

Operational framework for Foundation training in Malta



**Malta Foundation
Programme Office**

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Operational framework for Foundation training in Malta

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Foreword

In July 2008, the idea of setting up a Foundation Programme for newly graduated doctors in Malta was born. This ambitious concept followed on the example set by the United Kingdom's successful Foundation Programme for young doctors which was established in the UK in 2005. This programme was set up to provide a bridge between Medical School and specialty training, and thus provide seamless training of doctors from graduation to Consultant level. For the first time, a programme of this nature provided for formal training of House Officers, and a final certificate of completion before specialty training.

Within a year of intense work, communication and negotiation between the Malta Foundation Programme Office and the United Kingdom Foundation Programme Office (UKFPO), a Malta Foundation School was set up with all the necessary structures to provide for proper functioning. The Malta Foundation School was formally established on the 13th July 2009. It has been granted Affiliate Status to the United Kingdom Foundation Programme by the UKFPO, and is thus the *same* Programme as that of the United Kingdom, following the *same* Curriculum, discharging the *same* functions, using the same processes, and having the *same* Foundation Achievement Certification.

We would like to thank all the persons who have made this possible and who will continue to contribute to the success of the Malta Foundation Programme.

This Operational Framework is based on the UK Operational framework but has been adapted to the local situation. The framework is intended to help Foundation School Directors, in partnership with Educational and Clinical Supervisors, Foundation training programme directors (FTPDs), the Health Care Services Division, Medical School colleagues, and others, to manage Foundation training.

Kevin Cassar Tonio Piscopo
Malta Foundation School Directors
July 2009

Section A

Introduction

Section A - Introduction

Background

In the United Kingdom, Modernising Medical Careers (MMC) was published in 2003 by the four UK Health Ministers, and was a UK-wide strategy to reform postgraduate medical education.

The first part of this modernised training programme for doctors is the two-year Foundation Programme, a programme of supervised clinical practice which links undergraduate and postgraduate medical training.

The first editions of this Operational Framework for Foundation Training and the Curriculum for the Foundation Years in Postgraduate Education and Training were developed to help support the Foundation training that was introduced across the UK in August 2005.

The Curriculum for the Foundation Years in Postgraduate Education and Training was revised in 2007. It sets out the skills, knowledge and experience that need to be assessed during this period of training.

This operational framework is based on the UK Operational framework but has been adapted to the situation in Malta. The Maltese Government has signed a Memorandum of Understanding with the UK Foundation Programme Office to set up the Malta Foundation Programme which will implement the UK Curriculum for the Foundation Years starting in July 2009.

This framework supports the curriculum and should be used alongside it. As with the UK NHS, we cannot afford to lose this opportunity to make sure that doctors are trained from the start to provide safe patient care, and that they are confident in managing acutely ill patients.

1. In 2002, Sir Liam Donaldson, Chief Medical Officer for England, published for consultation, *Unfinished Business: reforming the SHO grade*. In response to the consultation, the four UK Health Ministers produced

Section A

Introduction

Modernising Medical Careers (2003) to describe how the modernisation of postgraduate medical education would be taken forward in the context of wider workforce reforms. The four UK health departments also established Modernising Medical Careers (MMC) teams to take these proposals forward.

2. The proposals described in *Modernising Medical Careers* aim to provide high levels of patient safety and to deliver better standards of patient care. To achieve these aims, we must improve the effectiveness of health-care teams and help to develop medical professionals who are accountable and sensitive to the needs of patients and the health service as they progress in their careers.
3. The concept of Foundation training programmes that covers the first two years after qualification is one of the most forward-thinking and important of the proposals. This framework sets out the boundaries within which the Malta Foundation Training Programme will be managed by the Medical Council of Malta and Foundation School Directors. In the UK, the GMC and PMETB are responsible for setting the standards of training, while the postgraduate deans and Foundation school directors are responsible for managing how training is delivered to meet the standards set by the GMC and PMETB.
4. The Medical Council of Malta will regulate the implementation of the Malta Foundation Programme through a subcommittee set up specifically for this purpose. The same standards of training will be adopted, which will be regulated by the Medical Council of Malta in conjunction with external review. The *Curriculum for the Foundation Years in Postgraduate Education and Training* was first published in April 2005, and the revised edition was published in 2007. It sets out the standards that doctors need to have achieved by the end of their Foundation training..
5. Foundation training programmes started in August 2005. Since then, all UK medical graduates who have not yet taken a programme for provisionally registered doctors will need to apply for entry to a two-year Foundation Programme after graduating. The first Foundation year (F1) replaces the pre-registration house officer (PRHO). Successfully completing F1 will lead to full registration with the GMC. This is followed by a second Foundation year (F2), with specific and defined educational objectives. Non-UK

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Introduction

graduates who need a provisional year to be fully registered with the GMC can apply for a place on a two-year Foundation

6. In our context, the Malta Foundation programme started in July 2009 with an intake into both F1 and F2. These two years (F1 and F2) will replace the two years of housemanship. Successful completion of F1 will allow the doctor to proceed to F2 and after successful completion of F2 the Medical Council of Malta will award the doctor a full licence to practice.

Section B

Our guiding principles

Section B - Our guiding principles

7. The specific aims and objectives of Foundation training are for the new medical graduate to:
 - a. develop and gain confidence in their clinical skills, particularly when they are treating acutely-ill patients, so that they can regularly and reliably diagnose and care for seriously-ill patients;
 - b. display professional attitudes and behaviour in their clinical practice;
 - c. demonstrate their competence in these areas through a thorough and reliable system of assessment; and
 - d. have the opportunity to explore a range of career opportunities in different settings and in different areas of medicine.

8. There are four basic educational principles on which the Foundation Programmes are built.
 - a. **Outcome-based:** Outcome-based learning and training is a new direction for postgraduate medical education. Foundation doctors must achieve set standards at each stage of training in order to continue.
 - b. **Defined competences:** These outcomes are defined in terms of competences, which are the specific skills that a doctor needs.
 - c. **Assessed:** Doctors should demonstrate that they have met the defined competences in the work-place using structured assessment tools.
 - d. **Professional development and life-long learning:** We recognise that doctors need to be flexible within their careers so that they can respond to an ever-changing health environment. This need for life-long learning and career development should be covered by professional development as described in Good Medical Practice.

9. These principles are based on the need for a complete educational framework to support the delivery of the training programmes and the individuals within them. This framework should be set within the context of learning from patients and professionals in the workplace. Training, education and learning must exist alongside the care and service provided to patients.

Section B

Our guiding principles

10. The health-care system has two basic functions:
 - a. to promote good health and provide health care (including research and development) to those who need it today; and
 - b. to promote good health and provide health care for future generations.

11. All Foundation training will be set within a structured Foundation training programme, reflecting the move of postgraduate medical education from experience-based training in a series of posts to a structured programme of training that is also based on experience, but within a clear training **framework**.

Section C

Principles of Foundation Programmes – outcomes and competences

Section C – Principles of Foundation Programmes – outcomes and competences

12. The four underlying educational principles of Foundation training programmes are described in greater detail:

Outcome-based: Foundation training is a formal introduction into the world of work for the medical graduate and is designed to take them from being a medical student to becoming a doctor fit to work within the health service.).

The GMC's *The New Doctor* (available online at www.gmc-uk.org) has set out the aims of the first year of postgraduate medical education, and the outcomes that F1 doctors must demonstrate for the first time as practising doctors before they can proceed to the second year (F2)). *The Curriculum for the Foundation Years in Postgraduate Training and Education* builds on the requirements of the GMC's *New Doctor* and describes the outcomes practising doctors need to demonstrate before they can complete F1 and F2 satisfactorily.

To complete F1 satisfactorily, a doctor must be able to demonstrate the outcomes for F1 (as defined in *The New Doctor*) on different occasions and in different clinical settings. These outcomes must be demonstrated as a **professional** in the workplace showing they have progressed from the competence required of a medical **student**. This will satisfy the requirements for the doctor to proceed to F2.

To satisfactorily complete F2, a doctor must be able to perform consistently well and have taken increasing levels of responsibility. This will prepare the doctor for the responsibilities they can expect to have in the first year of specialty training. By the end of F2, the doctor will be professionally accountable for patient care, and be ready to start a programme of specialist education and training.

Defined competences: The curriculum (www.mmc.nhs.uk) identifies the main areas of competence, which doctors should normally achieve within two years of graduating from medical school.

Section C

Principles of Foundation Programmes – outcomes and competences

Assessed: These competences will be assessed using tools developed in line with the principles and standards of assessment set out by the GMC and the Postgraduate Medical Education and Training Board (PMETB), who are the ‘competent authorities’ for Foundation training in the UK(see section D). The Malta Foundation Programme will be using the same assessment tools as those used in all UK Foundation programmes. Foundation doctors will need to achieve the Foundation competences and to complete two years of practical Foundation learning (based on their experiences).

Professional development and lifelong learning: all doctors taking Foundation training will need to develop their professional development skills. The need to maintain and develop professional behaviour throughout a doctor’s career starts with Foundation training and will be supported through regular assessment and registration. This is designed to support the Foundation doctor in making appropriate career choices, and to support them in developing flexible attitudes towards working practices and to the direction of their career, where necessary. This is just one of the professional skills that Foundation doctors will need to demonstrate. Based on the professional requirements of Good Medical Practice (available at www.gmc-uk.org/guidance/good_medical_practice/index.asp) and Continuing Professional Development (available at www.gmc-uk.org/education/pro_development/index.asp), there is a standard learning programme to support professional development which focuses on patient safety and accountability through clinical governance. For more details, see paragraphs 105-111.

13. The learning environment for Foundation Programmes is:

- a. centred on trainees;
- b. assessed against specific competences;
- c. based on providing a service;
- d. of a high quality;
- e. flexible;
- f. supervised; and
- g. structured.

The health service, however, focuses clearly on patients. Our focus on trainees must recognise and support this. This framework document describes in detail how we can create the right educational environment to deliver the outcomes of Foundation training programmes.

Section D

The Medical Council Malta (MCM) and the Foundation School Board– the competent authorities

Section D - The Medical Council Malta (MCM) and the Foundation School Board: the competent authorities

14. The Medical Council of Malta is the competent authority responsible for setting the standards for training programmes that provisionally registered doctors must complete as part of their basic medical education, leading to full registration with the Medical Council of Malta. This is called pre-registration training and will take place during the first two years of the Foundation Programme.
15. In Malta, registration will occur after successful completion of Foundation training which would normally take two years.
16. In the UK, the Postgraduate Medical Education and Training Board (PMETB) is the competent authority responsible for setting the standards and for quality-assuring postgraduate medical education across the UK after a doctor is fully registered with the GMC and has completed their basic medical education. The PMETB's authority and responsibilities are set out in The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. The GMC is responsible for F1, and the PMETB is responsible for F2 and beyond. The GMC and the PMETB have jointly agreed the standards for the Foundation Programme (available at www.gmc-uk.org/education/index.asp). The GMC and the PMETB are not only responsible for setting the standards of training for Foundation training programmes but also for their quality assurance.
17. In Malta, the same standards for the Malta Foundation Training Programme will be adopted. The Foundation School Board (FSB) will ensure that QC and QA is being done by the FS. The Medical Council and external review will ensure that standards are being met..
18. Definition of a Programme: PMETB has defined 'programme' as a 'defined period of managed, supervised training'. Paragraph 15 of *Next Steps* says that 'the best definition of a "programme" is in terms of a unit of approval composed of a series of rotations and placements which is educationally

Section D

The Medical Council Malta (MCM) and the Foundation School Board– the competent authorities

viable and convenient to manage. Such units of approval will have the capacity to encompass a number of trainees'. The PMETB rules (www.pmetb.org.uk) support this concept, which is the basis of developing the structure and approach that will support Foundation training. The 'unit of approval' by the PMETB will be a Foundation training programme with between 20 and 40 F1 and F2 one-year training opportunities (posts) that will be managed by the Foundation training programme director (FTPD) or Foundation training programme tutor (FTPT), and accountable through the Foundation school director to the postgraduate dean for the quality and delivery of training.

19. In Malta, the Foundation Programme will have between 50 and 100 F1 and F2 one-year training opportunities (posts) that will increase over the next few years to between 100 and 200 F1 and F2 one-year posts. These will be managed by the Foundation Training Programme Directors and the Malta Foundation School Directors who are accountable to the Chairperson of the FSB for the quality and delivery of training.

