

*To consider*

**Quality Assurance of the Foundation Programme 2010: Yorkshire and the Humber Deanery**

**Issue**

1. Report of the 2010 QAFP visit to the Yorkshire and the Humber Deanery.

**Recommendation**

2. To agree that subject to implementation of the requirements the Yorkshire and the Humber Deanery meets the standards for training for the foundation programme as published in *The New Doctor* (paragraphs 18-26 and Annexes A and B).

**Further information**

3. If you require further information about this paper, please contact us by email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) or tel. 0161 923 6602.

## Background

3. Since the merger of PMETB with the GMC and the Postgraduate Medical Education and Training Board (PMETB) on 1 April 2010, the GMC has set and maintained outcomes for Foundation Year One (F1) and standards for F1 and Foundation Year Two (F2). Prior to the merger the F2 year was the responsibility of PMETB and the GMC and PMETB operated a joint quality assurance process for this period of training.
4. In March 2007 the then GMC Education Committee and PMETB Training Committee and Board agreed the *Standards for Training for the Foundation Programme*. The PMETB *Generic Standards for Training* were adopted with two additional specific standards for the foundation programme which were necessary to reflect the requirements in this period of training. In September 2009 the standards and outcomes were published together for the first time in *The New Doctor*.
5. The GMC and PMETB piloted the Quality Assurance of the Foundation Programme (QAFP) process extensively from 2005 to 2007 and the first round of live visits was undertaken in 2007/08.
6. The Yorkshire and the Humber Deanery ('the deanery') was required to complete a self assessment by 8 March 2010 and submit policies, procedures and data relating to their quality management (QM) of education and training. This data was analysed by the visiting team who created an action plan on the basis of this information mapped against *The New Doctor*. The action plan for the visit was set by April 2010 and was shared with the deanery on 3 June 2010 in advance of the visit on 29 June – 1 July 2010.
7. The deanery was formed in 2008 with the merger of the Yorkshire Deanery and the South Yorkshire and South Humber Postgraduate Deanery. It is a large deanery, responsible for the training of over 1200 foundation doctors and spread over a very large geographical area. The deanery is split into three localities, with corresponding foundation schools; the North Yorkshire and East Coast (NYECFS), South Yorkshire (SYFS) and West Yorkshire (WYFS) Foundation Schools. The deanery's head office is based in Leeds, with offices in Sheffield and Hull covering the other two localities. The deanery is coterminous with the boundaries of NHS Yorkshire and the Humber, the SHA for the region.
8. The team met with members of the deanery management team and SHA on 29 June 2010. The team conducted visits to six hospital sites within the deanery; twice that of regular QAFP visits, due to the existence of three foundation schools. The sites visited were: York Hospital and Castle Hill Hospital (Hull) in NYECFS; Royal Hallamshire Hospital (Sheffield) and Rotherham General Hospital in SYFS; and Bradford Royal Infirmary and Harrogate District Hospital in WYFS. These visits took place on 30 June and 1 July 2010. During these visits the team met with members of the local faculty, foundation doctors and employer Chief Executives and Chairs at each site.
9. The deanery has confirmed the factual accuracy of the report (Annex A).

10. The deanery was visited by PMETB in March 2009:

a. The PMETB visit to the deanery (VTD) identified seven conditions, two recommendations and three areas of notable practice. These were largely different to the issues and notable practice identified by QAFP. One condition that was identified by QAFP was the negative impact caused by rota gaps (requirement 19).

## **Discussion**

11. Overall, foundation doctors are content with the training provided and the deanery is adept at tracking the outcomes of their foundation training programme. However, the deanery appears to have little oversight in terms of quality management and little power and influence over the LEPs in terms of enforcing change. The deanery also has many draft policies that have not been disseminated with clear guidance as to their status, leading to confusion at LEPs.

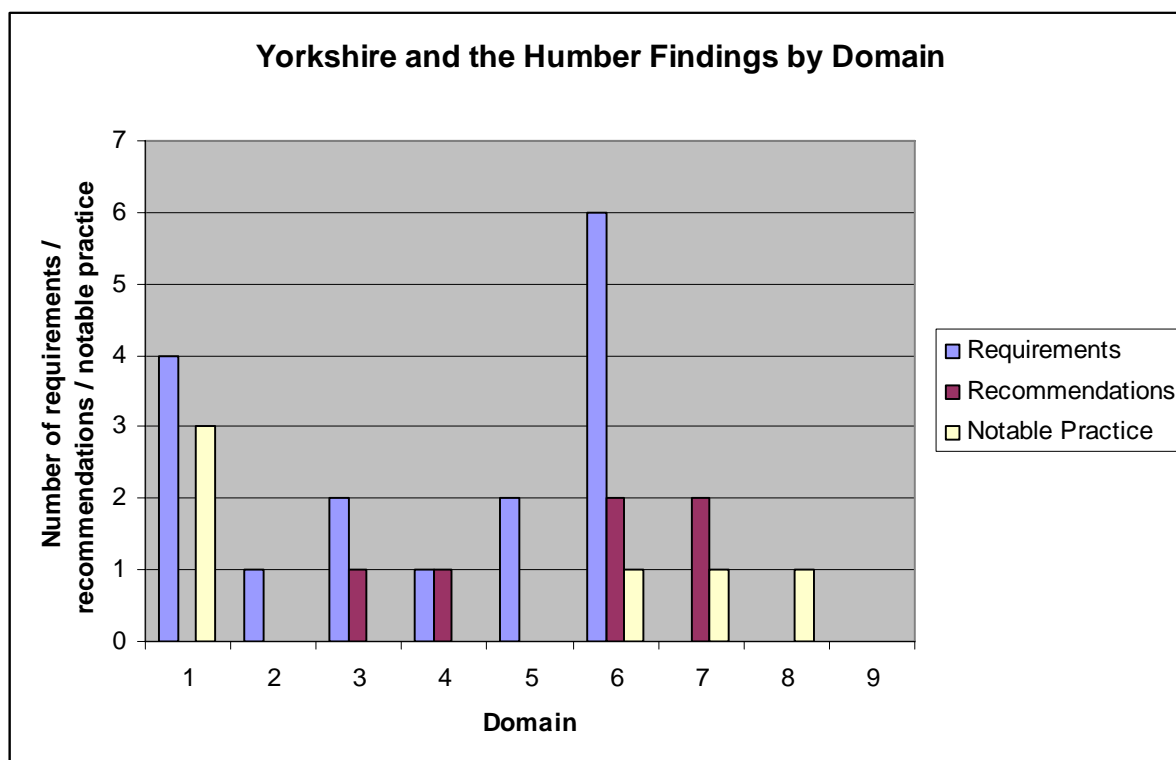
12. There was great variation between the foundation schools and little coordination between the Foundation School Directors despite regular communication. While variation and innovation are valued, the team were concerned that there should be a consistent minimum standard of foundation training ensured across the deanery.

