



2021 Foundation Programme Curriculum





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The Foundation Programme Curriculum 2021

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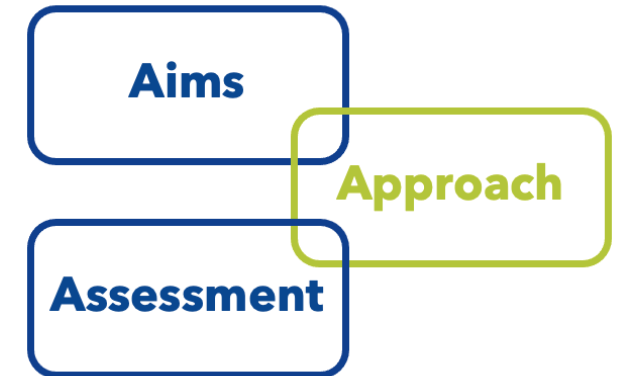
- ❖ Direct

- ❖ Self development

- ASSESSMENT

- Evidence to show achievement of the standard required for progression

- ❖ The ePortfolio and ARCP



The UK Foundation Programme Office

The UK Foundation Programme Office manages the national application process and facilitates the operation and continuing development of the Foundation Programme.

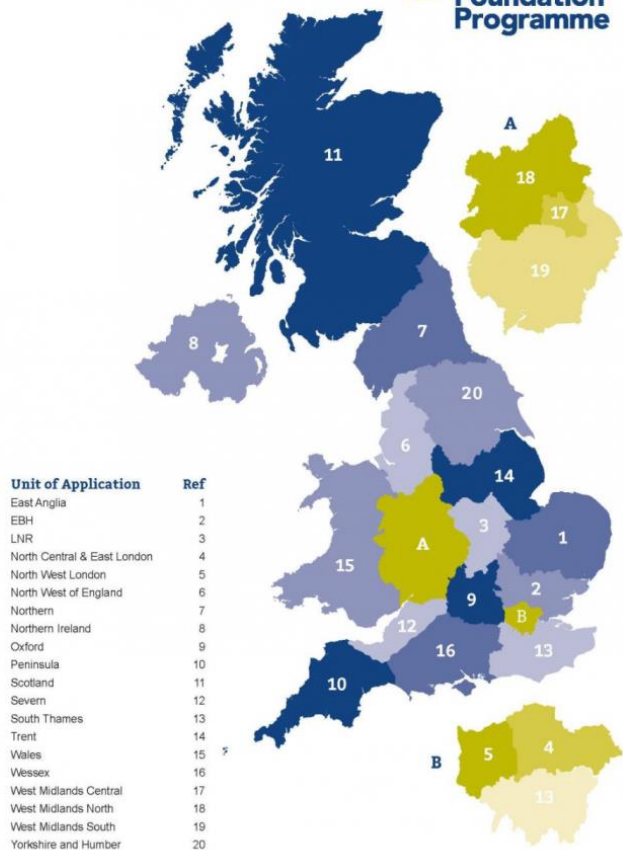
The organisation has worked with multiple educational and regulatory bodies to develop the 2021 curriculum.