Section E

The Malta Foundation School

Section E - The Malta Foundation School

20. The Medical Council has the responsibility for making sure that the Foundation Programme is delivered to the standards required. The Malta Foundation School will provide the educational structure to support the development and delivery of the Foundation Training Programme.

Foundation School – overall structure

21. The Malta Foundation school, led by the Foundation School Directors, will be supported and overseen by the FSB. Working closely with the Department of Health, the FSB will be essential in developing and maintaining the right educational environments.

22. Quality assurance (QA) of the Foundation training will be provided by the Medical Council of Malta. The FSB will ensure that Quality Management/QC is being done by the Foundation School.

23. The FSB and the Malta Foundation school will enable the MCM to quality assure the Malta Foundation programme.

24. The Malta Foundation training programme will have between 50 and 100 combined F1 and F2 training opportunities (posts) providing Foundation training, but this may vary over the next few years. Foundation training programme directors (FTPDs) should be appointed to lead Foundation training programmes. Normally, one FTPD should manage up to 40 F1 and F2 posts.

25. The Chairperson of the Post-graduate Advisory Committee (PAC – previously known as Clinical Post-graduate Training Co-ordinating Committee – CPTCC), will sit on the FSB.

26. The Foundation School Directors will sit on the FSB. The Malta Foundation School should establish a **Management Committee** or equivalent. This committee will be chaired by the Foundation School Directors, and will oversee the Foundation Training Programme within the School.

Section E

The Malta Foundation School

27. The Foundation School Management Committee will set the future direction of the school. The Management Committee should include:
 - a. the Foundation Training Programme Directors (FTPDs) within the school (or their representatives),
 - b. representatives from the Medical School,
 - c. representative of the health services,
 - d. an elected representative from of each Foundation year,
 - e. a student representative and
 - f. a lay representative.
28. The Foundation Training Programme is responsible for local delivery of Foundation training within the school and has between 50 and 100 F1 and F2 training opportunities (one-year posts), although the size will depend on the PMETB's requirements for approving Foundation training programmes. •
29. The Foundation Training Programme is the unit of review for quality assurance by the Medical Council of Malta
30. Training for both two-year appointments and one-year appointments takes place within the Foundation training programme, which is overseen by the Foundation School Directors.
31. The Foundation Programme will be made up of placements lasting three or six months, which offer a range of training experiences and opportunities. These placements are to be managed by the Foundation Training Programme Directors /Foundation School Directors to ensure a balanced programme for all Foundation Doctors. The Directors will determine suitability of posts to fulfil these requirements.
32. At each level, there will need to be support in place to make sure that the Foundation doctor's training and education progress smoothly. Appendix 2 sets out a template job description for the Foundation School Director and Foundation Training Programme Director.

Section F

Roles and responsibilities

33. Responsibility for delivering Foundation training and for Foundation Doctors is shared between the Foundation School and the MCM. The Department of Health is responsible for providing the resources required.
34. The Foundation School has overall educational responsibility (see paragraphs 36) for the Foundation Doctors and for monitoring and quality-controlling the standards of education delivered on a local level. The Foundation School will need to develop effective partnerships with the Medical School, and the Health Service to deliver Foundation training.
35. The Health Care Services division of the Ministry of Social Policy has employer responsibilities (see paragraph 36) for doctors in Foundation training.

Educational responsibilities

36. Table 1 sets out a framework structure that identifies the roles and responsibilities of those taking a lead in education. The details of these roles and responsibilities will need to reflect the organisation's structure for Foundation training.

Employer responsibilities

37. The Health Care Services Division employs Foundation doctors. As such, the Division has an employer's responsibility for:
 - a. meeting the terms and conditions of doctors in Foundation training, including hours of work and payment for out-of hours work
 - b. making sure the Foundation doctors have a safe working environment;
 - c. protecting staff from bullying and harassment;
 - d. providing an environment where people's differences are respected and they have equal opportunities;
 - e. taking disciplinary action if a doctor's behaviour or performance makes this necessary;
 - f. delivering postgraduate education in an environment that supports learning and meets educational standards; and
 - g. supporting the training that trainers receive so that they can deliver effective postgraduate education.

Section F

Roles and responsibilities

Section F – Roles and responsibilities

38. The Foundation School and the Health Care Services Division must work together to make sure that doctors in Foundation training learn and work for the benefit of patient care and safety, and their own professional development.

Section F

Roles and responsibilities

Table 1 - The education framework needed to support Foundation training

Foundation Training Programme (FTP)	Purpose	Responsibilities	Structure
	To make sure training and education for Foundation doctors is provided at a local level	Responsible for delivering Foundation training for Foundation doctors.	Appropriately trained Foundation Programme training directors (FTPDs) should be appointed to lead the Foundation training programme.
	Responsible for the day-to-day delivery of Foundation training.	Co-ordinates activities to deliver Foundation Programme training, including regular teaching sessions and seminars.	Administrative support should be available for the FTPDs in line with the overall number of doctors in Foundation training on offer.
	The Foundation training programme is the unit of approval to be reviewed and should normally have a total of 20 and 40 F1 and F2 training opportunities within it	Sets up procedures for carrying out local assessments in line with established assessment procedures.	A named and appropriately trained educational supervisor (ES) will be appointed for each Foundation doctor in Foundation training.
	Makes sure that patients' care needs and the Foundation doctor's learning and training needs support each other.	Makes sure that individuals responsible for carrying out the assessments have been trained appropriately as part of their professional development.	The precise model for this may vary. The clinical supervisor (see below) may also act as educational supervisor, or the clinical supervisor and ES may be two different people, and the ES may offer supervision for individual Foundation doctors in F1 or F2.
		Identifies named educational supervisors (ES) for each Foundation doctor within the Foundation Programme.	Whichever structure is used, the ES will be responsible for: <ul style="list-style-type: none"> • regular formal appraisals; • supporting the Foundation doctor in developing their portfolio; • making sure that the Foundation doctor understands and gets involved in the assessment process; • being the first point of contact for the Foundation doctor who has concerns or problems with their training; and • providing the appropriate training opportunities for Foundation doctors to learn and achieve the necessary competences.
		Makes sure that Foundation doctors have a regular appraisal with their educational supervisor (ES), at least once at the beginning and end of each placement.	An ES should have their role formally recognised by having time set aside for it within their employment contract.
		Makes sure that Foundation doctors' portfolios are properly supported within the appraisal process.	
		In the two-year Foundation Programmes, offer appropriate career management and development opportunities to provide a smooth route for Foundation doctors moving from F1 to F2.	The Foundation doctor will be placed with a clinical supervisor (who may also be the educational supervisor) for each of their placements. The clinical supervisor should have enough time available in their schedule to carry out this role appropriately.

Section F

Roles and responsibilities

	Makes sure that individual Foundation doctors receive the training they need at either F1 or F2 level to meet the competences required.	The clinical supervisor will: <ul style="list-style-type: none"> • supervise the Foundation doctor's day-to-day clinical and professional practice; • support the assessment process; and • make sure that the Foundation doctor has access to an appropriate range and mix of clinical situations.
	Makes sure that the Foundation doctors have appraisals regularly as appropriate.	
	Makes sure that the Foundation doctor understands the assessment process and gets involved in it.	

	Purpose	Responsibilities	Structure
Foundation School	Under the supervision of the FSB to: <ul style="list-style-type: none"> • develop and support this framework within which Foundation Programmes are delivered; and • provide this framework for doctors who take up F1 and F2 appointments as well as those who take the two-year Foundation training course. 	Recruitment to Foundation training in line with national recruitment processes.	A school director with experience in postgraduate medical education should be appointed through a competitive process run by the Health Care Services Division.
		Makes sure that the entry system is fair for entrants applying to the school's Foundation training programmes.	A full-time Foundation School Manager should be appointed to lead the administrative functions, especially in relation to recruitment and appeal.
		Communicates with the FTPDs within the school to make sure that information about Foundation training programmes is received regularly and promptly.	Appropriate support staff should be appointed as required to meet the responsibilities of the School.
		Co-ordinates Medical Council of Malta arrangements for quality-assuring the Foundation Programme (see below).	A Foundation School Management Committee should be established which will be chaired by the School Director and comprise the FTPD/ within the School, Deanery, Medical School, Foundation doctor, health services and lay representation.
		Develops and manages an appeals system on issues such as recruitment and assessment.	

Section F

Roles and responsibilities

	Purpose	Responsibilities	Structure
Foundation School Board (FSB)	<p>The Foundation School Board (FSB) will help in setting the overall strategy for the Malta Foundation School in line with national standards set by the MCM</p> <p>It will oversee the Foundation School in delivering Foundation Training, and ensure that Quality management systems are in place.</p>	<p>Ensures that the Foundation School and Foundation Programme have appropriate procedures in place to deliver Foundation training.</p> <p>Helps in determining and securing the resources required for the implementation of the FP</p> <p>In exceptional circumstances, to consider appeals against recruitment and assessment</p>	<p>The FSB will be chaired by the Lead Post-Graduate Training Co-ordinator with the Foundation School directors as members</p> <p>See Appendix 4 for more details</p>

Section F

Roles and responsibilities

	Purpose	Responsibilities	Structure
Individual Foundation Programmes (IFP's)	A quality-controlled two-year Foundation Programme for eligible medical graduates.	Individual Foundation doctors receive the training they need at F1 or F2 level to meet the necessary competences.	Training will be offered within a managed Foundation Training Programme under the auspices of a Foundation Training Programme Director.
	Training at either the F1 or F2 level, but not part of a two-year Foundation Programme.	The appraisal process is carried out regularly and appropriately.	A named ES will be appointed for each Foundation Programme Foundation doctor.
		The Foundation doctor understands the assessment process and gets involved in it.	
		Through the programme, the Foundation doctor gets the opportunity for appropriate career management and developmental opportunities.	

Section G

Access to Foundation training

Section G – Access to Foundation training

Medical graduates from the UK, the European Economic Area (EEA) and overseas who are eligible to apply for a two-year Foundation training programme

39. **Foundation training programmes (FTPs)** may offer several kinds of Foundation training, providing **individual Foundation Programmes (IFP's)** to Foundation doctors.
- a. Two-year Foundation Programmes (F1 and F2) are open to:
 - i. Maltese graduates,
 - ii. UK medical graduates who are eligible for provisional registration with the MCM;
 - iii. medical graduates from the European Economic Area (EEA) and Switzerland who are eligible for provisional registration with the MCM; and
 - iv. overseas international medical graduates (IMGs) who are eligible for provisional or limited registration (restricted to F1 posts) with the MCM, but who are not yet eligible for limited or full registration with the MCM and so need a provisional year of training.
 - b. One-year F1 or F2 appointments (or parts of a year).
40. Access to places in Foundation training programmes is through an open and fair competitive recruitment process, in line with equal opportunities and employment law. All entrants to Foundation Programmes will need to have the relevant educational qualifications for the programmes provided by the Foundation School.
41. Foundation Programmes and appointments to them should do the following:
- a. Provide training for Malta medical graduates who should complete a two-year programme of Foundation training. After they have satisfactorily completed the first year, they can proceed to F2.
 - b. Provide training for EEA and Swiss medical graduates and international medical graduates (IMGs) who are eligible for

Section G

Access to Foundation training

provisional or limited registration limited to F1 posts, but who are not yet eligible for limited or full registration with the MMC. These doctors can take a one-year pre-registration appointment (F1) or the full two-year Foundation Programme.

- c. Provide training to EEA and Swiss medical graduates and IMGs who are eligible for limited or full registration and who have appropriate training needs at F2 level.
- d. Help meet the Department of Health's workforce and service needs where necessary.

42. The two-year Foundation Programme and stand-alone F1 training will not normally be available to those who are already eligible for limited or full registration with the MCM. However, doctors may be able to apply for Foundation training posts to help meet a service need of the Malta Health Service.

43. The first year (F1) of Foundation training is a pre-registration year in which provisionally registered doctors must satisfactorily complete a training programme before being eligible to proceed to F2.

44. The competences to be achieved and assessed during the F2 year are standardised and consistent with the requirements of the Postgraduate Medical and Training Education Board (PMETB) for this level of training.

Applying for a two-year Foundation Programme

45. Medical graduates as described above who are eligible to apply for a two-year Foundation Programme should do so as follows: once the opening date for applications to two-year Foundation training in Malta is agreed, an advert in the press will advise eligible medical graduates to apply for Foundation training.

46. The application process to two-year Foundation training will take into account individual applicants' special circumstances where possible. Grounds for special circumstances will be published before each year's recruitment round.

