

The 2021 Foundation Programme Curriculum

Some of you will know that the new Foundation programme curriculum has been launched and will come into use from August this year.

This article is a brief introduction to the 2021 curriculum and is aimed at anyone involved with the FP. Anyone wishing to know more can visit the UKFPO website <https://foundationprogramme.nhs.uk/curriculum/> where you will find the full curriculum and some useful material related to it including a podcast containing the information in this article.

The Purpose of FP

Since its inception in 1996, the aims of the UK Foundation programme have always been to provide a bridge from undergraduate medical studies to postgraduate training, allowing the newly qualified doctor to gain full registration and establish themselves as a practicing clinician. The programme thus forms part of the continuum of medical education and is the last generic stage of training before the doctor progresses to speciality or general practice training.



To remain fit for purpose, the FP must evolve along with medical practice and the 2021 version of the curriculum has been updated and rewritten to take into account the GMC's new generic professional capabilities. In updating the curriculum we have taken the opportunity to simplify the requirements and to reduce the assessment burden on Foundation Doctors. We have also taken the opportunity to include a new statement regarding the role of the doctor.

Aims of Foundation Training

The new curriculum divides the role of the doctor into three broad areas: the practicing clinician, the valued healthcare worker and the responsible professional. Foundation training is based on developing the newly qualified doctor in these areas and, to successfully complete the programme, the FD must achieve the three higher level outcomes that cover these areas.

HLO1: THE CLINICIAN	HLO2: THE HEALTHCARE WORKER	HLO3: THE PROFESSIONAL
An accountable, capable and compassionate clinician	A valuable member of the healthcare workforce	A professional, responsible for their own practice and portfolio development

For convenience, each of the three outcomes is divided into a number of Foundation Professional Capabilities, of FPCs, that the Foundation doctor must acquire and demonstrate as they pass through the programme.

The first outcome, the accountable, capable and compassionate clinician is broken down in a way that will be familiar to practicing doctors beginning with information gathering and assessment of the patient, the provision of emergency care (including urgent mental health care), synthesis and planning of treatment, discussion of treatment options with the patient and delivering certain aspects of that treatment. The final section emphasises the importance of continuity of care and handover of responsibility.	HLO1: THE CLINICIAN
	Direct and indirect patient care: <ol style="list-style-type: none">1. Clinical Assessment2. Clinical Prioritisation3. Holistic Planning4. Communication and Care5. Continuity of Care

<p>HLO2: THE HEALTHCARE WORKER</p> <p>Integrating into the healthcare workforce:</p> <ol style="list-style-type: none"> 6. Sharing the Vision 7. Fitness for Practise 8. Upholding Values 9. Quality Improvement 10. Teaching the Teacher 	<p>The second outcome refers to the doctor working within the multidisciplinary team ensuring that they are able to build functional working relationships with colleagues, understand the importance of maintaining their own well being, uphold the values of the healthcare system in which they work including the need to monitor and improve care and the ability to share their knowledge with and teach others.</p>
<p>The third outcome refers to the doctor as a professional with an understanding of the ethical and legal framework in which they practice, a commitment to professional development and an understanding of the breadth medicine which will aid them in planning a medical career.</p>	<p>HLO3: THE PROFESSIONAL</p> <p>Professional requirements and expectations:</p> <ol style="list-style-type: none"> 11. Ethics and Law 12. Continuing Professional Development 13. Understanding Medicine

The curriculum gives examples how the FD is expected to demonstrate these 13 FPCs and stresses that they must be learned across all healthcare settings including those that provide acute care, chronic disease management and in community care. The curriculum also stresses the importance of holistic care, emphasising the interaction of physical health, mental health and social wellbeing and makes an important statement on the parity of mental and physical health.

To successfully complete the programme the FD must demonstrate behaviours compatible with the 13 Foundation professional capabilities across all three broad types of healthcare setting and be able to care for their patients' physical health mental health and social wellbeing.