Foundation Schools

Local Education Providers

Map of Foundation Schools



Foundation School Director



East and North Hertfordshire
NHS Trust



Foundation Training Programme Director



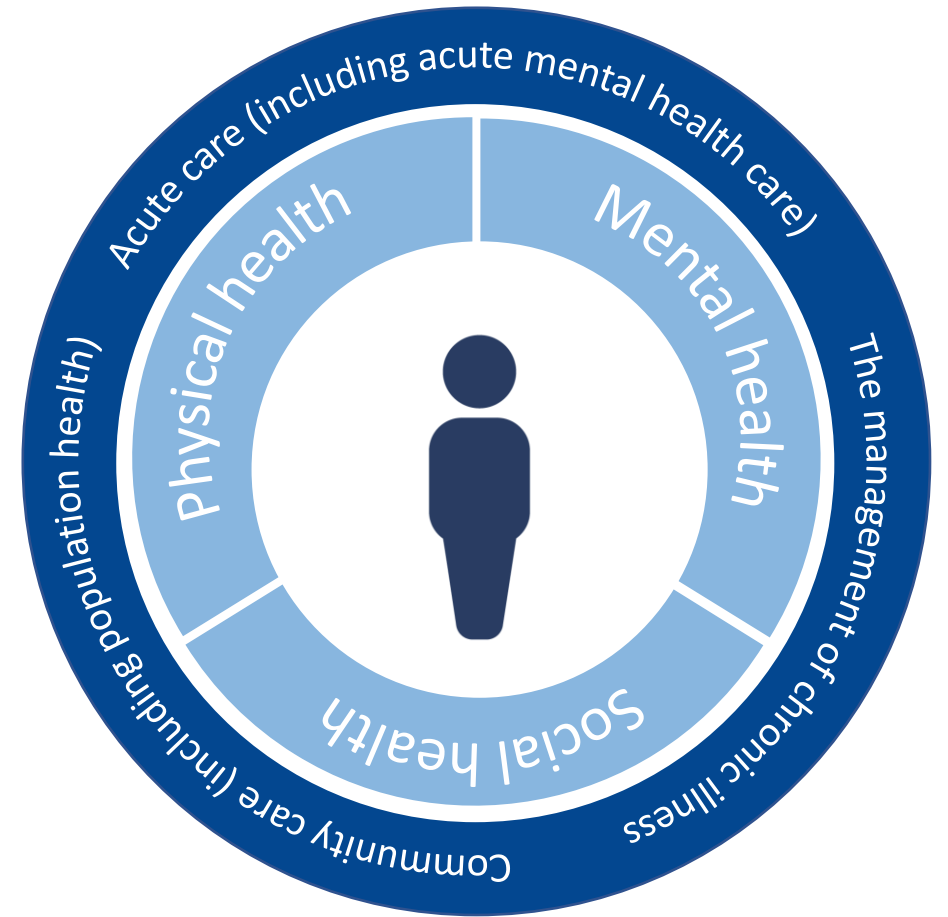
Educational Supervisor



Clinical Supervisor

Holistic care and breadth of care

- The Foundation Doctor must understand how to apply these capabilities to the holistic care of the patient specifically dealing with:
 - Physical health
 - Mental health
 - Social health
- The programme provides a broad experience with multiple opportunities for hands-on patient care across a variety of different areas of medicine including:
 - Community or primary care
 - Acute and chronic hospital environments
 - Mental health settings and
 - Environments that provide health promotion



The 2021 Foundation Programme curriculum

ROUGH GUIDE TO THE FOUNDATION PROGRAMME CURRICULUM

Aims

Approach

Assessment

Aims

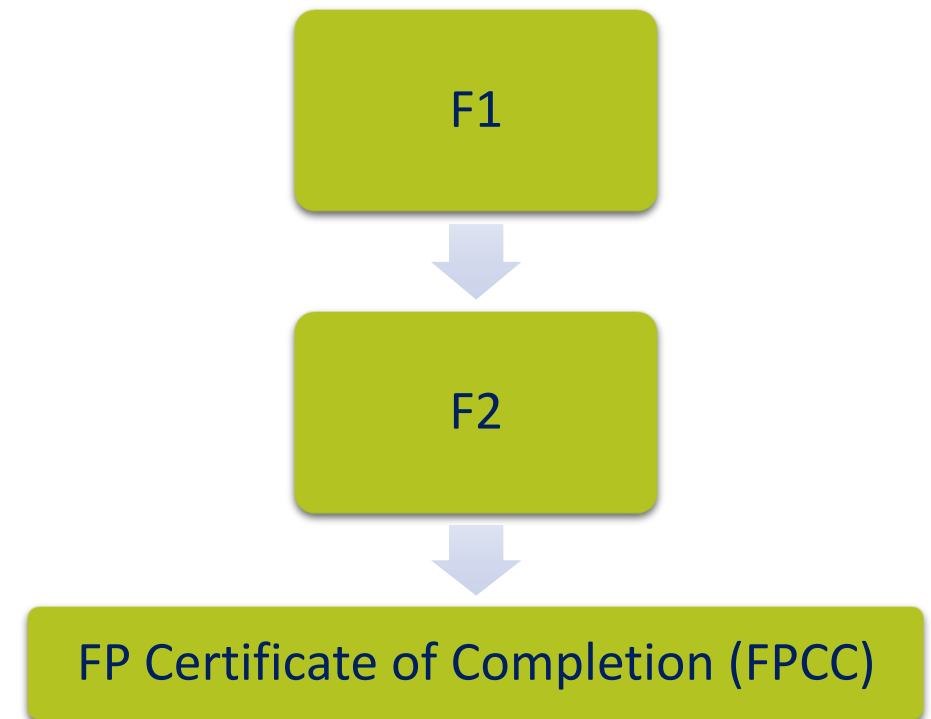


The Foundation Programme is part of the continuum of medical education



The UK Foundation Programme is a two-year programme designed to build upon the knowledge and skills gained in undergraduate training.