Section G

Access to Foundation training

F1 or F2 appointments: application process for Foundation training opportunities that are not part of a two-year Foundation training programme

47. There is an important difference between a two-year Foundation Programme and a stand-alone F1 or F2 appointment. It is expected that all Maltese medical graduates will take a Foundation Programme, at the end of which they will need to demonstrate the required competences (as described in the Foundation Programme Curriculum) and two years of approved experience, one year at F1 level and one year at F2 level. Foundation doctors taking their Foundation training on a part-time basis will need to achieve the competences and the equivalent of two years' full-time experience (see paragraph 75).
48. Entry into a two-year Foundation Programme is also appropriate for doctors with a medical degree granted from a university in the EEA or Switzerland, or from overseas, and who are eligible for provisional registration but not yet eligible for limited or full registration with the MCM.
49. From time to time F1 and F2 appointments may become available because a vacancy arises, rather than through a national recruitment drive. Under such circumstances, the Foundation school will need to agree, with the employer, how to carry out the recruitment process with the a Foundation training programme directors.
50. All F1 and F2 training opportunities will be managed by the Foundation training programmes and will be of the same educational standard as the two-year Foundation Programme.

Medical graduates who start Foundation training 'out of phase'

51. Most medical graduates complete their medical-school training in June and start Foundation training in July or.
52. The exception to this is those graduates who are 'out of phase' because they have failed one final exam and required to take a resit. This means that they do not start Foundation training in July. Some applicants may not be able to start Foundation training programmes in July. This may be because of issues that arose in medical school (for example, because they failed some or all of their final examinations), or for personal reasons (for

Section G

Access to Foundation training

example, pregnancy. These doctors will be allowed to start their training in September. Those who are delayed beyond this may be offered jobs with the health service but will commence their Foundation training in July of the following year.

53. Applicants who fail their final examinations will already have been offered a placement at the Foundation school. Under these circumstances they will need to inform the Foundation school as soon as possible so that their start date for Foundation training can be postponed. These graduates will not normally lose their place in the Foundation school but will have their start date postponed to a time agreed with the Foundation school. Their original place in the Foundation Programme may not be held for them, and they may be allocated a different training opportunity once they are ready to start Foundation training.
54. Depending on the availability of local resources, Foundation schools may offer an extra F1 placement to graduates who were unable to take up their allocated place because they failed their finals but later pass them, before they start Foundation training in the following July. Under these circumstances graduates will then be expected to take their full two-year Foundation training programme starting in July.

Allocation of F1 and F2 training opportunities following entry into a two-year Foundation training programme

55. Being accepted into a two-year Foundation Programme by a Foundation school does not necessarily guarantee the doctor access to a particular F1 or two year training opportunity in the school, The Foundation school may choose to allocate places for the full two-year programme at the start. At other times the school will only allocate placements for F1 training opportunities. All of these options are acceptable.
56. Where allocations are not made to a full two-year programme from the start, the school will ask Foundation doctors to put their choices in order of preference for their F2 allocation six or seven months into the F1 year. Foundation doctors should discuss their choices with their educational supervisors. Postponing the start of Foundation training

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Access to Foundation training

57. Postponement of the start of Foundation training will only be considered for statutory reasons. Leaving a two year Foundation training programme temporarily or permanently.
58. After starting a two-year Foundation Programme, some Foundation doctors may want to leave, temporarily or permanently.

Temporarily leaving a Foundation Programme

59. Some Foundation doctors may want to take time out of the programme for personal or educational reasons.
60. The Foundation school should have in place an agreed, written procedure (based on the guidance below) for dealing with requests for time out of a two-year Foundation Programme. Except in unusual circumstances, this will usually involve time out after F1 and before starting F2. The procedure should include a clear timetable and process for taking decisions about requests and an appeals procedure. The process should be managed at the school level. . Guidelines for taking time out of Foundation Programmes (TOFP)
61. Doctors who want to take time out of their Foundation Programme should first discuss this with their educational supervisor. Although they will be expected to complete their Foundation Programme within two years, they should not have to do so if they have good reasons for wanting to take time out.
62. The duration of time out of a two-year Foundation Programme will usually be 12 months. Time out during F1 or F2 placements will only be considered in exceptional (usually unplanned) circumstances.
63. Foundation doctors may ask to take time out of their two-year Foundation Programme, usually after F1, for a number of reasons, including:
 - a. wanting to work somewhere else;
 - b. wanting to travel;
 - c. domestic reasons (for example, childcare commitments);
 - d. health reasons; or
 - e. personal reasons (for example, pregnancy).

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Access to Foundation training

64. Foundation doctors who take time out of the Foundation Programme will still be entitled to their legal employment rights such as maternity leave and sick leave.
65. If, after discussion, a doctor decides to go ahead with their request to take time out, they should fill in a TOFP request form (see Appendix 5) and send it to the Foundation school director. The request will be reviewed in line with the Foundation school's procedures. The Foundation school director will need to receive such requests by the end of the sixth month of the F1 year unless there are particular reasons why this is not possible, for example health reasons.
66. If the school director agrees to one year out of the Foundation Programme, the Foundation doctor will be able to return to their Foundation school at the end of that year.
67. If a Foundation doctor's request for time out has been agreed, but their plans change, the Foundation school will try to arrange an appropriate training opportunity for the doctor at short notice but the school cannot guarantee to do so.
68. Foundation doctors must tell their Foundation school director six months before the start date of their F2 year that they plan to return to the programme. If they do not do this, the Foundation doctor will not have an F2 training opportunity within the school on their return, which would mean they would need to apply for an F2 appointment along with everyone else.

Permanent withdrawal from a two-year Foundation training programme

69. A Foundation doctor can decide to withdraw permanently from a Foundation training programme. Before doing so, they should get advice from their educational supervisor, Foundation Programme training director or Foundation school director.
70. Foundation doctors should be strongly encouraged to stay in the Foundation school for the whole of their two-year programme. However, some Foundation doctors may want to withdraw from a Foundation training programme.

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Access to Foundation training

71. Foundation doctors are expected to act professionally when accepting posts. Doctors should give the Foundation school enough time to make suitable arrangements to meet patient and service needs. The doctor will be expected to meet the terms and conditions of their contract if they want to resign.

Section H

Meeting educational needs

Section H – Meeting educational needs

Foundation doctors who need to take flexible Foundation training

72. Foundation doctors needing flexible training must compete with all other applicants for entry into Foundation training. Once accepted into Foundation training, Foundation doctors who are training flexibly should have equal access to Foundation training opportunities.
73. Deaneries and Foundation schools should make it clear how Foundation doctors get access to flexible training once they start their Foundation training. The conditions for access to flexible training, funding and study-leave arrangements should be clear and fair. Doctors must do their training on at least a half-time basis to meet the requirements of the European Specialist Qualification Order (1995).
74. The current main reasons for taking flexible training are:
- a. caring for dependent family members;
 - b. ill health; or
 - c. a disability that means the doctor needs special arrangements.
75. Although Foundation doctors taking flexible Foundation training might meet the necessary competences before they complete two full years of training, they still need to complete:
- a. an overall total of one year (full-time equivalent) of F1 training; and
 - b. an overall total of one year (full-time equivalent) of F2 training;
- to meet the Maltese and UK requirements for all Foundation doctors, to meet the Foundation competences and to take a two-year experience-based Foundation training course (see paragraph 46).
76. Foundation doctors taking flexible training during Foundation training should usually be offered slot-sharing arrangements, that is two doctors working in the same post.
77. Out-of-hours contracts for all F1 and F2 doctors depend on service needs. If out-of-hours working is necessary, the employing health authorities will be responsible for meeting this cost.

Section H

Meeting educational needs

Academic opportunities during Foundation training

78. The Foundation Programme Malta will provide the opportunity for Foundation doctors who wish to pursue an academic career to have taster weeks in an academic post.

Medical graduates from the European Economic Area (EEA and Switzerland) and from overseas who want to take Foundation training

79. All Maltese medical graduates should take a two-year Foundation Programme. Doctors who are provisionally registered with the MCM and who satisfactorily complete the programme and demonstrate the outcomes for the Foundation programme will be eligible for full registration with the MCM.
80. Doctors who are eligible for provisional registration with the MCM but are not yet eligible for full registration with the MCM are also eligible to apply for these two-year programmes. All doctors eligible for a two-year Foundation Programme (UK medical graduates, EEA and Swiss graduates and doctors from overseas who are eligible for provisional or limited registration restricted to F1 posts with the GMC but are not yet eligible for limited or full registration) apply through the same competitive process. Doctors who are already eligible for full registration with the Medical Council of Malta are not normally eligible for the two-year Foundation Programme.

Disabled Foundation doctors or those with specific health issues

81. Disabled applicants or those with specific health issues will need to compete with all other applicants for Foundation training programmes. Applications from disabled applicants or those with specific health issues will be treated in line with the laws on equal opportunities. Applications from applicants with specific health issues will be treated in line with employment law. 104 Once appointed to a placement, the particular needs of these Foundation doctors will need to be assessed by the Health Care Services Division to decide whether appropriate arrangements can be made for these doctors to carry out their work and training.

Section H

Meeting educational needs

Foundation doctors needing extra educational support during Foundation training

82. The outcomes and competences that the GMC and the PMETB expect doctors to achieve before they can complete Foundation training are set out in *The New Doctor* (2007) and in the *Curriculum for the Foundation Years in Postgraduate Education and Training* (2007).
83. The assessment processes are set out in the *Curriculum for the Foundation Years in Postgraduate Education and Training* (2007).
84. If Foundation doctors are not able to demonstrate their progress in achieving the outcomes expected of them in *The New Doctor* during F1, they should get help from their educational supervisor and Foundation training programme director (FTPD). A remedial training placement will be arranged for a fixed period (for example, three, four or six months). In a small number of cases, a further fixed-term period may be agreed but the total period of this extra training should not be more than 12 months. If, after this period, an F1 doctor still cannot demonstrate that they have achieved the necessary outcomes for F1 the doctor will not be allowed to proceed to F2 and will therefore be unable to obtain full registration.
85. As long as the Foundation doctor has gone through the training and assessment process, and has tried to improve their identified weaknesses through remediation training, the Foundation school director can agree to extend the doctor's F2 training.
86. If the Foundation doctor has not demonstrated the necessary progress, the Foundation school director should review the local remediation process they have been through to make sure that it has been appropriate.

Section I

Approval of Foundation training programmes

Section I - Approval of Foundation training programmes

Approval of Foundation training programmes

87. The Medical Council of Malta is the competent authority responsible for:
- setting the standards for training programmes for provisionally registered doctors; and
 - quality-assuring the Foundation training until the doctor is fully registered with the MCM.
88. The Foundation School Directors are responsible for the educational and operational management of the Foundation training programme.
89. The Foundation School Directors are responsible for making sure that the placements within the Foundation Programme and the programme as a whole meet the outcomes needed for Foundation training and the standards of training, education, appraisal and assessment as outlined by the GMC and PMETB in the Standards for Training for the Foundation Programme (www.gmc-uk.org/education/index.asp).

Arranging F1 and F2 training opportunities

90. Within the Foundation Programmes, the MCM will approve individual Foundation Programme rotation.
91. In preparing to approve Foundation training, the Foundation school director arranges this training.
92. The Foundation School will be able to change the content of individual placements to meet the needs of the overall Foundation Programme or the needs of individual Foundation doctors, or in response to changes in the way services are delivered.
93. Along with the defined competences that doctors need to gain during their Foundation training, placements should also encourage the Foundation doctor to get experience in a range of specialties.

Section I

Approval of Foundation training programmes

94. There is a commitment in principle for all Foundation doctors to have the opportunity to get significant experience in primary care during their Foundation training.

Embedded taster experience

95. Foundation doctors can use their F2 study leave to develop experiential placements in specialties that they want to explore. There are two purposes for these placements.

- a. To give F2 doctors some understanding (taste) of what the specialty could offer them as a future career,
- b. To develop their understanding of the specialty and its contribution to the care and safety of patients.

96. These placements may be developed as and when they are needed, for example when Foundation doctors (with help from their educational supervisor) decide on their career ambitions and need to look in detail at specific specialties, or these placements may be previously arranged in a trust. Plans to take a 'taster' experience (similar to work experience) should be made early in the placement so that there is time for these practical sessions to be developed on an individual basis, if necessary. The placements should be planned with local specialists. A detailed timetable that encourages the Foundation doctor's full involvement with the clinical team should be developed for the placement. These placements will make sure that senior staff are involved in training the Foundation doctor to encourage their enthusiasm, interest and understanding in the specialty. There is a template for developing a 'taster' placement in Appendix 7.

