

## UK FP Curriculum 2021 – FPC mapping guide

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Foundation doctors (FDs) must map, in their e-portfolio, evidence of achievement of the 13 foundation professional capabilities (FPCs) in the [UK Foundation Programme Curriculum 2021](#). It is not intended, desirable nor required that FDs map all their foundation year achievements to the curriculum. There should be a balance between providing adequate information and showing depth and variety of experiences. ‘Over-mapping’ is time-consuming and demotivating (for the FD mapping their evidence and subsequent reviewing by the ARCP panel).

Evidence needs to show capabilities across different healthcare settings, acute, non-acute and community. FDs should include examples of both physical and mental health and an understanding of the effects of social needs on health.

### Quantity of evidence

**Summary Narrative** – one relevant summary narrative completed for each of the three Higher Level Outcomes (HLOs) of the Curriculum (*this is a reflective summary to show the rationale for selecting and mapping pieces of evidence to the FPCs*)

**FPCs** - Each must have a minimum of 1, no more than 10 pieces of evidence mapped

The Curriculum does not specify exact numbers of pieces of evidence to be mapped. However:

- for most FPCs approximately **five** pieces of good quality evidence for each FPC should be sufficient
- e-portfolio limits cross linking of evidence – the same piece of evidence can only be mapped to a maximum of 3 FPCs
- FDs are not expected to demonstrate every bullet point of behaviour in each FPC but must demonstrate that capability. (Examples of behaviours expected for each FPC are on pages 71 – 79 of the 2021 Curriculum.)

### Quality of evidence

For each FPC the FD should aim to provide a range of mapped evidence following ‘Miller’s Pyramid’ of assessment, explained in the curriculum as ‘hierarchy of evidence’. This is a series of levels of achievement beginning with knowledge – ‘knows how’ – at the base of the pyramid, developing to ‘shows how’ and ending with ‘does’ at the top of the pyramid, which is the routine application in the clinical setting. Some evidence carries more weight than others; the best evidence is demonstrated in the workplace and recorded.

Curriculum evidence should include a combination of:

- **‘Does’** application to practice, FD can demonstrate required capabilities with feedback from observation of performance
  - Examples: supervised learning events (SLEs), supervisor reports, placement supervision group (PSG), team assessment of behaviour (TAB)
- **‘Shows how’** can be demonstration of skills in simulation, for example FPC 2 specifies demonstration of proficiency in life support capabilities in simulation
- **‘Knows how’** can be demonstrated with
  - **Examples:** certificates from completed online modules, Personal Learning log entries

Application of knowledge, test of clinical problem solving can be demonstrated with reflection, showing self-awareness from critical analysis of one's own performance on anonymised clinical cases and/or experience in clinical practice, taster and career reflection forms.

The e-portfolios and the [Curriculum Resource](#) show all the elearning for health (elfh) modules mapped to each FPC. FDs don't have to do all the modules, but this is a good guide to which are appropriate evidence towards achieving each FPC.

### **Purpose of curriculum mapping**

By mapping their achievements to the curriculum, the FD can demonstrate to themselves, their educational supervisor and their ARCP panel that they have met the curriculum outcomes. The completion of the reflective 'summary narrative' for each of the three HLOs (on the curriculum page in the foundation e-portfolio) will demonstrate that the FD has sufficient insight into how they have achieved the FPC curriculum outcomes.

### **Curriculum mapping extracts from Foundation Programme Curriculum (2021)**

#### **4.2 Programme of assessment (p.31)**

The principles of assessment are based on the same educational approach as the training programme, with evidence of capability against the 13 FPCs provided by the FD via the e-portfolio triangulated with feedback from those supervising/working alongside them.

Throughout the training year the FD will demonstrate learning and engagement with the programme by: [... see Curriculum ...]

These formative learning events will be recorded in the e-portfolio and may then be mapped by the FD to the FPCs, which in turn will provide evidence of completion of the Higher Learning-Level Outcomes.

#### **Supervisor assessments (p.42)**

In order to make [their] judgement, the CS and ES will evaluate the formative learning and assessments: SLEs, personal learning log, reflection including summary narrative, portfolio evidence, feedback from the placement supervision group (PSG), team assessments of behaviour (TABs), and progress mapped to the domains of good medical practice (that is, the 13 FPCs).

#### **ARCP Checklist (p.49)**

Requirement: Satisfactory completion of all curriculum outcomes

Standard: The FD should provide evidence that they have met the 13 foundation professional capabilities, recorded in the e-portfolio. Evidence to satisfy FPC1-5 must include direct observation of a sufficient variety of clinical encounters in the form of SLEs, and the specific life support capabilities specified in FPC2.

#### **Appendix 4: Blueprint of Assessments (p.91)**

Suggested blueprint of assessments mapped to general professional capabilities. [... see Curriculum ...]