It facilitates the transition from student to doctor by providing training in a supportive environment.



The Foundation Programme is part of the continuum of medical education

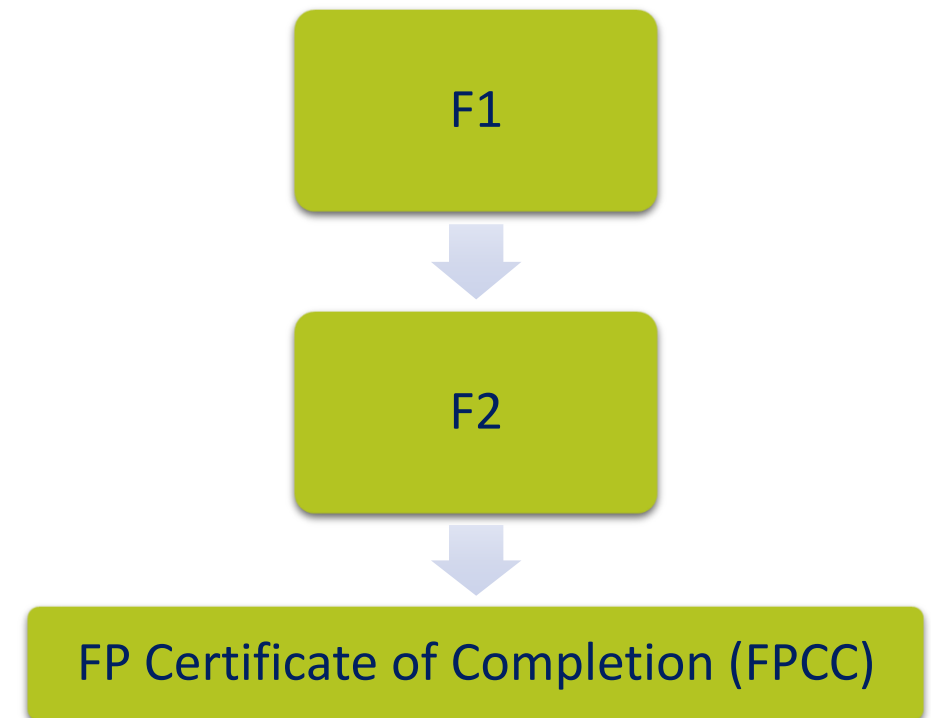


Foundation year 1 – provisional registration

- Close and often direct supervision
- Some limitations on practice

Foundation year 2 – full registration

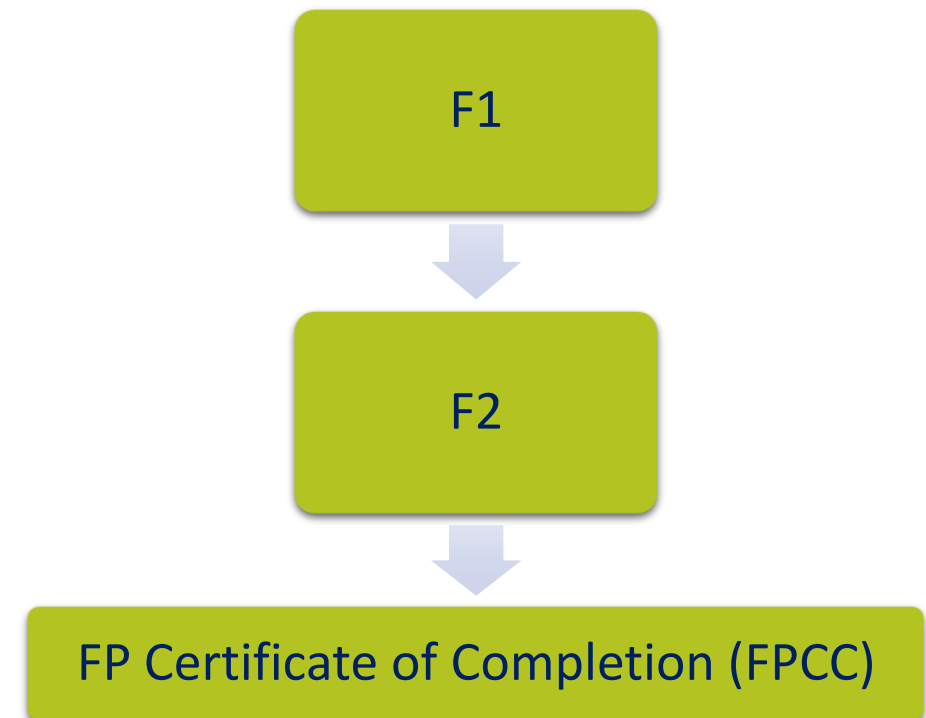
- Designed to support the FD to become an independent professional and conscientious lifelong learner