Placements providing more than one specialty at a time

97. Placements may offer the Foundation doctor more than one specialty at a time, for example acute medicine (emergency care) combined with medical microbiology. These placements will depend on the needs of the service and local arrangements, but they must contribute to the overall objectives of Foundation training and have been approved by the Foundation school director.

98. Each foundation training programme has its own number, and the F1 or F2 years within that programme also have their own numbers. Each year has a series of three-, or six-month placements. The six month placements are in General Medicine and General Surgery, and may be continuous or separate.

Section I

Approval of Foundation training programmes

99. Some specialties may count for General Medicine (eg Cardiology, Haematology, Geriatrics) and some others for General Surgery (eg Urology, Orthopaedics). A three month placement in General Medicine and General Surgery will however always be mandatory *in addition to* one of the above related specialties. The obligation to do six months in General Medicine and General Surgery (of which a three month block *might* include one of the above related specialties) will thus remain.

Section J

The Foundation training curriculum

Section J – The Foundation training curriculum

100. The Curriculum for the Foundation Years in Postgraduate Training and Education has been agreed by the competent authorities. It will be regularly reviewed. The curriculum covers both years of Foundation training, and identifies the outcomes for F1 as set out in The New Doctor as well as the competences needed for F2.
101. The Foundation School under the supervision of the FSB is responsible for making sure that:
- a. each Foundation doctor has access to an individual Foundation Programme which is a series of placements delivered through the Foundation training programme to help the Foundation doctor achieve the competences they need;
 - b. the placements for both years of the two-year programme will normally be designed in each year to give the Foundation doctor access to two to four different clinical settings
 - c. most Foundation doctors will have training in primary care, if resources allow, with more varied experience in the placements over time;
 - d. the main professional learning programme described in paragraphs 105 to 111 is delivered, where possible, in a hands-on, practical setting; and
 - e. in the Foundation training programme placements, the Foundation doctor will get a combination of experience and training that will help them to demonstrate that they have achieved, necessary Foundation competences.

Section K

The educational environment and structure

Section K – The educational environment and structure

Educational framework for Foundation training

102. The Foundation school will need to make sure that all health-care facilities providing Foundation training offer a learning environment that educates and supports F1 and F2 doctors. The regulators expect this from Foundation training providers
103. Setting up an educational framework across the two years of Foundation training will be important if the programmes are to support Foundation doctors.
104. Foundation training is supported and improved through several educational strategies, including named Foundation training programme directors (FTPD) alongside educational supervisors, who will support Foundation doctors within the programmes over the whole of a one- or two-year programme;
- a. • a clear and agreed standard learning programme
 - b. • using the eportfolio; and
 - c. • using common assessment tools across F1 and F2 .

Formal teaching programme to develop professional skills during F1 and F2

105. The Foundation programme curriculum requires that Foundation doctors develop 'generic' skills, which are those professional skills that every doctor should have, whatever their specialty and wherever they work.
106. A formal generic professional programme is part of Foundation training and has been included in the curriculum for both F1 and F2. This programme should emphasise two of the main themes of Foundation training, which are patient safety and accountability for the continuous improvement of clinical services (clinical governance).

Section K

The educational environment and structure

107. Foundation doctors, trainers, the Department Of Health, educationalists and patients can be sure that the learning programme deliberately concentrates on the themes of patient safety and accountability, which are at the heart of Foundation training.

F1 professional learning programme

108. F1 professional training should provide:
- at least seven days a year of learning opportunities for F1 doctors set aside and delivered as full days, or as a number of hours each week, and
 - training for IT systems relevant to particular settings.

F2 professional learning programme

109. F2 training should provide:
- practical sessions involving more than one professional tutor wherever possible and appropriate;
 - at least 10 days a year of F2 study leave set aside to support the standard professional learning programme and other aspects of F2 training;
 - a clinical audit project; and
 - the opportunity to try other clinical specialties outside their F2 placements (tasters).
110. As a minimum, the following learning programme should be delivered during F2:
- Different models of the doctor-patient relationship and the implications for clinical or patient decision-making.
 - Teamworking and communicating with colleagues.
 - Understanding patient consent and explaining risk.
 - Managing risks and complaints, and learning from them.
 - Being aware of ethics and law as part of clinical practice.
 - Using the best available research evidence in the care of patients.
 - Understanding how appraisal works to promote life-long learning and professional development.
 - Taking responsibility for the future of medical care in Malta by teaching others effectively.
111. The structured F1 and F2 professional learning programme, spread over the two years of Foundation training, is based on developing a generic

Section K

The educational environment and structure

(standard) learning programme with the safety of patients and the accountability of doctors as its central theme. This approach also supports improved teamworking, another central part of Foundation training, by promoting learning from different professions through F2 where this is possible.

Section L

Study leave during Foundation training

Section L – Study leave during Foundation training

Foundation doctors in Foundation year one (F1)

112. F1 doctors are not eligible for study leave. However, The New Doctor says that ‘training must provide regular, formal educational sessions that cover topics of value and interest to Foundation doctors, who must be facilitated to attend.

In formal educational sessions, Foundation doctors must not be on duty and should give their pagers to someone else so that they can take part’.

Foundation doctors in F1 must have ‘protected’ time specifically allocated to support their learning outcomes as laid down by the GMC and the Foundation training curriculum, either:

- a. through a weekly and timetabled learning programme; or
- b. by totalling at least one hour a week of pre-registration training to provide at least seven days a year for generic (standard) professional development in line with the generic professional learning programme described above.

Foundation doctors in Foundation year two (F2)

113. F2 doctors may take up to 15 days’ study leave each year, as long as this is consistent with maintaining essential services.

114. The Conference of Postgraduate Medical Education Deans (COPMeD) study leave guidelines recommend that F2 doctors should normally use study leave:

- a. to improve their clinical education and training;
- b. if planned as far in advance as possible, as a central part of the education and training process; and
- c. to provide education and training not easily available in the clinical setting or locally.

Section L

Study leave during Foundation training

115. Both the GMC and Postgraduate Medical and Training Education Board (PMETB) have specific generic (standard) areas of professional competence relating to Good Medical Practice and to the curriculum.
116. These areas of competence form some of the Foundation Programme's main learning objectives. F2 doctors should use their study leave to support these learning objectives.
117. At least ten days each year (and the appropriate funding for each Foundation doctor) should be set aside to support a formal educational programme in generic professional training and other aspects of F2 training. The funding allocation for Foundation doctors should be used to help deliver the professional programme described above by funding educational activities such as outside speakers, simulation programmes, and administrative support for F2 programmes.
118. The Foundation doctor should use any time and funding that is left to support other parts of their Foundation training, relating to its specific objectives and competences. For example, the doctor could make good use of the time to look in more detail at a special interest or some taster programmes in diagnostic or other clinical areas so that they can explore other careers (including academic tasters) not available in the usual F2 placement (see paragraph 93). F2 doctors cannot use their study leave to prepare for specialist examinations during Foundation training, but they could use it for activities that can add to their portfolios.
119. In line with good educational supervision, the Foundation doctor should agree with their educational supervisor how they can best use their study leave to:
- a. support the aims of the programme;
 - b. achieve the Foundation outcomes and competences they need; and
 - c. explore career opportunities and improve their wider professional development.

Section M

The portfolio and appraising Foundation doctors

Section M – The portfolio and appraising Foundation doctors

120. All Foundation doctors taking Foundation training will be expected to keep a portfolio and use it to support their educational and professional development.
121. The portfolio is the basis of the appraisal process for educational Foundation training.
122. Educational appraisals for Foundation doctors must be planned and regular.
123. The Foundation training programme director (FTPD) is responsible for allocating each Foundation doctor to a trained educational supervisor who may also be their clinical supervisor.
124. Educational supervisors must give Foundation doctors regular and planned appraisals. The supervisors should be trained in how to carry out educational appraisal and to give feedback (for example, www.appraisal-skills.nhs.uk offers online appraisal training for trainers and Foundation doctors).
125. The portfolio will be designed to support the educational appraisal process, as well as encouraging adult learning that is based on set objectives. Foundation doctors and educational supervisors will need to learn how to use the portfolio to get the most from it. During their induction programme, time should be set aside to make sure that Foundation doctors understand how the portfolio will be used as part of the educational process during their Foundation training.

Section N

Developing the Foundation training faculty

Section N – Developing the Foundation training faculty

126. One of the main responsibilities of the department of health is supervised training. This is to protect patient safety and to develop the medical workforce so that they can provide for future service needs.
127. The Foundation school will work to develop a Foundation training faculty in Malta.
128. Educationalists, who are skilled in adult learning and in postgraduate medical education, will lead the development of this faculty.
129. From August 2007, all doctors involved in clinical and educational supervision will have to meet the standards for training for the Foundation Programme agreed by the General Medical Council (GMC) and Postgraduate Medical Education and Training Board (PMETB).
130. Educational and clinical supervisors will have had to demonstrate their competence in educational appraisal and feedback, and in assessment methods, including their ability to use the specific workplace-based assessment tools approved by PMETB for use in Foundation training.
131. Those who have specific responsibility for giving career advice will also need to be trained in this area.

Section N

Developing the Foundation training faculty

Clinical and educational supervision

132. All Foundation doctors must have a named educational and clinical supervisor for each Foundation placement or part of a placement as appropriate (see table 1). The same person often provides clinical supervision and educational supervision. Arrangements that separate educational and clinical supervision are acceptable, as long as they are properly managed and relevant information about progress and performance is regularly exchanged between clinical and education supervisor.
133. Educational supervisors must be trained for their role. Educational supervisors must have time set aside in their contracts and job plans to allow for educational supervision of Foundation doctors. Similarly, enough time must be set aside in consultants' contracts and job plans to allow them to provide clinical supervision for Foundation doctors while still meeting their own service targets and objectives.
134. Foundation training programme directors (FTPDs) are responsible for making sure that the standard of supervision over the two-year programme is consistent.

Clinical supervision

135. All clinical supervisors should:
- a. be fully trained in clinical care and understand their responsibilities for patient safety;
 - b. offer a level of clinical supervision appropriate for a Foundation doctor's competence and experience, and appropriately tailored for the individual Foundation doctor;
 - c. make sure that no Foundation doctor is expected to take responsibility for, or perform, any clinical, surgical or other technique if they do not have the appropriate experience and expertise;
 - d. make sure that Foundation doctors only perform tasks unsupervised if the supervisor is satisfied that they are competent so to do, and that both Foundation doctor and supervisor are always aware of their direct responsibilities for the safety of patients in their care;

Section N

Developing the Foundation training faculty

- e. consider whether it is appropriate to delegate some supervision to appropriately experienced and trained colleague consultants, general practitioners or non-consultant doctors in some circumstances, although the clinical supervisor remains responsible and accountable for the patient's care and for the supervision of the Foundation doctor in training; and
- f. be appropriately trained to teach, provide feedback and assess Foundation doctors.

Clinical supervision in hospital at night

136. To provide safe and effective clinical care at night, the different health care systems need to set up teams of professionals from different disciplines (such as nurses and doctors. Foundation doctors should be included in these teams, as long as they have appropriate induction, supervision and a clear understanding of individual competences. The Foundation doctor will be an important member of the team but they need appropriate clinical supervision.
137. Working full shifts, especially when there are small numbers of doctors on the rota, could greatly limit a doctor's access to clinical supervision. Foundation doctors involved in emergency work must have dedicated senior supervision during all shifts, whether they are out of hours or not.

Educational supervision

138. All educational supervisors should:
- a. be suitably prepared for their role and understand educational theory and practical educational techniques (for example, they should have taken formal training or an online training programme
 - b. be trained and accredited as competent to offer educational supervision and assess the competence of Foundation doctors during their Foundation training;
 - c. supervise and review the Foundation doctor appropriately, so Foundation doctors should expect regular, planned reviews through educational appraisals;
 - d. be responsible: a for maintaining appropriate records of assessment for those Foundation doctors they supervise; and b for contacting the relevant Foundation training programme directors (FTPD) if any Foundation doctor's performance causes concern.