13. The report contains six areas of notable practice, 16 requirements (with eight covered under the stem of requirement 20) and six recommendations. Compared to other QAFP reports, this is an average number of areas of notable practice, a high number of requirements, and an average number of recommendations. However, the deanery is one of the largest in the country and the team visited twice the number of sites as most QAFP visits during the visit.

14. Eight of the 16 requirements were specifically about ensuring there are effective approaches across the deanery in order for foundation doctors in each foundation school to receive equitable experiences in areas such as assessment, induction, careers advice and study leave. Other notable issues included: issues with clinical supervision caused by gaps in rotas and leading to foundation doctors working beyond their competence; the deanery's lack of an equality and diversity strategy; and the need to strengthen its quality management processes.

15. The team also identified requirements around curriculum mapping, monitoring training undertaken by those responsible for training foundation doctors, including equality and diversity training, and ensuring the appropriate provision of curriculum teaching for foundation doctors. Subject to the implementation of the requirements in paragraphs 18-26 of the report the deanery meets the standards for delivering the foundation programme.

16. A chart showing the domains in which the requirements, recommendations and notable practice fall in follows and attached at Annex B is a table showing QAFP findings by deanery and domain to allow comparison.



17. During the visit, three Level 1 concerns (patient and/or foundation doctor safety is at immediate risk and requires further investigation by the deanery) and three Level 2 concerns (a serious concern that doesn't pose an immediate threat to patient or foundation doctor safety, but could do if left unresolved) were raised. These were:

- a. The Level 1 concerns included: foundation doctors being left for most of the week as the only doctor to see elderly patients due to a lack of middle grade cover and senior support; foundation doctors taking consent for procedures of a complex nature without adequate training; and F2s consenting for spinal surgery.
- b. The Level 2 concerns included: poor access to middle grade cover at night; an F2 taking consent in trauma and orthopaedics without appropriate training; and a lack of senior cover – this was available on a request basis, but foundation doctors believed this to be on an exception basis and only for emergency situations.
- c. The deanery has provided reports on actions taken in response to these concerns, which the team were satisfied with.

18. The deanery has undertaken to provide a plan to address the requirements and recommendations in the report within 28 days and an audit of implementation within nine months of the GMC Postgraduate Board's endorsement of this report.

19. The team encountered notable practice within the deanery, foundation schools and sites visited. Paragraphs 11-16 of the report summarise the areas of notable practice identified during the visit. An area of notable practice that stands out is the induction into the NHS provided for International Medical Graduates, which equips IMGs with an understanding of the workings of the NHS.

**Recommendation:** To agree that subject to implementation of the requirements in paragraphs 18-26 of the report the Yorkshire and the Humber Deanery meets the standards for training for the foundation programme as published in *The New Doctor*.

### **Resource implications**

20. The GMC and PMETB each contributed 50% towards the total cost of QAFP in 2009/10, excluding each organisation's staff costs. The full cost of the QAFP process from April 1 2010 is included in the Education Directorate's budget.

### **Equality**

21. The QAFP self-assessment requests information regarding deanery compliance to the standards and outcomes of domain 3 in *The New Doctor*. Equality, diversity and opportunity. QAFP action planning and deanery visits provide an opportunity for visitors to investigate how the deanery meets and quality manages the standards and criteria for equality and diversity (E&D) for Foundation Programme training. QAFP visitors are trained in equality.

22. There are two requirements in the report regarding equality and diversity (E&D); one regarding the development of an E&D strategy, and the other regarding the collection of data regarding the completion of E&D training for trainers. The latter of these is a common requirement in QAFP. The deanery uses the SHA's E&D strategy, and is required to fit in with this, but has no document that shows how this has been translated to fit with deanery processes.

23. The GMC facilitated a workshop at the UKFPO Annual Quality Conference focussing on what constitutes notable practice in Domain 3 of *The New Doctor*.

### **Communications**

24. The QAFP report and deanery 28 day right of reply will be published on the Education pages of the GMC website.