAT notes the commitment to the Foundation Programme by the Medical superintendant, the MDH Human Resource Manager and the Post-Graduate Advisory Committee Team.
25. During the two week induction, both Maltese and foreign trainees have the various roles and duties well illustrated (see A36)

Competency Mapping

26. The Foundation directors are ensuring that for each foundation doctor, each post on each track is mapped to the foundation curriculum (see A34)

Feedback

27. Feedback received is generally positive. The various programmes in place to evaluate the programme may still require more participation but the changes in the electronic reminders etc. has resulted in more participation than the previous year (see A8).

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Domain 3 – Equality, Diversity and Opportunity

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

28. 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

29. It is noted that the foundation school administrator is very open to queries made by interested applicants including overseas ones.
30. 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 A9 and A10).
31. Allocation of posts is such that each Foundation doctor can plan ahead and that a broad spectrum of specialties is experienced. The planned switch to four month posts instead of the current six/three months (to be in line with UKFKO recommendations) is welcome (see A13)

Domain 5- Delivery of Curriculum and Assessment

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

Curriculum

32. 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 seem to be well organized and received.
33. The QAT noted that the difficulties noted last year with the assignments to the Admission and Emergency Department have been remedied with proper supervision at all times and easy access to senior. Being the only hospital post on a proper shift schedule, protected time is not allowed.

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Regular Formal Education Session

34. The coordination by Foundation Directors and the Foundation Doctors' Representatives (an elected peer review team) has improved appreciation of the educational topics selected (see A48 and A49)
35. Several complaints were reported that protected time for lectures and demonstrations etc were frequently curtailed and in fact paggers were often heard during these sessions. Several Foundation Doctors complain that although the HR management issues repeated memos on this subject, doctors feel threatened by nursing staff that ignore protected time,. This is due to these same nurses in performing the Multi Source Feedback forms. Further information giving in wards about protected time for Foundation Doctors has to be ongoing.

Suitability for Registration and Completion of the Foundation Programme

36. Suitability for completion of FY1 and FY2 is monitored via the e portfolio (see A26)

Assessment

37. Monitoring of progress with work based assessment is carried out by the Foundation Programme Directors and their Foundation Administrators (see A34)

Methods and Standards

38. 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 A26)
39. Education Supervisors are well prepared and agree that they are able to perform and use the prescribed assessment tools. Previous year's difficulties with the e portfolio seem to have been resolved.
40. Some foundation Doctors still seem to find some difficulty to find a suitable staff member to supervise an assessment. 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 (see A34).

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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

41. The QAT found that all incoming FY1 had the appropriate shadowing period before the commencement of the first placement. This was also confirmed by non-Maltese FY1 (see A36)

Induction

42. The QAT found the induction policies and their delivery to be adequate. The increase to two weeks was commendable (see A36).
43. The QAT are informed that the Curriculum of the medical undergraduate course is being reviewed to provide a period of full immersion in hospital work prior to the start of the Foundation Programme. This might be a welcome development in line with many UK European Schools; however, these changes are not envisaged in the very near future.

Education Supervision

44. Both ES and Foundation Doctors complain of some difficulty in setting meetings. The ES end of placement review report allows the Directors to note any problems in this area (see A34).
45. ES interviewed by the QAT had all been trained for their role and a good number had refresher update courses (see A28).
46. The QAT found that there is more participation by the ES in following Foundation School memos, updates etc. There is now good knowledge of the role of the Trainee Support Team and ES find no qualms about referring their trainees.
47. Foundation Doctors are all assigned a CS. There is still considerable variation in the quality of clinical supervision and is dependent on the individual CS. Whilst the level of clinical supervision appears high, delays in signing of sessions in the e portfolio still persist. Possible formal training of Clinical Supervisors might be considered but the QAT

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noted the Directors position that most CS were under graduate and post graduate lecturers and insisting on training this category might be difficult to introduce.

48. Corroborated evidence provided show that trainees received appropriate supervision and rarely had to perform unsupervised tasks that they did not have enough experience and training for (see A17).

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 and new members have been noted in the past year (see A38)

49. The use of Windmill Sessions (four in 2011/12) and the collaboration with the East Midlands Deanery Careers Department is commendable (see A38).
50. Participation to these sessions is on the rise (see A38).
51. Foundation Doctors should be encouraged to seek more advice from the Careers team rather than relying on information from the internet or solely from their ES.