Section O

Career planning

Section O – Career planning

139. Foundation training should offer F1 and F2 doctors the opportunity to explore career options. As well as doing rotations through a range of specialties and settings, Foundation doctors need advice and accurate information about current and future career opportunities. They will also need support, advice and coaching to help them plan their careers.
140. Career planning will involve Foundation doctors learning and being coached about how best to match their skills, strengths and interests with the needs of the Health service. Accurate information about job opportunities and career pathways is essential. Good career planning will also involve helping Foundation doctors to understand that life-long learning is vital to a successful career, giving them flexibility and adaptability throughout their medical working lives.
141. The Foundation School Directors must make sure that those who provide career advice and coaching are trained appropriately. It will not be enough for only educational supervisors to offer informal career advice, as has often happened in the past.

Section P

Assessment during Foundation training

Section P – Assessment during Foundation training

142. The outcomes of Foundation Programme assessment are as follows.
- a. Foundation doctors in F1 Foundation doctors will need to demonstrate the areas of competence identified by the GMC in The New Doctor n. The Foundation doctor must be given a certificate of satisfactory service at the end of each placement, describing the outcomes they have achieved. A certificate of experience for provisionally registered doctors will need to be signed off at the end of the F1 year by the Foundation School
 - b. Foundation doctors in F2 The Foundation doctor will need to provide evidence, from the in-work and other assessment methods described in the curriculum document, that they have demonstrated the F2 competences through assessment. The assessment process at the end of F2 will need to confirm that the identified competences have been met. The Foundation Achievement of Competency Document (FACD) will be signed off at the end of F2 for Foundation doctors who satisfactorily complete the F2 year.
143. Assessment of identified competences during Foundation training is a central part of the Modernising Medical Careers programme.
144. All Foundation doctors should maintain and develop their portfolio as evidence of their achievements. Foundation doctors should use their portfolio to support their appraisals and to record their progress.
145. The portfolio is structured to reflect the emphasis in Foundation training on workplace-based learning, which is supported by a programme of workplace-based assessment.
146. Using validated assessment tools, trained assessors from a range of health-care professions will regularly assess Foundation doctors at work, following a standard assessment procedure.

Section P

Assessment during Foundation training

147. The curriculum also refers to other assessment tools that may be used, such as assessing the portfolio, video assessment or analysing the Foundation doctor's response to a critical incident.
148. The main principles of the assessment process are that it is:
- a. based on the doctor's competence;
 - b. led by the doctor's individual circumstances;• based on workplace-based assessment;
 - c. open and fair;
 - d. developmental (in other words, helps the doctor to develop and improve); and
 - e. can be used to confirm that a doctor has reached the required standard of competence.
149. The assessment methods will be looking for the Foundation doctor to demonstrate competences from the list of those in the Curriculum, across a range of settings. Educational supervisors and Foundation training programme directors (FTPD) will need to make sure that: a Foundation doctors can easily arrange assessments during their Foundation placements; and b assessors are available and able to provide assessments at appropriate opportunities. .

Section Q

When a Foundation doctor fails to make progress during Foundation training

Section Q - When a Foundation doctor fails to make progress during Foundation training

150. Foundation doctors in this situation may be identified by, for example:
- a. their reluctance or failure to take part in all the necessary training modules;
 - b. their reluctance or failure to get fully involved in the assessment process;
 - c. concerns raised by educational supervisors; or
 - d. serious incidents, events or complaints involving something they have done or not done.
151. Educational supervisors should look out for these and other early signs of problems, and be ready to offer support to Foundation doctors who are having difficulty adjusting to the role. It is essential that the educational supervisor raises such concerns early and formally with the Foundation doctor concerned. The educational supervisor should also get advice early on from the Foundation training programme director (FTPD) and follow the guidance set out in *The New Doctor*.
152. The educational supervisor may need to arrange an in-depth assessment, looking at the Foundation doctor's health, attitudes, skills and their training environment, so that they can take appropriate supportive action. All meetings, discussions, assessments and so on should be recorded in writing.
153. The Foundation School Director, or their deputy, may need to be directly involved so that appropriate remedial (supportive) or extra assessment measures can be taken (see paragraphs 82-86). Such action may be separate to or part of the employing authority's performance or disciplinary procedure.

Section R

Failure to complete Foundation year one (F1)

Section R – Failure to complete Foundation year 1 (F1)

154. The New Doctor sets out guidance on monitoring the progress of F1s in the standards for training for the Foundation Programme.

Section S

Failure to complete Foundation year two (F2)

Section S – Failure to complete Foundation year 2 (F2)

155. There will be some F2 doctors who do not complete Foundation year two.

156. The possible reasons for this failure, and the options open to the Foundation doctor in each situation, can be summarised as follows.

a. Failure to provide evidence of gaining F2 competences

This may be, for example, as a result of failure to complete enough assessments, or to provide the outcomes for analysis on time.

Exit action: It is the Foundation doctor's responsibility to do their assessments on time. If, at the end of the F2 year, they have not built up enough assessments as evidence of their competence, they will not get an F2 achievement of competence document (FACD). The educational supervisor should encourage each Foundation doctor to get involved in the assessment process, and to report any difficulties they may have in doing so as soon as they arise. The educational supervisor should report to the Foundation training programme director (FTPD) any Foundation doctor who does not get involved in the assessment process. The FTPD will consider further in-depth assessment for the Foundation doctor concerned, to look at their health, attitudes, skills and the training environment, and to see what support they need. At this stage the Foundation training programme director should involve the Foundation school director, and they can consider other ways of assessing the Foundation doctor. If, despite this support, the Foundation doctor does not complete the necessary number of different types of assessments, they should be given an educational supervisor's report that lists the competences they have achieved while in the programme, and their level of performance as assessed at the end of the F2 year. This report should be filed in their portfolio, which the Foundation doctor should keep.

Return to training: If the Foundation doctor decides to return to training, they will have to apply for entry to the F2 programme in the

Section S

Failure to complete Foundation year two (F2)

normal way. If they get a place on the training programme, their portfolio may provide a useful starting point for a learning plan. The Foundation doctor will normally be expected to complete the full set of competence assessments following their return to training, before they will be issued with a certificate of satisfactory completion. They may be given credit for the time they have already completed in training or the competences they have already achieved, but this will be the Foundation school director's (or deputy's) decision.

b. Failure to achieve F2 competences at the end of the F2 year

This may be, for example, a situation where assessments reveal the Foundation doctor has not achieved the standard needed for F2 within the expected timescale.

Exit action: Although the educational supervisor should do all they can to identify those Foundation doctors who are struggling early on, and to provide support as soon as possible, some Foundation doctors will not achieve the necessary standard within the expected timescale. This failure to progress as expected should automatically lead to a further in-depth assessment that will look at the Foundation doctor's health, attitudes, skills and their training environment, and the appropriate support they need. If, at the end of the F2 year, the doctor's assessments taken together show that they have not met the necessary standard, they will not get the F2 achievement of competence document. The Foundation doctor should be given an educational supervisor's report that lists the competences they have achieved while in the programme, and their level of performance as assessed at the time of the F2 year. This report should be filed in their portfolio, which the Foundation doctor should keep. Depending on the nature and seriousness of the doctor's under performance, it may be appropriate to refer them to the Medical Council of Malta (GMC).

Remedial training: As long as the Foundation doctor has been involved in the training and assessment process, and tried to improve their weaknesses, they may be granted an extension to their F2 training through a remedial training placement. This placement will focus on the identified weaknesses. The postgraduate dean or Foundation school director will have the final decision. A remedial training placement will be arranged for a fixed period, usually for three,

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Failure to complete Foundation year two (F2)

four or six months (full-time equivalent). In exceptional circumstances, a further fixed-term placement may be agreed. However, the total period of remedial training should not be more than 12 months (full-time equivalent) in total. The Foundation doctor does not have to apply for a place on a remedial training course. Instead, it will be arranged by the Foundation training programme directors (FTPD), in discussion with the Foundation doctor, as far as possible to suit their individual needs (see paragraph 85). The portfolio will provide evidence of the competences the Foundation doctor has already achieved, and will form the starting point for developing a learning plan. The Foundation doctor will be expected to complete the full set of competency assessments satisfactorily after their remedial training. If they do, they will be issued with an F2 achievement of competence document.

c. Failure to achieve F2 competences at the end of remedial training

In this situation, assessments reveal that the Foundation doctor has failed to achieve the standard needed to complete F2 despite having an extended period of remedial training.

Exit action: Although the educational supervisor should do everything they can to support the remedial Foundation doctor, it is possible that some Foundation doctors will not achieve the necessary standard even after an extended period of remedial training. If, at the end of the extended period of remedial training, the doctor's assessments taken together show that they have not met the required standard, they will not get the F2 achievement of competence document. The Foundation doctor should be given an educational supervisor's report that lists the competences they have achieved while in the programme, and their level of performance as assessed at the end of the remedial training. This report should be filed in the portfolio, which the Foundation doctor should keep. At this stage the Foundation doctor will be referred to the MaltaMC.

Return to training: It is possible that after a career break, or experience of working in another setting, the Foundation doctor who has failed to achieve the F2 competences (despite extended remedial training) may want to try again. They will have to apply for entry to F2 training opportunities in the normal way. Once the Foundation doctor

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has been appointed, the portfolio will provide evidence of the competences they have already achieved, and those they did not achieve even after remedial training. This portfolio can provide the basis for developing a learning plan. The Foundation doctor will be expected to complete the full set of competency assessments satisfactorily after they return to training, before they will get the Foundation Achievement of Competency Document (FACD).

d. Resigning from an F2 placement or post

This may be for personal reasons (for example, taking a career break or a change of career).

Exit action: The Foundation doctor needs to understand that if they resign from a post or placement, this normally means they resign from the F2 programme altogether. The Foundation doctor should consider alternatives to resignation. Sometimes, a change of placement and a fresh start with a new trainer is all they need. If the Foundation doctor is determined to resign, however, they should be given an educational supervisor's report that shows the competences they achieved while in the programme, and their level of performance as assessed at the time they resigned. This report should be filed in the Foundation portfolio, which the Foundation doctor should keep.

Return to training: A Foundation doctor who has resigned will not be automatically entitled to a placement if they decide to return. They will have to apply for a placement on the F2 programme in the normal way. Once they have been appointed, their portfolio may provide a useful basis for developing a learning plan. The Foundation doctor will normally be expected to complete the full set of competency assessments after they return to training, before they can get a Foundation Achievement of Competency Document (FACD), but they may be given credit for time they have already completed or competences they have achieved, although this decision will be made by the postgraduate dean or Foundation school director.

e. Dismissal from an F2 placement (for example, because of misconduct).

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Exit action: If the Foundation doctor is dismissed from one placement in the F2 programme, this normally means they are dismissed from the F2 programme altogether, and will face the appropriate disciplinary procedures by the Department of Health. The Foundation doctor should be given an educational supervisor's report that lists the competences they achieved while in the programme, and their level of performance as assessed at the time they were dismissed, as well as a brief statement of the facts about their dismissal. This report should be filed in their portfolio, which the Foundation doctor should keep. The Medical Superintendent of the hospital or equivalent should consider referring the Foundation doctor to the Medical Council of Malta, depending on the nature and seriousness of the behaviour that led to the Foundation doctor's dismissal, and whether there is any doubt about their fitness to practise.

Return to training: A Foundation doctor returning to training will have to apply for entry to the F2 programme in the normal way. They will normally have to mention on their application form for F2 programmes if:

- i. they have previously been dismissed for misconduct;
- ii. they have ever been disqualified from practice or had specific limitations put on their practice; or
- iii. their fitness to practise is currently under investigation, in the UK or elsewhere.

Once the Foundation doctor has been appointed, their portfolio will provide a basis for their learning plan. Their previous dismissal, and the behaviour that led to it, will be taken into account in setting their objectives and arranging their supervision. The Foundation doctor will normally be expected to complete the full set of competency assessments after they return to training, before they will get a Foundation Achievement of Competency Document (FACD), but they may be given credit for time they have already completed or competences they have achieved, although this decision will be made by the postgraduate dean or Foundation school director.

157. Foundation doctors will benefit from getting fully involved in the educational and assessment processes of their Foundation training.

The Foundation doctor's responsibilities as far as the in-work assessment programme is concerned are that they:

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- a. demonstrate professional behaviour in line with Good Medical Practice;
- b. get help from appropriate people if they have any problems during their training;
- c. get fully involved in the education and assessment processes and demonstrate their involvement by attending educational sessions and by taking part in the full range of activities needed to get their competences signed off; and
- d. take part in the career-management process set up by the deanery to match their skills, interests and ambitions with the available opportunities to practise.