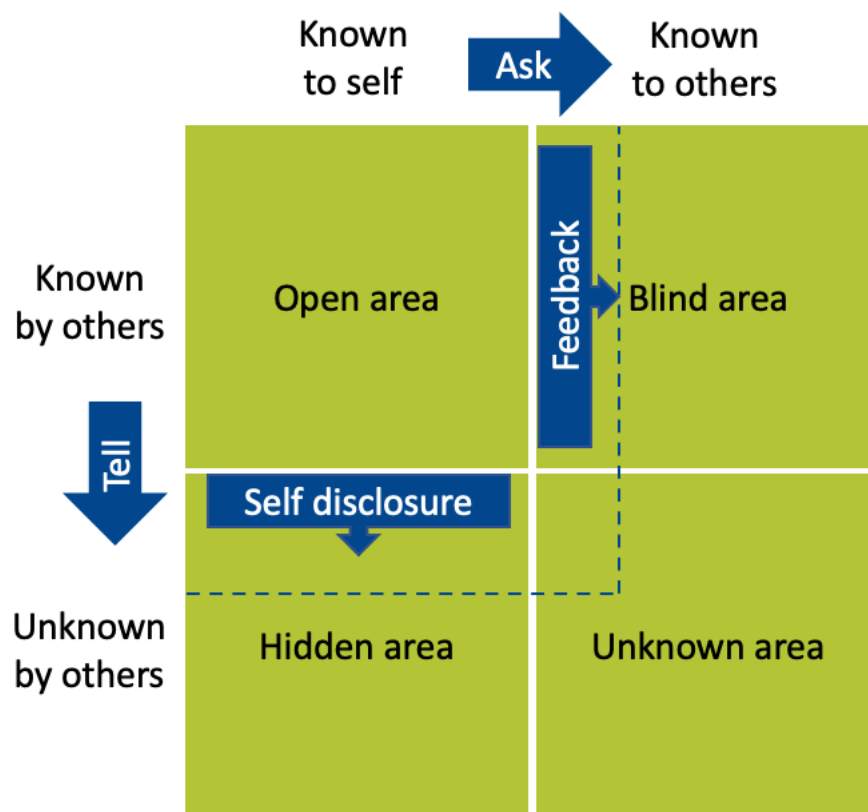
Approach to Training

The approach taken to training changes little from that of the previous curriculum although it does draw on lessons learnt from the last fifteen years of the programme to emphasise important aspects of programme delivery.

In particular, the 2021 curriculum emphasises the need for good support for foundation doctors at what is now widely acknowledged as a particularly stressful and sometimes intimidating part of their career. The curriculum also recognises the need for extra support for some groups of doctors and makes a clear statement regarding the importance of equitable treatment for all those undertraining the programme. Those supervising FDs must be aware of these issues and are expected to be familiar with the specific needs of Foundation doctors

Experiential Learning

As with previous curricula, the 2021 iteration places the FD in a series of placements that provide experience across all three broad types of healthcare setting and in all three aspects of holistic care with the aim of acquiring the necessary generic capabilities that make up the thirteen FPCs. As before the approach is very much one of working under supervision, developing skills, reflection and receiving feedback.



In each placement, the FD will be assigned a clinical supervisor who will oversee their training and provide advice and feedback. The role of the CS will be supported by the placement supervision group (PSG) which comprises a number of professionals who work alongside the FD and will also provide guidance and feedback.

At the end of the placement, the PSG will provide more formal feedback to the CS around the FD's capabilities.

Other Approaches to Learning

Because not all the FPCs can be fully learned or demonstrated in the workplace, the curriculum allows for other methods of learning including direct learning and self development.

Direct learning is what many Foundation supervisors will be familiar with as core Foundation teaching and the curriculum embeds the need for the FD to attend thirty hours of this teaching to ensure all areas of the curriculum are covered and, in this version of the curriculum, some of the content of this core learning is specifically defined.

- Mental health including mental illness
- Health promotion and public health
- Simulation
- Leadership
- Quality improvement methodology
- Appraisal of evidence
- Careers guidance
- Integration of acute illness into chronic disease management and multiple comorbidities
- Frailty
- End of life care
- High risk prescribing
- Teaching skills
- Patient safety
- Safeguarding
- Use of new technologies and the digital agenda

These defined topics have been chosen because they represent important aspects of modern medical care, are not always widely taught or practiced or represent new advances that need to be championed. All those organising the training of foundation doctors should ensure these topics are covered in core teaching unless FDs in that location will all cover them in the experiential part of their training. The curriculum provides more details on these topics.