The Foundation Programme is part of the continuum of medical education



The curriculum expects that on completion of Foundation training the doctor should reach a level of practice at which they can be entrusted to deliver safe, compassionate care with indirect supervision and be able to enter general practice or specialty training.



Three outcomes of the Foundation Programme

To complete the programme successfully, the Foundation Doctor (FD) must demonstrate that they are:

HLO1: THE CLINICIAN

An accountable, capable and compassionate clinician

HLO2: THE HEALTHCARE WORKER

A valuable member of the healthcare workforce

HLO3: THE PROFESSIONAL

A professional, responsible for their own practice and portfolio development

These are the Higher Level Outcomes (HLOs) of the Foundation Programme and underline the generic nature of Foundation training.

Thirteen professional capabilities

The 3 HLOs are broken down into 13 professional capabilities, which form the syllabus:

HLO1: THE CLINICIAN

Direct and indirect patient care:

1. Clinical Assessment
2. Clinical Prioritisation
3. Holistic Planning
4. Communication and Care
5. Continuity of Care

HLO2: THE HEALTHCARE WORKER

Integrating into the healthcare workforce:

6. Sharing the Vision
7. Fitness to Practise
8. Upholding Values
9. Quality Improvement
10. Teaching the Teacher

HLO3: THE PROFESSIONAL

Professional requirements and expectations:

11. Ethics and Law
12. Continuing Professional Development
13. Understanding Medicine

These capabilities can be demonstrated by behaviour in the workplace during the programme

Thirteen professional capabilities

HLO1: THE CLINICIAN

Direct and indirect patient care:

1. Clinical Assessment - Assess patient needs in a variety of clinical settings including acute, non-acute and community
2. Clinical Prioritisation – Recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health
3. Holistic Planning – Diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical, psychological and social needs of the patient
4. Communication and Care – Provide clear explanations to patients/carers, agree a plan and deliver healthcare advice and treatment where appropriate
5. Continuity of Care - Contribute to safe ongoing care both in and out of hours

Thirteen professional capabilities

HLO2: THE HEALTHCARE WORKER

Integrating into the healthcare workforce:

6. Sharing the Vision – Work confidently within and, where appropriate, guide the multiprofessional team to deliver a consistently high standard of patient care based on sound ethical principles
7. Fitness to Practise – develop the skills necessary to manage their own personal wellbeing
8. Upholding Values – Act as a responsible employee including speaking up when others do not act in accordance with the values of the healthcare team
9. Quality Improvement – Take an active part in processes to improve quality of care
10. Teaching the Teacher - Teach and present effectively

Thirteen professional capabilities

HLO3: THE PROFESSIONAL

Professional requirements and expectations:

11. Ethics and Law – Demonstrate professional practice in line with the curriculum, GMC and other statutory requirements through development of a professional portfolio
12. Continuing Professional Development – Develop practice including the acquisition of new knowledge and skills through experiential learning; acceptance of feedback and, if necessary remediation; reading and, if appropriate, by research.
13. Understanding Medicine – Understand the breadth of medical practice and plan a career

Behaviours demonstrating FPCs

FPC1

FPC1: Clinical Assessment: Assess patient needs in a variety of clinical settings including acute, non-acute and community