Section T

After Foundation training

Section T – After Foundation training

158. If they are eligible, Foundation doctors will be able to compete for entry into specialty training and general-practice (GP) training. Using available career-planning advice and support, doctors should try to match their skills, interests and ambitions with the available opportunities to practise medicine.
159. In line with Modernising Medical Careers: the next steps, Foundation doctors are not expected to have taken a placement in a specific specialty so that they will be eligible to apply for that specialty or GP training programme.

Appendix 1

The duties of a doctor registered with the Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust, you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
- Keep your professional knowledge and skills up to date
- Recognise and work within the limits of your competence
- Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
- Treat patients politely and considerately
- Respect patients' right to confidentiality
- Work in partnership with patients
- Listen to patients and respond to their concerns and preferences
- Give patients the information they want or need in a way they can understand
- Respect patients' right to reach decisions with you about their treatment and care
- Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
- Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
- Never discriminate unfairly against patients or colleagues
- Never abuse your patients' trust in you or the public's trust in the profession.

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You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.'

All Foundation doctors should make sure that they have read *Good Medical Practice* and fully understand its contents.

Appendix 2

Model job description for the Foundation School Director (FSD)

Foundation School Director

Accountable to: Chairperson Foundation School Board

Reports to: Foundation School Management Committee and FSB

The Foundation School Director is responsible for the overall management and quality control of the Foundation school. Supported by a Foundation School Management Committee, a Foundation School Manager and appropriate support staff, the Foundation school director will be responsible for developing and supporting the organisational framework within which Foundation Programmes are delivered.

Main responsibilities

1. School governance and quality control

- a. To provide regular reports for the Medical Council of Malta sub committee.
- b. To set in place appropriate quality-control processes within programmes delivered by the Foundation school.
- c. To carry out quality control on the educational programmes that the school provides in line with UK guidance.
- d. To work with representatives from both the General Medical Council (GMC) and Postgraduate Medical Education and Training Board (PMETB) to make sure they meet national UK standards.
- e. To make sure that the appeals panel meets as and when necessary, (including making sure that all appeal panel members have been trained in equality and diversity, and in line with human resources (HR) procedures).

2. Programme Development and Management.

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- a. To liaise with educators within the school to ensure that information about Foundation training is communicated effectively and regularly.
- b. To forge strong links with the undergraduate medical department and engage in curriculum review and assessments of final year students to aid seamless transition.
- c. To develop and manage the recruitment process to Foundation training in accordance with due regard to the requirements of equality and employment legislation.
- d. To ensure that the School provides timely and appropriate career guidance.

3. Training and Assessment

- a. To ensure that systems are in place for the collection, entry and analysis of assessment data to support applications for full registration with the Medical Council of Malta.
- b. To ensure that systems are in place to identify trainees who are failing to progress satisfactorily and take appropriate steps to supply remediation, in consultation with the postgraduate dean.

4. Faculty development

- a. To ensure that systems are in place to train and develop the skills of the Foundation school faculty including Foundation training programme directors/tutors, educational supervisors and clinical supervisors.
- b. To participate in the development of postgraduate medical education in through close working with the Postgraduate training committee. b.

Appendix 3

Model job description for Foundation Training Programme Director (FTPD)

Foundation Training Programme Director

Accountable to: Foundation School Director

Reports to: Foundation School Management Committee and FSB

Tenure: Three years (with review after 12 months)

Job Purpose

The Foundation training programme director (FTPD) is responsible for the overall management and quality control of a Foundation Programme (unit of approval) that consists of 50-100 placements designed for Foundation training across a health economy (Acute, mental health and primary care trusts). S/he will work with the local lead educators to ensure that each placement of the programme and the programme as a whole meets the standard for training and that each trainee is able to access a comprehensive range of experiences which will enable them to gain the competences necessary for full registration and completion of Foundation training.

Key Responsibilities

- 1. To manage and quality control a specified Foundation training programme.**
 - a. To work with the local lead educators (clinical tutors, course organisers and tutors) to ensure that the training programme meets the requirements of the deanery educational contracts for Foundation training.
 - b. To work with lead educators, educational and clinical supervisors and human resources to ensure that each programme and its constituent

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- placements have a current job description that meets the requirements of Deanery educational contracts for Foundation training.
- c. To work with local lead educators to ensure that each programme (F1/F2 and F2 stand-alone) meets the educational aims specified for the programme.
 - d. To work with local lead educators to ensure that each placement in the programme meets the educational aims specified for the placement.
 - e. To monitor the attendance and performance of each Foundation doctor at regular intervals and initiate remedial support for any doctor in difficulty.
 - f. To collect evidence about attendance and performance to corroborate content of individual Foundation doctor's portfolios and enable decisions about recommendations for registration and certification.
 - g. To provide annual reports for the Foundation school director.

2. To ensure that all Foundation doctors in the programme have access to training.

- a. To ensure that all Foundation doctors in the programme have access to suitable induction, coordinated generic teaching and educational supervision.
- b. To ensure that all Foundation doctors in the programme have access to clinical supervision and trained assessors.
- c. To maintain databases of Foundation doctors within the programme including details of their placements, supervisor(s), assessment results, attendance at generic teaching, and study leave.

3. to ensure the effective development of a local faculty of educators capable of delivering Foundation training.

- a. To work with local lead educators to ensure that there are sufficient trained staff able to assess Foundation doctors.
- b. To maintain databases of local educators (educational supervisors, clinical supervisors, trained assessors) including their potential to contribute to the generic professional programme and their preparation for their role.

4. To work with the Foundation school director and faculty to ensure Foundation training benefits from a co-ordinated approach

- a. To liaise regularly with the Foundation school director, manager and other Foundation training programme directors to ensure that best practices are shared and there is a coordinated approach to the development and management of Foundation training programmes.
- b. To attend Foundation School Management Committee meetings.

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- c. To attend (or send a suitably qualified deputy) to any sub-committees or working groups established by the Foundation School Management Committee.

5. To contribute to the overall development of the Foundation school.

- a. To attend development programmes for clinical educators and maintain skills in medical education.
- b. To lead development projects by mutual agreement and share the results.

Model job description for Associate Foundation Training Programme Director (AFTPD)

Job Title: Associate Foundation Training Programme Director (AFTPD)
Accountable to: Foundation School Director/s
Remuneration: 1 session equivalent

Key Responsibilities

In summary, the Associate Foundation Programme Director (AFPD) has responsibility for managing Foundation training programmes providing for doctors in Foundation training

The specific responsibilities of the AFPD are to:

- participate in local, and where appropriate national, Training Committees developed by the postgraduate training committee to support and advise on the management of the specialty training programme(s) within the deanery or across deanery boundaries;
- Take the lead in specific key areas of Foundation training eg: Clinical skills teaching, Careers support, Generic lecture programme, e-learning modules
- work with delegated Faculty representatives *or* Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience;
- take into account the collective needs of trainees in the programme when planning training for individual trainees;
- manage the provision of study leave within the programme;
- participate in the Annual Review of Competence Progression process;
- be trained in equality and diversity to promote equality of opportunity and eliminate unfair discrimination;
- provide support for clinical and educational supervisors within the programme;
- contribute to the annual assessment outcome process including the provision of an annual report to the FSB and Medical Council Malta

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- ensure that all trainees receive a comprehensive induction into the specialty and to ensure that any subsequent induction to placements within the programme takes place in a timely manner;
- help the Foundation Programme Directors to manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required; and
- provide advice on other issues relating to Foundation training
- be familiar with the policy for careers management and counselling which covers the needs of all trainees in their specialty programme.
- have career management skills (or be able to provide access to them)
- play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates e.g. coordinating taster sessions during Foundation training, career fair representation.

This list is not exhaustive, and may be amended as required in conjunction with the Foundation School Director/s.

Key result areas

- Provide evidence of robust quality management for the programme as required by the FSB and MCM quality assurance process,
- Deliver an *Annual Key Area Quality Management Report* in relation to the key areas which the AFPD has taken the lead to the Foundation School Director/s.

Procedure for appointment and accountability:

The appointment process will be the responsibility of the Director Health Care Services. The AFPD will be accountable to the Foundation School Director/s.

An annual review and appraisal will take place lead by the Foundation School Director/s.

Tenure:

3 years (renewable 3 yearly, subject to the approval of the Foundation School Director/s)

Appendix 4

Model educational standards for doctors in Foundation training

Section one: Overall management and support of Foundation training standards

The Foundation School Board (FSB).

1.1 The FSB will oversee and support Foundation training as part of its remit. For the purposes of the Malta Foundation School.

1.2 FSB Terms of Reference:

Purpose of Board

The Board exists to oversee and set the overall strategy for the Malta Foundation School in line with national standards set by the Medical Council Malta (MCM). The functions of the Board will be delivered by the Clinical Post-graduate Training Co-ordinating Committee.

Key Objectives

- To advise on the strategic direction for the Malta Foundation School.
- To ensure that the Malta Foundation School has appropriate processes and protocols in place in order to deliver Foundation training, which meet the required standards of training, education, appraisal and assessment.
- To facilitate the implementation of the Foundation Programme Malta
- To determine the resources required for the implementation of the Foundation programme and co-ordinate their most effective utilisation
- To ensure that the proposals for training integrate well with the requirements of the health service
- To ensure the effective integration of the Foundation and the specialist training programmes by facilitating the partnership between the University, the Malta Foundation School and the Post-graduate Specialty Training Programmes.

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Membership of the FSB:

Chairperson (Lead Post-graduate training Co-ordinator)

Foundation School Directors

Chairperson Post-graduate Advisory Committee

Foundation Year 2 doctor representative

Foundation Year 1 doctor representative

Specialist Accreditation Committee representative

Representative of Minister/PS

Elected representative of 5th year

Dean of Medical School

Lay person

Secretary:

Post-graduate Centre Executive Officer:

Ms Carol Fenech

In attendance:

Foundation School Manager: Ms Caroline Galea

Meetings & Procedures

- Two meetings will be held a year (January and June)
- Members unable to attend should nominate a suitable representative.

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The Foundation School Management Committee (FSMC)

1.3 FSMC Terms of reference:

Purpose of Committee

The purpose of the Committee is to oversee the implementation, delivery and quality control of Foundation programme training within the Malta Foundation School. A series of working groups may be formed, under the auspices of the Committee, to take forward strands of work as deemed necessary.

Key Objectives

- **To develop and support the organisational framework within which two-year Foundation Programmes and where appropriate F1 or F2 appointments are delivered:**
 - To ensure that systems are in place to train and develop the skills of the Foundation School faculty including Foundation training programme directors, educational supervisors and clinical supervisors
 - To develop and manage the recruitment process to Foundation training in accordance with recommended recruitment processes
 - To ensure that fair systems are in place for the allocation of entrants to the School's Foundation Training Programmes
 - To ensure that a core programme of education is delivered
 - To ensure that the School provides appropriate career guidance.
 - To ensure that systems are in place for the collection, entry and analysis of assessment data to support applications for full registration with the Medical Council Malta (MCM)
 - To ensure that systems are in place to identify and help trainees who are failing to progress satisfactorily
 - To ensure robust mechanisms for the payment of all Foundation Doctors and Foundation School Faculty members
- **To quality control the Foundation Programme and coordinate MCM and GMC quality assurance arrangements:**
 - To ensure that there are appropriate quality control processes within the programme.

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- **To develop and manage an appeals system on issues such as recruitment and assessment:**
 - To ensure the appeals process conforms to nationally agreed standards including training of panel members.

Committee Membership

Chair: Foundation School Director
Secretary: Foundation School Coordinator/Manager

Foundation School: Foundation School Director
Foundation School Manager
Associate FP Director responsible for Career Guidance
Associate FP Director responsible for Clinical skills

Mater Dei Hospital: Clinical Directors of Medicine
Clinical Director of Surgery
Medical staffing representative

FP Doctors: Year 1 representative
Year 2 representative

Medical School: Representative of the Dean Faculty of Surgery and Medicine
Medical student representative

Lay person

Meetings & Procedures

- The Committee will meet every three months (January, April, July & October)
- Working parties will meet as required.

1.4 The Foundation Programme Office will ensure the following:

- a. A specific handbook for Foundation doctors may be considered appropriate but at a minimum, guidance for Foundation doctors should be included in the doctors' in-training handbook.

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- b. Appropriate ‘training the trainer’ opportunities should be made available locally, or through CPD opportunities, at a minimum in:
 - educational and clinical supervision
 - appraisal
 - competence assessment
- c. Any healthcare professional undertaking competence assessment of Foundation doctors must be trained to do so, either through written guidance, facilitated training or on-line training opportunities.