Self Directed Learning

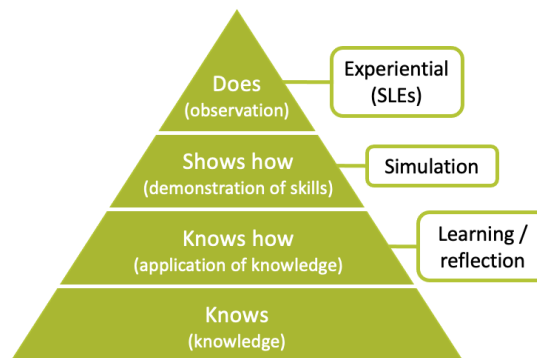
As well as direct training and core learning, it is expected that FDs will want to develop areas of practice or record other learning that has been of value to them. This might include departmental teaching they have attended or on-line modules they have undertaken. This is designed to encourage personal and professional development but, in some cases, such learning might be undertaken at the direction of the supervisor to remediate a perceived area of weakness. Self development time can be used for some of the personal aspects of this learning.

ePortfolio and recording Learning

As they progress through their training, foundation doctors will develop their capabilities and are expected to record evidence to reflect this in their portfolio. To guide their training, each FD will be assigned an educational supervisor who will regularly review their progress against the 13 FPCs and provide guidance on areas for development.

As well as being used to monitor progress against the 13 FPCs, some of the evidence recorded in the portfolio will be used at the end of the year to assess the Foundation doctor's achievements and to decide if they have met the three Higher Level Outcomes.

When making such a judgment, those assessing the FD will put more weight on evidence that demonstrates what the FD has done in the workplace than on evidence that shows what they can do or are able to explain how things should be done. The curriculum calls this the Hierarchy of Evidence and it is based on Miller's pyramid.



Supervised Learning Events (SLEs)

In terms of recording progress, a significant amount of the evidence against the clinical capabilities (HLO1) is likely to be in the form of supervised learning events or SLEs, particularly miniCEX and DOPS although the LEARN form which has been piloted in some schools can be used too. Although previous curricula specified particular numbers of SLEs, the 2021 curriculum does not. The only requirement is to collect sufficient evidence to demonstrate the capabilities.

Multisource Feedback (TAB)

Other evidence that will be familiar to most supervisors remains in use, particularly the multisource feedback or TAB which is likely to be most useful in demonstrating some of the capabilities within HLO2, the valued member of the healthcare team. As with SLEs, the main purpose of this tool is as a formative assessment of progress to enable the FD to receive clear feedback although, at the end of the year, a successful TAB is required as part of the summative assessment at ARCP.

Placement Supervision Group (PSG)

What has changed in the 2021 curriculum is the use of the PSG. Again, feedback from the PSG is used formatively throughout training; however, at the end of each placement, more formal feedback from the PSG should be used to inform the clinical supervisor's end of placement report and, at least one satisfactory supervisor report supported by PSG feedback is required for successful completion of ARCP.

Personal Learning Log

Many SLEs, the PSG feedback and TAB largely represent feedback from the top of the hierarchy of evidence but some training, especially core and non core learning will likely provide lower level evidence that will complement this and show evidence of general professional development. By the end of each level of training, the eportfolio is expected to contain evidence of at least thirty hours of core learning and thirty hours of self development which may include extra time spent in core learning.

Reflection and the Summary Narrative

Like all doctors, FDs are expected to reflect on their practice. This can be done in a variety of ways including individually, in groups and at debrief sessions. Some of this reflection should be recorded in the eportfolio and this might contribute to some of the logged self development time. In addition, and new for the 2021 curriculum, the FD is required to complete a 'summary narrative' detailing reflection on their progress through training. This will be guided by the educational supervisor and can be used as a basis to identify areas for personal development and inform personal learning plans. More details of this summary narrative is given in the curriculum and a podcast is available on the UKFPO website to introduce it further.

Assessment

Whilst there have been significant changes in the outcomes that will be assessed and to some degree in the way the evidence is provided, much of the assessment processes and tools remain the same and are familiar to UK undergraduates and those involved in postgraduate training.

As before, assessment of capability will be made by healthcare professionals that work alongside and/or supervise the Foundation doctor. These individuals will be expected to provide feedback contemporaneously to drive improvement and learning and some will contribute to the summative assessment at the end of the placement.

It is important to recognise this difference between formative and summative assessments and, when assessing performance, it is essential to consider that some trainees will require reasonable adjustments to enable them to achieve their learning outcomes.

The clinical supervisor's report (CSR) provides an assessment of capability the working environment. It is informed by the direct supervision of the trainee by the CS, evidence from formative tools such as SLEs, feedback from PSG (if available), learning log and reflections. Ideally the trainee will achieve 3 satisfactory CS reports although it may be possible to progress if 1 post is unsatisfactory provided the final post is satisfactory.