F1 Behaviours	F2 Behaviours
<ul style="list-style-type: none">• Communicates with patients sensitively and compassionately to assess their physical, psychological and social needs• Understands that presentation including some physical signs will vary in patients of different backgrounds at different ages and sometimes between men and women• Uses collateral history and alternative sources of information when appropriate• Examines the physical and mental state of patients sensitively, with a chaperone where necessary, eliciting and interpreting clinical signs including those elicited by the mental state examination.• Recognises vulnerable individuals including those at risk of abuse or exploitation and demonstrates appropriate consideration of safeguarding issues	<ul style="list-style-type: none">• Is confident in patient interactions in acute, non-acute and community settings• Appropriately instigates a range of standardised assessments routinely (e.g. mental state, suicide risk scores, confusion assessments, pain scores, continence, VTE, nutritional assessments etc.)• Actively seeks symptoms and clinical signs that confirm or refute diagnostic possibilities• Demonstrates focused assessments in an appropriate context and in a safe manner

Behaviours demonstrating FPCs

FPC10

FPC 10: Teaching the Teacher: Teach and present effectively	
F1 Behaviours	F2 Behaviours
<ul style="list-style-type: none">• Provides clear explanations in the clinical setting including the ability to educate patients about their conditions and therapies• Plans and delivers a formal teaching session using an appropriate teaching method	<ul style="list-style-type: none">• Delivers teaching in the clinical setting to students or less experienced doctors, other healthcare professionals and/or trainees• Provides appropriate feedback to students, FY1s and/or other healthcare workers on performance• Expands teaching repertoire by teaching/presenting in other settings and/or using other techniques
GPCs: 1, 2, 4, 5, 6, 8, 9	

Approach



APPROACH

➤ Learning during the foundation programme

❖ Experiential

- *The doctor's daily experience in the clinical environment with colleagues and patients.*

❖ Direct

- *A formal and varied local teaching programme dedicated to foundation doctors*

❖ Self development

- *Self directed learning*

➤ The programme requires the FD to take a proactive approach to learning, creating opportunities to perform and reflect and for trainers to observe and provide feedback.

The experiential approach

The doctor's daily experience in the clinical environment with colleagues and patients.

- The FP ensures exposure to environments that provide a significant range of experiences to help FDs acquire the curriculum outcomes
- Most programmes are 3 x 4 months in each year. Other formats are permitted at the discretion of the Foundation School Director as long as the curriculum requirements can be fulfilled e.g. fellowships or LTFT
- Clinical training should involve direct patient care and good educational support.



Guiding training

- In each placement the Foundation Doctor will have:
 - A Clinical Supervisor (CS) - responsible for the FD's training within a specific placement
 - Support from other professionals – e.g. pharmacists, nurses and other doctors. A few of these are selected by the CS and form the Placement Supervision Group (PSG)
- The Foundation Doctor can develop their skills under supervision, reflect on their progress and receive feedback from these professionals in each placement
- The CS should:
 - Orientate the FD at the start of their placement
 - Offer feedback midway through to highlight areas of good practice and guide development
 - Complete the CS end of placement report (CSR) at the end of the placement

Other methods of learning

- Not all Foundation Programme Curricula can be learned/practised in the clinical setting by all Foundation Doctors
- To complement experiential learning we have:



Direct learning



Self development

Direct learning

Teaching/training specific to the Foundation Programme. The 'core learning' topics are:

- 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

Local education providers and/or Foundation Schools will compose their own teaching programmes. Formats might include lectures, practical sessions, small group work, specified e-learning and simulation.

Non-core learning

Other professional activities in the clinical environment are important learning opportunities too and include:

- Departmental teaching sessions
- M&M and peer review meetings
- Journal clubs
- Grand rounds and Schwartz rounds
- Balint groups
- Multiprofessional meetings, including practice meetings and those with social care.