Tasters

52. All Foundation Doctors are facilitated to take taster weeks and this practice is highly encouraged as highlighted by interviewed Foundation Doctors (see A45).
53. Tasters focus on clinical rotations. No academic track is in place.

Study Leave

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

Appointment, training and appraisal of Trainers

55. The appointment of educational supervisors requires the attendance of training sessions in education supervision. Would be supervisors were initially invited to apply or were self-referred. To date this has not been a competitive appointment process and should remain so for the near future with the gradual increase of Foundation Doctors and the highly commendable one to one policy (see A28 and A32).

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56. The Clinical Supervisors interviewed reported that they had no training for the post. However, all CS had training as ES and so had adequate knowledge of Foundation School Structures.
57. Appraisal of Education Supervisors is carried out by the foundation Directors monitoring the input of the ES. Formal appraisal is encouraged (see A23 and A34).
58. Some form of CS appraisal should be developed.

Pastoral Support

59. The QAT commends the Trainee Support Team Lead. Policies are laudable. The information is handled in a professional and confidential manner. Reported outcomes have been positive. However, one possible flaw is the lack of reporting back of outcomes, but this to be seen in the light of local legislature.
60. There is presently no formal policy of exchange of information on incoming FY1 between the Medical School and the Foundation School. Deficient structure in the former may be a possible reason for this.

Support for Foundation Doctors

61. The QAT acknowledges the presence of FY1 and FY2 representatives on the Foundation School Boards and committees and during the visit their contribution to the Programme was evident. They are an obvious functioning and contributory link between the Foundation School and the Foundation Doctors.

Support for local Faculty Members

62. The Foundation Directors are highly motivated, competent and hard working and offer effective support to the ES and CS. 69% of ES are highly satisfied with this support (see A23)
63. Both the ES and the CS are keen about their education role but the problem noted the previous year regarding balancing clinical and educational commitments is still present (see A23).
64. The Foundation school needs adequate support both financially and logistically to ensure its constant development and to safeguard the standards of training and effective supervision of the trainees, trainers, Foundation School Directors, Assistant directors and other personnel involved. Viewing this year's business plan (see A13), one realizes that apart from a requested increase in expenditure for simulation equipments (from 28,000 to 100,000 Euro), most other increases are salary related and reflect the sessional hours

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transferred from clinical to education. A review of the actual budgetary allocation would have been more appropriate.

However, the QAT, whilst acknowledging the current financial climate in Malta and cognizant to the restrictions placed on the Health Division, encourages the Ministry/Health Division to ensure that the Foundation School achieves the aim of producing competent doctors.

65. The Simulation Unit and Lead is reported to be now functioning well and thankfully benefitted from the required financial support. This is commendable (see A13, A40 and A41)

Domain 7 – Management, Education and Training

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

66. The QAT 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. (see QAFP Malta 2010-11)
67. The QAT noted that several policies have been developed and were disseminated throughout the FS.
68. There is an efficient if albeit understaffed administrative team that ensures dissemination of all information. This team effectively manages all queries and problems arising.
69. 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.
70. The Foundation School Management Committee meet regularly to ensure that training arrangements are met. The Trainee: Foundation School Programme Director Ratio has improved.

Domain 8 – Education Resource and Capacity

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

71. All Foundation Doctors have access to IT and a number of e-learning resources. However, during the interviews, it was noted that financial restrictions may result in a reduction in these facilities. This is regrettable and all effort to avoid this is advised.

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72. 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 (see OO The Foundation Programme Quality Assurance Process 2010-11).

Clinical and practical skills lead

73. Facilities to learn procedural skills on simulated models or manikins prior to undertaking the procedures on patients have now been made available and the QAT notes the investment highlighted in the Business Plan (see A39 and A15).

Ratio of Trainers to Foundation Doctors

74. To date, the ratio of Foundation Doctor to ES and CS is appropriate at 1:1. 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.

75. 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 (see A35).

76. With the use of the e-portfolio (see A35) and the ES end of placement review report (see A34), the trainees' progress throughout the year can be followed by the Es, CS and the Directors.

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

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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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Ms Svetlana Cachia