

The Malta Foundation Programme: time to act

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On the 27th November 2008, the Health Care Services Division announced that a Foundation Programme for Housephysicians will commence in July 2009. The same circular stated that “this two-year programme for Housephysicians essentially transforms the current housemanship into a structured learning experience.” For those of us who spent the main part of our two years of housemanship at St Luke’s Hospital, this sounds rather strange. For a start why do we need to “transform” the current housemanship? It worked well enough for us. And secondly what exactly is a “structured learning experience”?

Why do we need it?

Over the last two years newly qualified doctors have been leaving Malta to work mainly in the United Kingdom in increasing numbers even before having spent a single day working in our own health service. This year there were 44 Maltese who applied to join the UK Foundation Programme. This constitutes over two thirds of the number of current final year medical students who we would in the past have expected to start working as ‘house officers’ in our health service in July 2009.

In the past, after having spent five years at medical school newly qualified doctors joined the health service and worked as house officers for two years. Doctors often acquired further experience locally as senior house officers and registrars before eventually leaving the island for higher training. This meant that after 5 years of state funded medical training, newly qualified doctors contributed to the local health service for a number of years before having to leave the island to pursue higher training, which was not available locally. Some of these returned with new skills and expertise and have contributed to the development of local health services and also provided teaching and training to doctors in training. This was possible because the system of training in the UK, where most Maltese doctors pursue higher training, allowed trainees to join training programmes at SHO, registrar or with the advent of the Calman reforms, specialist registrar levels. This all changed with the raft of reforms brought in by “Modernising Medical Careers” in the UK. One of the main aims of these changes was to provide seamless training, in other words doctors went from graduation to Consultant status via the shortest route, possibly as short as five years. The implication for Malta of the implementation of these changes however was that it became increasingly difficult for anybody to join the training at any other point except at entry – immediately after completing medical school. This was soon recognised by many of our medical students and young doctors who felt that their only option was to leave Malta for the UK to enter the UK postgraduate training system immediately after graduation.

The first two years of the recently reformed postgraduate medical training in the UK consists of the Foundation Programme. This programme was launched UK-wide in 2005 and itself marked a major reform in postgraduate medical education. For the first time doctors at this level were provided with a structured training programme but were also required to demonstrate their abilities and competences against a set standard. And it is to this programme that our new graduates have been fleeing.

If we look at the current local situation and if we look at our own two years as house officers, it is clear that although doctors do acquire skills and learn from the experience, this is rather hit and miss. There is no formal structure to the whole two years, there is no targeted teaching or training and further more there is no set up to allow doctors to demonstrate and show evidence of acquisition of skills and competences. Most importantly,

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particularly as the number of house officers has decreased, the perception of medical students is that the role of a house officer is simply for service provision – most of it involving repetitive and clerical duties with little educational value. However, as long as a doctor completed two years as a house officer then that doctor was eligible for a professional licence to practice issued by the President of the Republic and the doctor's name entered into the medical register. There is currently no requirement for doctors to demonstrate a particular level of competence for them to be issued with a licence at the end of the two years as a house officer.

What does it involve?

When one looks at what the UK Foundation Programme involves, it is not surprising that we have been losing our doctors to it. In this programme, a standard curriculum is used throughout the UK which has been developed by the Academy of Medical Royal Colleges, the Department of Health, NHS Scotland, NHS Wales and the Department of Health, Social Services and Public Safety of Northern Ireland. This curriculum is updated and revised every three years, and sets out the core competences that doctors need to acquire in the two years of the Foundation Programme covering skills, knowledge and experience. The training is work-based with additional training provided in the form of training days and formal teaching. Doctors need to demonstrate evidence that they have acquired the competences required of them through a process of regular assessment performed at the bedside using defined assessment tools.

There are four main assessment tools aimed to cover different skills and competences. These are Mini-CEX (mini clinical examination), DOPS (Direct observation of procedural skills), CBD (Case-based discussion) and MSF (Multi source feedback). Most importantly the aim of these assessments is to provide the doctor with constructive feedback to allow him or her to develop their skills and competences to their maximal potential. Each doctor is followed up throughout the two years by designated Educational Supervisors who ensure that the doctor is receiving appropriate training and experience and that the doctor is gathering the evidence required for demonstrating achievement of competence. The Educational Supervisor's role is also to provide regular formative appraisal as well as career guidance.