Self development

- Foundation Doctors will want to develop their practice in different ways
- This will include online learning, reading, reflection, non-core (e.g. departmental) teaching
- All Foundation Doctors should now be given time for self development



Support with following the curriculum

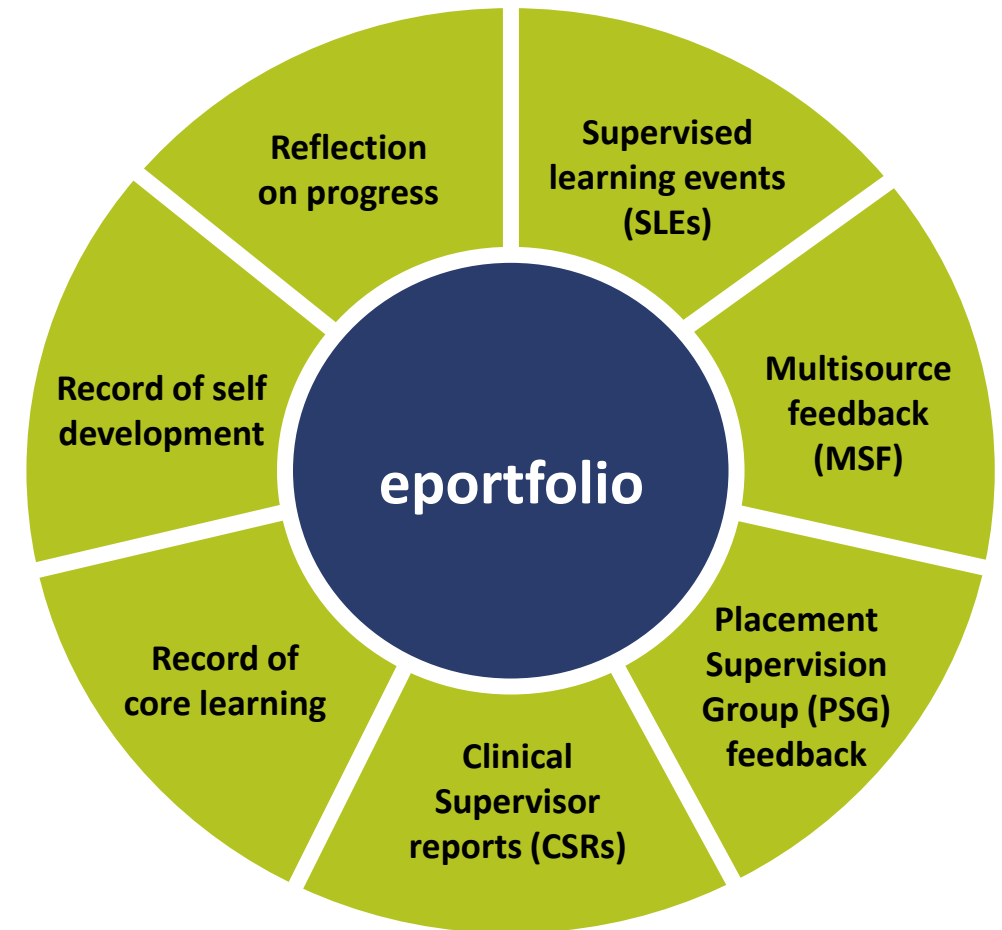
- Across each training year the Foundation Doctor will be assigned an Educational Supervisor (ES) who helps guide the FD's personal and professional development and monitors their progress against the 3 HLOs / 13 FPCs
- The Foundation ES and the FD should meet regularly to discuss progress.
- At the end of each placement, the ES should meet the FD and complete the End of Placement Report (ESR) to indicate whether the FD is on track to demonstrate all 13 foundation professional capabilities at the level required for that training year.
- The ES is also a source of pastoral support and point of contact for raising concerns.

Assessment



Gathering Evidence: The ePortfolio

- Foundation Doctors develop a record of clinical and professional behaviours demonstrated in the workplace via feedback from colleagues and supervisors as they progress in training
- This record is maintained in an online portfolio – the Foundation ePortfolio.
- Evidence recorded in the portfolio will be from a combination of experiential learning, direct training and self-development and should demonstrate proficiency in the 13 Foundation Professional Capabilities



The Foundation ePortfolio

Horus – England

Turas - Scotland, Wales and Northern Ireland.

- The ePortfolio must be kept up to date by the FD as they progress through the year. Evidence must be recorded in the ePortfolio from all placements undertaken to show learning and engagement with the programme and ability to practice in varied settings.
- The ePortfolio is submitted at the end of each year in training for review and decision on progression to the next training stage. This process is called ARCP (Annual Review of Competency Progression).