1.5 Liaison and support from the human resources department should ensure that:

- a. Documentation of all training opportunities offering Foundation training at either F1 or F2 should be detailed (including part-time posts) and should be kept up-to-date with the Foundation Schools database.
- b. The employer is able to provide information on Foundation training doctors as required by the /Foundation School Director, including equality and diversity data. Where the employer operates medical manpower computer software, the data should be kept fully up to date.
- c. This information should be available to the Foundation Training Programme Director (FTPD) as required.
- d. There are regular and formal links between the /Foundation Training Programme Directors (FTPD)/ and local medical staffing covering all matters relating to the education and pastoral care of doctors in Foundation training.

1.6 Annual report on Foundation training

- a. The Foundation Training Programme Directors (FTPD), must produce an annual report on the progress of Foundation training within the programme..
- b. The report should specifically highlight any difficulties with reference to:
 - ensuring that Foundation doctors have access to Foundation training placements which enable them to develop the Foundation competences that are required by the Foundation Training Curriculum;

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- a taught generic professional programme is developed in line with the Curriculum and that Foundation doctors are enabled to attend. Where possible, this should be delivered in an interprofessional setting;
- Foundation faculty development;• Foundation doctors having access to career support/management programmes; and
- difficulties in providing part-time Foundation training when required.
 - iii The report should describe any difficulties with the placement of flexible Foundation doctors and an analysis undertaken to anticipate future difficulties and improve future practice.

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Section two: Employment of doctors in Foundation training

2.1 All Foundation training doctors should have up to date job descriptions, at each stage of their rotation that should include an outline of the educational programme for their current placement, developed with the help of the Foundation Training Programme Directors (FTPD).

2.2 Opportunities for training must be made available for those unable to work full-time for well-founded personal reasons. In line with recent changes to flexible training arrangements, this will normally be either:

- a. through reduced sessions in established full-time posts or;
- b. by two Foundation doctors sharing a substantive training slot, with additional sessional in-put from the deanery ('slot-shares'). Exceptionally, supernumerary part-time training will be considered where circumstances are such that this is the only way Foundation training can be undertaken.

2.3 Foundation training doctors should normally have employment contracts issued prior to taking up their placements, but at a maximum, within four weeks of starting their Foundation placement.

2.4 All Foundation training doctors should undergo a hospital induction programme and a departmental induction for each new placement in accordance with EL(94)1. This must include at a minimum:

- a. An educational induction, offering training in the use of the Portfolio and in the tools used for Foundation competency assessment.
- b. In accordance with Department of Health guidance, information on the expected standard of infection control to be practised.
- c. There must be an up to date Hospital Handbook for use by all Foundation training doctors which is issued to them on induction, which should contain relevant and up-to-date information on key functions and contact points.
- d. Relevant clinical protocols should be discussed as part of the departmental induction.

2.5 Trusts must ensure that training grade doctors are not bullied or intimidated or subjected to other inappropriate behaviour, which represents an abuse of professional authority.

- a. The Foundation School must have a Policy on Bullying and Harassment which in turn must require that the Health Care Services Division has a Policy on Bullying and that Foundation doctors are made aware of it.

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- b. Where bullying of Foundation doctors or other forms of behaviour inappropriate to a working and learning environment are discovered, the Health Care Services Division must take suitable action.

2.6 All Foundation training doctors' hours and work intensity must be in accordance with the requirements of the 'New Deal' and the European Working Time Directive. Foundation doctors should participate wherever appropriate in team-working initiatives, under appropriate supervision.

Section three: Foundation doctors - inappropriate duties

3.1 Inappropriate duties must not routinely be carried out by Foundation doctors e.g. delivering requests/samples for investigations, phlebotomy, chasing X-rays. Appropriate secretarial and ward clerk support must be provided to support Foundation doctors in their service and educational work.

3.2 Duties such as clerking for endoscopy lists (day cases), day case surgery or angiography (day cases) must only be carried out by Foundation doctors when such work forms an educational and/or natural part of the continuity of patient care.

3.3 Tasks such as exercise ECGs and minor surgery are only appropriate for Foundation doctors to carry out if there is a clear training component, i.e. supervision by a more senior doctor or further involvement in the patient's care.

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Section 4: Educational activities

4.1 The educational infrastructure for Foundation training should be supported by the following:

- a. i All Foundation doctors should be made explicitly aware of three core educational documents which directly affect their training:

1 Good Medical Practice (GMC)

2 The New Doctor (GMC)

3 Curriculum for the Foundation years in postgraduate education and training

Copies of these documents should be provided to Foundation doctors either by reference to appropriate websites or by hard copy.

- b. Educational Supervisors should agree Foundation doctors' educational objectives and these should be written in individual personal development plans (PDPs) within the Portfolio. The PDPs are to be reviewed regularly at the end and beginning of each new placement through a regular appraisal process to ensure steady progress against the require Foundation competences.
- c. Within the first week of starting a placement, a meeting between the educational supervisor and the Foundation doctor should take place to set educational objectives and to review progress in previous posts/placements.
- d. Advice on career management and planning should be made available to all Foundation doctors by senior people trained to do so.
- e. There must be evidence of a robust programme of formal education in generic professional and clinical skills designed to address the Foundation training Curriculum. These may include lecture/tutorial programmes, interactive sessions, departmental meetings, participation in clinical audit, interprofessional learning sessions, training in a simulated environment, e-line learning etc.
- f. Foundation doctors should work under supervision as members of and within clinical teams.
- g. Foundation doctors should also work to the limit of clinical responsibility consistent with a reasonable assessment of their competence and the level of their supervision. This should include active participation in the Hospital at Night and in appropriate out of hours service.

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- h. The employer must ensure Foundation doctors are enabled to take agreed study leave that supports the educational objectives of Foundation training. The employer needs to demonstrate its responsibility for ensuring that the educational responsibilities of Foundation Educational Supervisors and trainers are acknowledged within a consultant's employment contract.
- i. The employer needs to demonstrate that Foundation educational and clinical supervisors and trainers are enabled to undertake appropriate professional development ('training the trainers') to support their training activities.

4.2 Foundation year one (F1) doctors

- a. Training for these doctors should reflect the principles recommended in the GMC's *The New Doctor* (1997) (but recognise that developments should support the implementation in 2007 of *The New Doctor* (2005)).
- b. There must be relevant supervised and protected structured training in so that a Certificate of Experience can be issued at the end of F1.
- c. There must be an educational programme aimed at F1 training needs of at least one hour a week, which they can attend in protected (bleep-free) time. There should be another two hours a week (also in protected, bleep-free time) of relevant formal education. There must be evidence of a robust programme of formal education in generic professional and clinical skills designed to address the Foundation training Curriculum. This time can be aggregated to offer full days of training where this meets local conditions.
- d. There must be a comprehensive and appropriate induction process for PRHOs whenever they start a placement in a new site or department.
- e. There should be arrangements in place for appropriate career support and management for F1 doctors.
- f. Formalised assessments of F1 performance should take account of progress towards:
 - satisfying the outcomes of F1 training, as set out in the GMC's *The New Doctor*
 - conforming to the requirements set out in the GMC's guidance on Good Medical Practice for all doctors.

4.3 Foundation year two (F2) doctors

- a. Training should reflect the principles and competences reflected in the Foundation training *Curriculum* and agreed by the PMETB.

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- b. Relevant and protected formal education programmes for Foundation doctors in F2 must be in place during working hours. at least three hours/week of protected, relevant formal education should be provided.
- c. Foundation doctors in F2 training should be enabled to learn the skills and attitudes recommended in the *Curriculum* through service-based learning.
- d. F2 doctors should agree their objectives and personal development plans with their Educational Supervisors during their appraisal meetings. F2 doctors should receive regular constructive feedback and appraisal on their professional performance and progress in achieving the Foundation competences during each of the F2 placements.
- e. Appropriate career counselling support and management must be available for F2 doctors through senior people trained to do so.

Section five: Study leave during Foundation training

5.1 Professional or study leave should be granted for the purposes of supporting the objectives and outcomes of Foundation training.

- a. Study leave should not be required for the purposes of supporting specialist examinations during Foundation training.
- b. All Foundation doctors are entitled to three hours of 'in-house' formal education as part of their working week, which should be relevant, protected ('bleep-free') and appropriate to either F1 or F2 training. This may be aggregated to release whole days for generic training during F1 (a total of seven days using one hour/week) or the F1 generic training professional programme can be delivered on a weekly basis.
- c. During the F2 year attendance at Foundation generic training programmes is compulsory. Formal education programmes which support generic professional training are part of the Foundation doctor's study leave allowance and should offer a minimum of ten days training/annum, and should cover the areas in the F2 generic professional training as described in the *Curriculum*. Both study leave funding and time available to F2 doctors can be used for this purpose. Study Leave can also be used to support learning about different clinical specialties through embedded taster experiences to support the career exploration component of MMC, as well as an understanding as to how the specialty contributes to patient care.

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5.2 Foundation doctors training flexibly during Foundation training are entitled to full financial access to study leave allocations. Time for study leave should be calculated pro-rata based on their flexible training commitments.

5.3 Individual training objectives, and the study leave associated with these, should take account of the requirements of the Curriculum for Foundation training and the Foundation doctor's personal needs.

5.4 As indicated in 5.1 (iv), study leave during Foundation training can legitimately be used to support attachments and experience in other specialties.

Appendix 5

Time out of Foundation Programme (TOFP) request form

Foundation doctor's name:

E-mail address: Contact address:

Contact telephone number:

Location of current F1 placement:

Identification number of F1 training opportunity:

Name of Educational Supervisor:

Name of Foundation Training Programme Director (FTPD):

Have you discussed your plans to take time out of
programme with your Educational Supervisor?

Yes No

Have you discussed your plans to take time out
of programme with your FTPD?

Yes No

Please give your reasons for wanting to take time out of your Foundation
Programme:

Please describe what you hope to do during this time out:

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If you are undertaking clinical work/training, do you hope to achieve your F2 competences in this post? Yes No

If yes, have you been able to plan a programme to do so? Yes No
Please attach a description of the clinical training you will receive in order to achieve the F2 competences.

Is the unit you are planning to go to aware of the assessment programme required to demonstrate the competences? Yes No

Are they prepared to undertake such assessments? Yes No

Have you applied to your Deanery for approval of the placement? Yes No

If you are not planning on undertaking clinical work that you might wish to have considered by your Deanery for approval, when do you plan on returning to take up an F2 placement in your Foundation School?

Date you wish to start your out-of-programme experience:

I am requesting approval from the Foundation School/Deanery to undertake time out of my Foundation Programme as described above. Please tick the appropriate options below to signify your understanding of the process.

I have already applied to my Deanery for approval to ask if my planned clinical programme can be used to demonstrate the F2 competences and to gain the experience required of Foundation training.

I have already received approval from the Dean and attach it here.

I wish to return to F2 training after my time out of programme. I understand that I must ensure that I apply through the usual process as set out by the Foundation School and meet the required timescales in order to secure an F2

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allocation. I understand that if I do not, I may not be allocated an F2 placement in the Foundation School.

Signed Foundation Doctor	Print name	Date
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Signed Educational Supervisor	Print name	Date
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Signed Foundation Training Programme Director	Print name	Date
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After all three signatures have been obtained, one copy should be sent to the Foundation School Director, one copy should be kept by the FTPD and the Foundation doctor should retain one copy.

Appendix 6

General practice and Foundation training

1.0 This document contains extracts from a paper developed by a Working Group (January 2004) of the Joint Committee on Postgraduate Training for General Practice (JCPTGP), which represents all the key stakeholders in general practice education, and the Royal College of General Practitioners (RCGP) to ensure that the discipline of general practice contributes fully to the development of Foundation Training Programmes.

2.0 Learning outcomes for the general practice period of the Foundation Programme

2.1 A good way to synthesize these areas of skills acquisition and competence is for learners to follow patient pathways through the service, both in hospital and the community, from the presentation of acute illness, through investigation and diagnosis, management to recovery or rehabilitation. Throughout the attachment, the Foundation doctor should consider and reflect on the impact on each patient of the hospital environment, the general practice environment and their interface. Whilst in general practice they should consider the impact of disease on the patient's life within his or her own environment.

2.2 It is important to understand the essential difference between providing a training experience in general practice for all doctors and specialist training programmes for a career in general practice.