The main objective of the Foundation Programme is to train doctors to provide safe patient care. This requires new graduates to develop and gain confidence in their clinical skills particularly when dealing with the acutely ill patients, to display professional attitudes and behaviour in clinical practice, to demonstrate their competence and to have the opportunity to explore a range of career opportunities in different areas of medicine. Indeed one of the educational principles on which the Foundation Programme has been developed is professional development and lifelong learning.

What is planned?

The Health Care Services Division has now committed itself to setting up this Foundation Programme locally and signed a memorandum of understanding with the UKFPO (United Kingdom Foundation Programme Office) to implement this. This means that as from July we will be running the same Foundation Programme as that offered throughout the UK. The same Foundation Curriculum will be used for establishing the standards required and the same type of training, teaching and assessment will be carried out. Indeed the Health Care Services Division has entered into an agreement with NHS Education Scotland (NES) to provide us with the same web based e-portfolio that is currently used in the UK for gathering of records of assessments, educational supervisor meetings and personal development plans.

We have been assigned the duties of directors of the Foundation Programme. A Foundation Programme manager as well as a co-ordinator have been appointed and premises for the programme office have been identified at Mater Dei Hospital.

The UKFPO has been providing the support required in order to train assessors and Educational Supervisors in preparation for the launch of the programme in July. Indeed the Consultant body as well as Resident Specialists have shown considerable enthusiasm for this project and the number of applicants for the posts of educational supervisors has been very encouraging. Dr Bridget Langham, Special Advisor to the UKFPO and Dr Stuart Carney, Deputy Director of the UKFPO have visited Malta to train Educational Supervisors and assessors in February and March 2009. Training has also been provided for the use of e-portfolios by NES in March 2009.

Briefing meetings have been organised with the Consultants, Resident Specialists, Basic and Higher specialist trainees, House Officers and Students as well as with Administration staff to keep stakeholders up-to-date with developments. We have also had the support of the Communications Director of the UKFPO, Ms Carrie Moore to develop a local communication strategy.

Regulation of the programme will be carried out by the Malta Medical Council, and regular visits both from the UKFPO as well as by representatives of the UK regulators will ensure that the local programme is providing the same quality of training as any other Foundation Programme in the UK. After the second year of foundation training, doctors will obtain a Foundation Achievement of Competence Document (FACD) which is the same as that obtained from other foundation schools in the UK. This will allow the doctor to apply for specialty training posts both locally or in the UK.

What do we need to change?

Of course this is an ambitious project and requires considerable amount of effort and work both from trainers and the foundation doctors themselves. It is more than anything else a challenge to the new graduates but also to "old" graduates. The major challenge will be a change in culture. The concept of lifelong learning and appraisal, the importance of

documentation, the maintenance of an educational portfolio, reflective practice, structured training and assessment are all relatively new to all of us. These changes will be gradually introduced into our system through the Foundation Programme. For the new graduates it will probably be easier to accept that this is part of their practice and an important part in their own development.

From a practical point of view, it does involve more training and assessment commitments by the Consultant body and Resident Specialists. It also requires improved communication between Clinical Supervisors and Educational Supervisors. This comes at the same time that other major developments are happening in the rest of postgraduate training in this country with newly appointed postgraduate training co-ordinators in the different specialties. A lot is being asked of a relatively small group of people who are already burdened by considerable clinical loads and it is only fair that these added responsibilities and commitments are recognised and the dedication of this group be appreciated.

For the foundation doctors this will involve a commitment to engaging both in the training itself but also in the required assessments and meetings with their Educational Supervisors. They will need to achieve the competences required to obtain the FACD, at the end of their two years, which will entitle them both to a licence of professional practice as well as to apply for specialist training posts.

Who will benefit?

Developing and implementing the Foundation Programme locally should provide newly qualified doctors with a significantly improved educational experience. The whole programme is geared towards helping young doctors develop to the best level possible within the two years of foundation training and to prepare them for the next step in their professional career – embarking on a specialist training programme. Their progress will be monitored closely throughout the two years to ensure that all doctors are performing well and to provide any help that is necessary to those who encounter problems.

Training of trainers and familiarity with commonly used assessment tools should also equip Consultants and Resident Specialists with new skills that will be useful not only in the context of the Foundation Programme but for all post-graduate training programmes.

Finally, of course, the ultimate beneficiary of these changes is the patient. We hope that this new and exciting project together with the other developments occurring in postgraduate training will encourage our medical students and young doctors to stay and work in Malta. This will ensure that we not only have adequate numbers of doctors but more importantly that the doctors being trained will provide the degree of excellence in patient care that our patients deserve.