

# The Malta Foundation Programme: one year on Pt.1

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The Malta Foundation programme was launched in July 2009. In July 2010 the first group of foundation doctors were awarded their Foundation Achievement of Competence Document allowing them to proceed to the next step of their career, basic specialist training. The programme was set up with two main objectives:

A. to improve the first two years of postgraduate training of doctors and to ensure that doctors achieved a level of competence enabling provision of safe patient care; and

B. to reverse the exodus of Maltese medical graduates and retain an adequate proportion of doctors to allow the local health service to provide a good quality service. We present the results of the introduction of the Foundation programme to Malta and ask whether the main objectives have been achieved.

## 1. Educational and Clinical Supervision

One of the main changes introduced with the foundation programme was the implementation of a curriculum developed by the Academy of Medical Royal Colleges and the various departments of health in the UK. This curriculum outlines the knowledge trainees need to acquire but also the skills, attitudes and behaviours they will need to develop by different stages of the programme. The curriculum allows trainees to direct their own learning and link their work-based experience and educational activities against the curriculum. Trainees are encouraged to take responsibility for their own learning but are fully supported in this through the allocation of an educational supervisor.

110 consultants and resident specialists volunteered and were trained as **educational supervisors**. Educational supervisor training lasts one and a half days. Training started in February 2009 initially by trainers from the United Kingdom and later by Maltese trainers. The response by hospital consultants, general practitioners and resident specialists was very encouraging and the numbers recruited have allowed allocation of one educational supervisor to each trainee. The same educational supervisor follows the trainee for the whole year and then hands over to a different educational supervisor for the trainee's second year. Assessment and appraisal of the trainee is also conducted by the educational supervisor. This role is facilitated by the use of an online e-portfolio which has been developed by NHS Education Scotland

and which is used by foundation schools throughout the UK. All work-based assessments, educational activities, personal development plans and supervisor reports are recorded on the e-portfolio. This allows the educational supervisor to monitor the trainee's progress, performance on work-based assessments and overall engagement in the educational process. The meetings between the educational supervisor and the trainee are also recorded on the e-portfolio.

Trainees are allocated a balanced programme consisting of 8 three-month assignments in various specialties. During these assignments each trainee is allocated a clinical supervisor who is a Consultant or GP. The clinical supervisor is responsible for the day-to-day clinical supervision of the trainee. Each clinical supervisor completes a clinical supervisor's report at the end of the trainee's assignment which is recorded on the e-portfolio and to which the educational supervisor has access. 312 clinical supervisor reports were completed between July 2009 and July 2010.

## 2. Training and Educational Activities

i. One hour **lectures** are held every Friday afternoon for both first (FY1) and second year (FY2) trainees. The lectures cover important parts of the curriculum and trainees are obliged to attend at least 70% of the lectures to obtain a completion certificate. After the first year of lectures, a trainee committee was set up to provide feedback on the lecture programme. The lecture programme for this year (2010-2011) has been altered based on the feedback provided by trainees. There are now separate lecture programmes for FY1 and FY2 trainees. In an attempt to improve the interactive nature of these lectures an electronic keypad system has been adopted. This allows trainees to answer questions and express their views during the lectures.

ii. **Training days** in Family Practice as well as in Accident and Emergency were organised for trainees taking up posts in these specialties.

iii. Trainees are also provided with **clinical skills training** which involves use of models for acquisition of practical skills such as venepuncture, intravenous cannulation, arterial blood gas sampling, central venous catheterisation, urinary catheterisation, nasogastric tube insertion, blood cultures, spirometry, peak flow rate measurement, skin suturing, pleural fluid and air aspiration, joint aspiration and lumbar puncture.



Furthermore a high fidelity advanced patient simulator (SimMan) has been acquired and trainees both at F1 and F2 attend clinical simulation training sessions. Dr Josef Micallef has been responsible for the development of Clinical skills and simulation training for foundation doctors. Clinical skills and simulation trainers have themselves received training in the United Kingdom in the delivery of these sessions.

iv. In FY2 advanced life support (ALS) training is mandatory and all FY2s attended ALS last year. As of this year F1s will also be provided with intermediate life support training (ILS) and FY2s with ALS. Efforts are being made to provide ILS as early as possible in the foundation programme.

v. In conjunction with the Synapse, e-learning modules have been specifically developed for foundation doctors in various subjects. These include amongst others a module on Safe Prescribing and another on Nutrition. Further e-modules are being developed.

Trainees are also given free access to BMJ Learning through the postgraduate training centre. This is a very useful resource with modules on practical clinical scenarios and clinical situations.

vi. Programmes for taster weeks have been developed

across various specialities. Trainees are allowed to take one week of study leave to spend in a speciality of their choice. This gives trainees the opportunity of "tasting" a speciality that they might be interested in as a future career and which they might not have the opportunity to experience as part of their rotations. Timetables have been developed for these taster weeks that expose the trainee to what working in the speciality entails and what the training in the speciality involves. 87% of trainees attending taster weeks have reported that they were satisfied or very satisfied with the experience.

vii. An **induction and shadowing week** has been introduced as part of the foundation programme. New recruits now spend the first week of their employment on induction and shadowing. During this week trainees are given important information about practical issues such as use of electronic systems, administrative issues relating to study, vacation and sick leave and are also able to shadow the foundation doctor of the team they will be working with. This allows for a smoother transition and gives the new doctor time to start working under direct supervision of the previous foundation doctor. The feedback from trainees on the induction and shadowing week has been positive but on the whole trainees felt that this was too short. As of next year the period of induction and shadowing will be increased to 2 weeks.