2.3 Virtually all of the clinical experience of doctors entering their Foundation Programmes will have been acquired in a secondary care setting. A placement in general practice will provide a valuable contribution to each of the areas described for the second Foundation year, and will provide a meaningful experience of general practice in the context of the overall Foundation Programme. It will not be aimed at producing the skills and competences required of the modern general practitioner. For the majority this will be their only postgraduate experience of general practice.

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2.4 Thus the general practice Foundation placement will offer doctors in training and opportunity to provide care for patients in a very different setting, that of primary care, and in the context of the patients themselves. The patterns of team working are different in primary care, and general practice has a broad and unique perspective on the way in which secondary care specialties work. The manner of presentation of acutely ill patients is different in general practice, and illnesses are seen at a much earlier stage in their development. Their management in this setting requires differing skills both in clinical method and risk assessment.

3.0 Patients

During the placement the doctor will:

- gain an understanding of the person-centred approach, oriented to the individual;
- work with patients in their own context and community;
- gain an understanding of the impact of the patient as a person in a family;
- gain an understanding of the physical, psychological, social and cultural dimensions of the problems presented; and
- gain understanding of the difference between disease and illness.

4.0 Illnesses

During the placement the doctor will:

- see illnesses at an early and undifferentiated stage;
- understand the different epidemiology and the prevalence and incidence of illness in the community;
- manage simultaneously episodes of new acute illness with concurrent chronic problems in the patients they see; and
- manage the interface with secondary care through referral, acute admission and discharge from hospital.

5.0 Processes

During the placement the doctor will:

- gain an understanding of the advantages of medical generalism in the community setting;

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- work in, and understand the roles of, the primary care team in providing care to individual patients;
- gain an understanding of the importance of effective communication between patient and doctor, and the relationship built over time;
- gain an understanding of effective communication between health care professionals and the carers of patients;
- gain an understanding of the role of primary care in promoting health in the community;
- learn about decision making and risk management in the absence of support services (pathology, imaging, senior colleagues);
- understand the impact of working at the point of first contact to the health service with open access to patients;
- gain an understanding of the impact and analysis of evidence based medicine and its application in the primary care setting;
- understand the importance of continually developing personal knowledge. It will not be possible in a short placement to cover all of these issues in any great depth but it should be possible to provide the recently qualified doctor with a meaningful experience, which will greatly contribute to the value of their Foundation Programme.

6.0 Key messages

- Every doctor should experience general practice during his or her Foundation Programme as one of a range of settings in which care for the acutely ill patient is delivered.
- General practice is an important setting for doctors to learn many of the core competences of the Foundation Programme.
- The competences required for the successful completion of this programme should encompass those from general practice as described in this paper.
- The expertise in GP education in synthesizing and supervising educational experiences from different disciplines should be fully utilised by those involved in developing and managing the Foundation Programme.

Appendix 7

Embedded taster experience: draft template

Introduction to Specialty 'X' - Curriculum for F2s

(Indicative duration: one - two weeks. Note: this is only a draft template. Others may be suitable in different clinical or academic settings)

Introduction

These training opportunities should be available (as options) to all Foundation doctors in their F2 year. They are particularly suited to those considering specialising in, for example, the diagnostic specialties, certain medical specialties or paediatrics, but will also be of great interest to those considering general practice and most other specialties, including academic work in either research or teaching. The attachment should be well-planned and focused, with agreed aims to be achieved and an understanding about how the attachment would be assessed. A one-week attachment provides at least 40 hours of specific interaction around the specialty issues and a two-week attachment, up to 80 hours. If such attachments are focused they should be able to contribute significantly to the understanding and development of a F2 doctor. During the attachment, Foundation doctors should obtain an appreciation of:

- The way that the specialty contributes to individual patient management in a range of settings and for different patient groups, including prevention, diagnosis, treatment and follow-up, and contributes to health protection.
- The importance of infection control and the specialty in supporting patient safety.
- Optimum use of diagnostic tests for common clinical conditions.
- The general principles underlying therapeutics and prescribing in the specialty.
- The scope of career opportunities in the specialty, including academic (research and teaching) and managerial potential.

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Depending on local circumstance, one or two F2 doctors can be accommodated concurrently in the specialty. However, as such attachments are intended to provide hands-on experience of the specialty, they are not suited to a course or tutorial-based approach.

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Educational programme

The F2 doctor should review his/her understanding of the specialty before commencing the placement:

- **Clinical aspects:** the Foundation doctor should attend clinical rounds and outpatients with senior trainees or consultants, including the ITU, SCBU and specialist units where appropriate to learn how the specialty works in practice and to understand how the specialty contributes to the care and safety of patients. The F2 doctor is a fully registered doctor and should make a contribution to the care of patients under supervision even on a short attachment.
- **Diagnostic aspects:** the F2 doctor should become conversant with diagnostic aspects of the specialty in order to learn how to use resources more effectively and appropriately.
- **Management aspects:** the trainer should select a small number of real-time clinical cases that demonstrate common but important problems in the specialty and use the cases to explore the diagnosis, management, review and follow up of the patient over the duration of the attachment. The training experience would include presentation of cases at the departmental clinical meeting.
- **Health protection and prevention aspects:** the trainer should select examples from clinical cases that promote health protection and prevention and ensure that these aspects are discussed.
- Academic opportunities in the specialty, where available, in research and in teaching should be included.

Contribution of attachment to the development of F2 competences

There is likely to be considerable scope for such an attachment to support the Foundation doctor in the development a number of areas of F2 competence:

- Help develop a range of clinical competences supported by understanding the better use of diagnostic and managerial approaches in the specialty;

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- how to approach the ‘undifferentiated’ patient, opportunity to see and interact with a range of clinical conditions and other specialties.
- Contribute to the development of an understanding of clinical priorities and their management.
 - Support the development of communication and team-working by experiencing and participating in the dynamics of the specialty and the other healthcare professionals who work in it.
 - Improved understanding of the use of resources and using an evidence base for making decisions about these.
 - Support an understanding of health promotion as well as healthcare and support generic principles around such issues as patient safety (from the viewpoint of the specialty) and infection control in the specialty.
 - Improved skills in case development and presentation skills.
 - Potential for academic development opportunities if individual Foundation doctors wish to develop/continue an academic relationship with the department.

Assessment

The attachment trainer and Foundation doctor will need to agree with the Educational Supervisor the specific aims (e.g. as above) of the attachment. Achievement of these and the contribution of the experience undertaken/knowledge gained will be evaluated through an end of attachment discussion so that the contribution to the development of specific competences is the specific focus of the trainers’ report. The trainer is in an ideal position to observe at first hand the skills and performance of the Foundation doctor around the specific areas indicated above. The Foundation doctor should also inform this by a written piece of reflective work identifying the agreed aims and saying how he/she believed these had been achieved in order to help the development of insight and understanding into their own performance.

Appendix 8

Foundation Achievement of Competency Document (FACD)

Foundation Achievement of Competency Document (FACD)

Name of Foundation doctor:

Medical Council Malta No:

Malta Health Care Services Division	Start Date:
Placement 1 Specialty:	Educational/Clinical Supervisor:
Placement 2 Specialty:	Educational/Clinical Supervisor:
Placement 3 Specialty:	Educational/Clinical Supervisor:
Placement 4 Specialty:	Educational/Clinical Supervisor:

Documentation to be considered :

- a) Portfolio
- b) Attendance at formal teaching sessions
- c) Record of study leave
- d) Record of sickness

Has the Foundation doctor developed an up-to-date Portfolio? Yes No

Has the Foundation doctor completed the required assessments in each of the four posts? Yes No

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Has the Foundation doctor met the requirements laid down in the GMC, the New Doctor and the Foundation Programme curriculum? Yes No

Additional comments from Educational Supervisor:

Additional comments from Foundation doctor:

I confirm that Dr

has satisfactorily demonstrated the competences required of Foundation training.

Signed

Foundation Doctor

Print name

Date

Final decision by Foundation Programme Director

Delete as applicable:

Has achieved the requirements of the Foundation Programme

Has failed to achieve the requirements of the Foundation Programme

Signed

Educational Supervisor

Print name

Date

Signed

Foundation Training Programme Director

Print name

Date

This document should be sent to your Deanery/Foundation School and a copy should be placed in your Portfolio.

Appendix 9

Glossary of terms

Appraisal

A positive process to provide feedback on the Foundation doctor's performance, chart their continuing progress and identify their developmental needs (after *The New Doctor*, transitional edition).

CHMS

Council of the Heads of Medical Schools and Deans of UK Faculties of Medicine.

Clinical Supervisor

The professional responsible for teaching and supervising the Foundation doctor (after *The New Doctor*, transitional edition).

COGPED

Committee of GP Education Directors.

Competence

The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from performance, which denotes what someone is actually doing in a real life situation. (from the Workplace Based Assessment Subcommittee of the PMETB)

Competences

The skills that doctors need (after *The New Doctor*, transitional edition).

COPMeD

Conference of Postgraduate Medical Deans in the UK.

Curriculum

A curriculum is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organization, processes

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and methods of teaching, learning, assessment, supervision, and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme (from the Workplace Based Assessment Subcommittee of the PMETB).

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Educational Supervisor

The doctor responsible for making sure that the Foundation doctor receives appropriate training and experience and who decides whether individual placements have been completed successfully (after *The New Doctor*, transitional edition).

F1

The first Foundation year which follows on from Medical School graduation and which is prior to registration with the General Medical Council (GMC).

F2

The second Foundation year; follows full registration with the GMC.

FACD

Foundation Achievement of Competency Document. Awarded to the Foundation doctor at the end of Foundation training to indicate that the Foundation competences have been successfully achieved.

Foundation School Director

The individual appointed by the Health Care Services division, Ministry of Social Policy to manage and lead a Foundation School

Foundation Training Programme (FTP)

The 'unit of approval' which will be quality assured by the MCM. A FTP will normally consist of between 20 - 40 F1 and F2 Foundation training opportunities and will be led by a Foundation Programme Training Director or Tutor (FPD/T). All Foundation training will take place within Foundation Training Programmes.

Foundation Training Programme Director/ Tutor (FTPD/T)

The individual appointed by the Health Care Services Division, Ministry of Social Policy to manage and lead a Foundation Training Programme.

GMC

General Medical Council. Responsible for the General and Specialist medical register in the UK in which a doctor must be included to practise medicine in the UK. Has strong and effective legal powers designed to maintain the standards the public have a right to expect of doctors.

Individual Foundation Programme

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The specific Foundation Training Programme followed by an individual Foundation doctor, consisting of a series of clinical placements that enables the Foundation doctor to gain experience and training in the competences required.

Interprofessional

People from different professions (for example, doctors and nurses) working or learning together (after *The New Doctor*, transitional edition).

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PMETB

Postgraduate Medical and Education Training Board. Is the Competent Authority for both hospital specialties and general practice. An independent body with responsibility in law for setting standards and quality assuring postgraduate medical education in the UK.

Posts

These are the training opportunities contracted with Foundation doctors by healthcare organisations during their individual Foundation Programmes at either F1 or F2 level.

Placements

The clinical components of an individual Foundation Programme, typically consisting of three specialties in either a F1 or F2 post.

PRHO

Pre-registration House Officer; a first year (F1) Foundation doctor.

Professionalism

Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients' best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards will include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs. (from the Workplace Based Assessment Subcommittee of the PMETB).

Programme

A managed educational experience.

TOFP

Time out of Foundation Programme.

Appendix 10

Request for comments on the Operational Framework and the Curriculum for the Foundation Years in Postgraduate Education and Training

Operational Framework for Foundation training

The Operational Framework is a working document and we welcome your feedback. Should you have any feedback for the next revision, please write to our Foundation School Manager at: info@fpdoctors.info

Or write to:

The Foundation School Manager
Foundation Programme Malta Office
Post-graduate Training Centre
The Penthouse
3rd Floor
Blue block
Mater Dei Hospital
Msida MSD 2090
Malta.

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Curriculum for the Foundation Years in Postgraduate Education and Training

The Curriculum for the Foundation Years in Postgraduate Education and Training is also a working document. The Foundation Programme Malta Curriculum is based on the UK Foundation Programme Curriculum.

Should you have any feedback for the next revision, please write to the Chair of the AoMRC Foundation Committee at: Foundationcommittee@aomrc.org.uk

Or write to:
Chair of the Foundation Committee
Academy of Medical Royal Colleges
1 Wimpole Street
London
W1G 0AW

Notes