The Educational supervisor's report (ESR) provides a summative assessment of the FD's educational progress against the 13 FPCs recorded in their eportfolio which is key to sign off. The ES should review the range of evidence linked to each of the 13 FPCs as well as the CSR, PSG and TAB feedback. In addition, the ES will review the summary narratives which will help the Foundation doctor justify why they feel they have evidenced each of the learning outcomes. The ES provides a summative report at the end of each post which is informed by the how the trainee has met their educational requirements.

The Prescribing Safety Assessment (PSA)

In F1, the PSA remains a summative assessment.

Linking the Evidence

The new curriculum should prove less onerous for the Foundation doctor to complete. The key change to the assessment strategy is that progress focusses directly on curriculum requirements rather than requiring specific numbers of assessments. FDs collect evidence of performance in the workplace and, where appropriate link these to the 13 FPCs. For each FPC the trainer should expect to see a range of evidence that reflects Miller's pyramid. So, for example, for FPC1 'clinical assessment' we would expect to see evidence of learning i.e. a teaching session or module, a reflection on their learning and performance and one or more SLEs showing the supervisor that they are competent in this area. For FPC 2 'clinical prioritisation' may have a teaching session on acute mental health presentations, an SLE focussing on delirium and a reflection by the trainee. Further supporting evidence might include an SLE on managing an acutely confused patient or evidence of undertaking this in simulation. We would also expect similar evidence for physical health assessment and prioritisation. The e-portfolio will allow up to 10 pieces of evidence per FPC.

It is advised that that the Foundation doctor completes a variety of SLEs and then carefully selects the ones that map to the curriculum.

The summary narrative will help the trainee select the correct evidence.

Within the curriculum, the assessment section contains a blueprint of assessments and how they relate to the outcomes.

Key Changes to the Assessment Process

The FD must provide clear evidence of capability in both physical and mental health and of understanding the importance of social wellbeing and, over both levels of FP evidence of capability in acute care, management of chronic illness and in community care.

Each FD will require to have 1 satisfactory PSG feedback round per level of training. This will be in addition to the satisfactory TAB as the TAB and PSG assess different domains.

In line with GMC requirements there is no specific requirement for satisfactory completion of a formal ILS course in F1 and an ALS course in F2. It should be noted that the ILS/ALS competencies are covered by the FPCs, specifically, FPC2 and FDs must provide evidence that they have achieved these either with a nationally recognised course or appropriate local alternative.

The specific list of 'core procedures' have been removed from the curriculum but to complete FPC4, FDs must be able to deliver care in a safe manner including common procedures. Most UK graduates will already have demonstrated competence in these and no specific training or assessment will be required save that which forms part of day to day supervision. However, some may need further training and some IMGs may need more targeted training and assessment in the use of common procedures in the areas in which they work.

Critical Progression Points

In Foundation, completion of both F1 and F2 are critical progression points. F1 to secure full GMC registration and F2 to progress out of the program. The FPCs and HLOs are the same at each level however the behaviours and outcomes progress from F1 to F2 and examples of expected practice are given in the curriculum. This enables spiral learning where a doctor revisits the learning outcomes but knowledge, skills attitudes and behaviours develop with each training year.



- Entrustment to work safely in a supervised environment
- Successful completion of the Prescribing Safety Assessment (PSA)



- Deliver safe, compassionate care with indirect supervision in areas covering generalist practice
- Be prepared to develop more specialist skills
- Know how to make a useful contribution to the quality and development of healthcare care
- Show the ability to work within a team
- Appreciate the breadth of medical practice
- Be able to care for their own wellbeing and understand how to plan a career

Of note in F1 the PSA must be passed by the ARCP. It is not an F2 requirement for those who join the program with full GMC registration.

Full details of ARCP requirements at each level are given in the curriculum.

Implementation

All newly appointed F1s and those moving on to F2 in August will follow the new 2021 curriculum. (Those Foundation doctors who are out of synch/requiring extensions and have less than a year to complete training will remain on the old curriculum).

Summary

The 2021 Foundation Programme curriculum seeks to update Foundation training and simplify the assessment process. It clearly links ongoing training and assessment to curriculum requirements by removing specific requirements around number of assessments. There is a clear statement on the equity of mental and physical health care and explicit requirements for an understanding of social wellbeing as part of healthcare. To complete the programme FDs are expected to understand the breadth of medical practice and demonstrate capabilities in acute care settings, chronic disease management and community care. The curriculum also attempts to address issues around differential attainment and provides a clear statement on the need for equality and fairness in training.

More information can be found at: <https://foundationprogramme.nhs.uk/curriculum/>

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