What is a portfolio



Your personal record of your progress throughout foundation training



Allows you to show that you are demonstrating progress



Foundation doctors follow a UKFP curriculum



A portfolio allows you to record your formative learning mapped to the curriculum



Provides a space for your supervisors to record their assessment of your progress



Allows for you to celebrate and share your successes and also how you have learned from your reflections



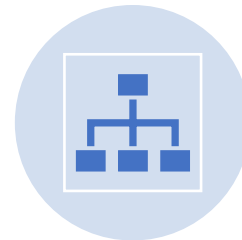
At the start of
Foundation



Review the
curriculum



Study the portfolio



Familiarise yourself
with the layout, forms
and requirements



Read the ARCP
requirements

Types of evidence

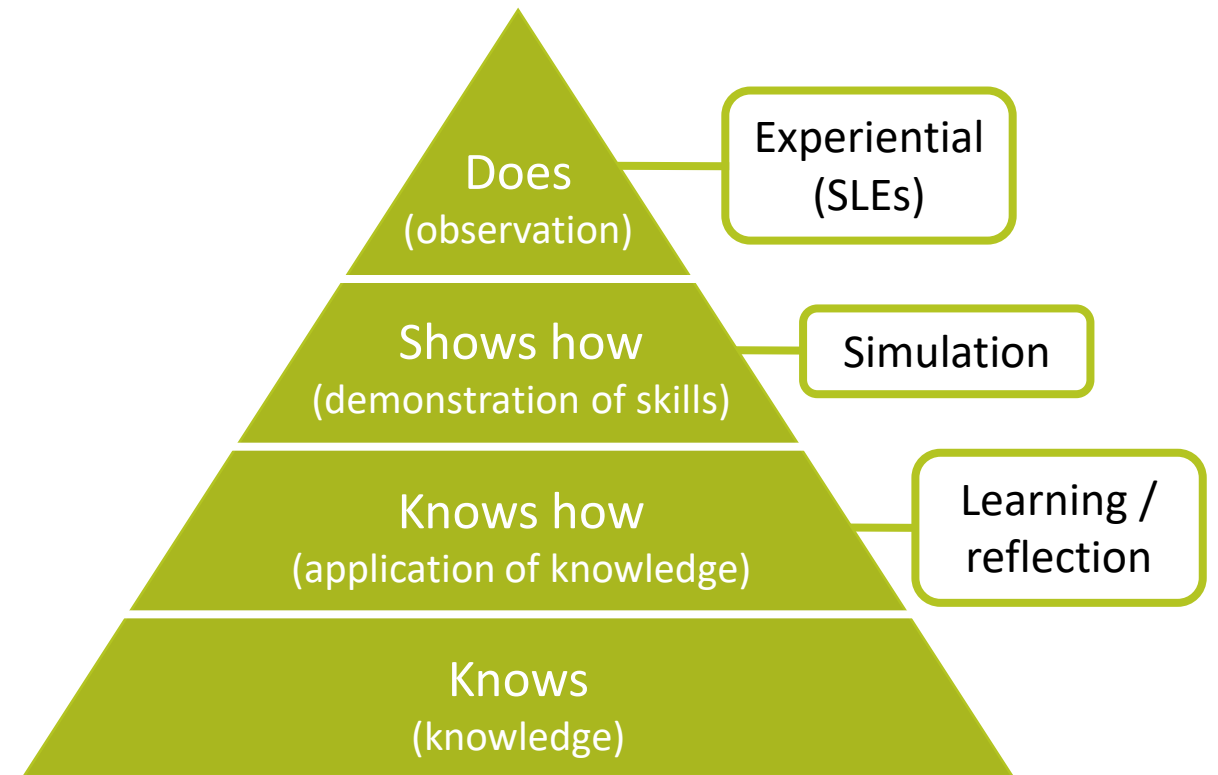
- Foundation Doctors will gather evidence in their portfolio to fulfil the 3 HLOs:

HLO1: An accountable, capable and compassionate clinician

HLO2: A valuable member of the healthcare workforce

HLO3: A professional, responsible for their own practice and portfolio development

- Evidence of performance in the clinical environment should form the majority of evidence collected, especially to support HLO 1 and HLO 2. Demonstration of HLO 3 will be largely evidenced by teaching records and reflection.



Millers pyramid – Hierarchy of Evidence

Types of assessment

Formative assessment

- Supervised Learning Events
- Placement Supervision Group
- Multisource Feedback (TAB)
- The Personal Learning Log
- The Summary Narrative
- Portfolio Evidence (Curriculum Linkage)

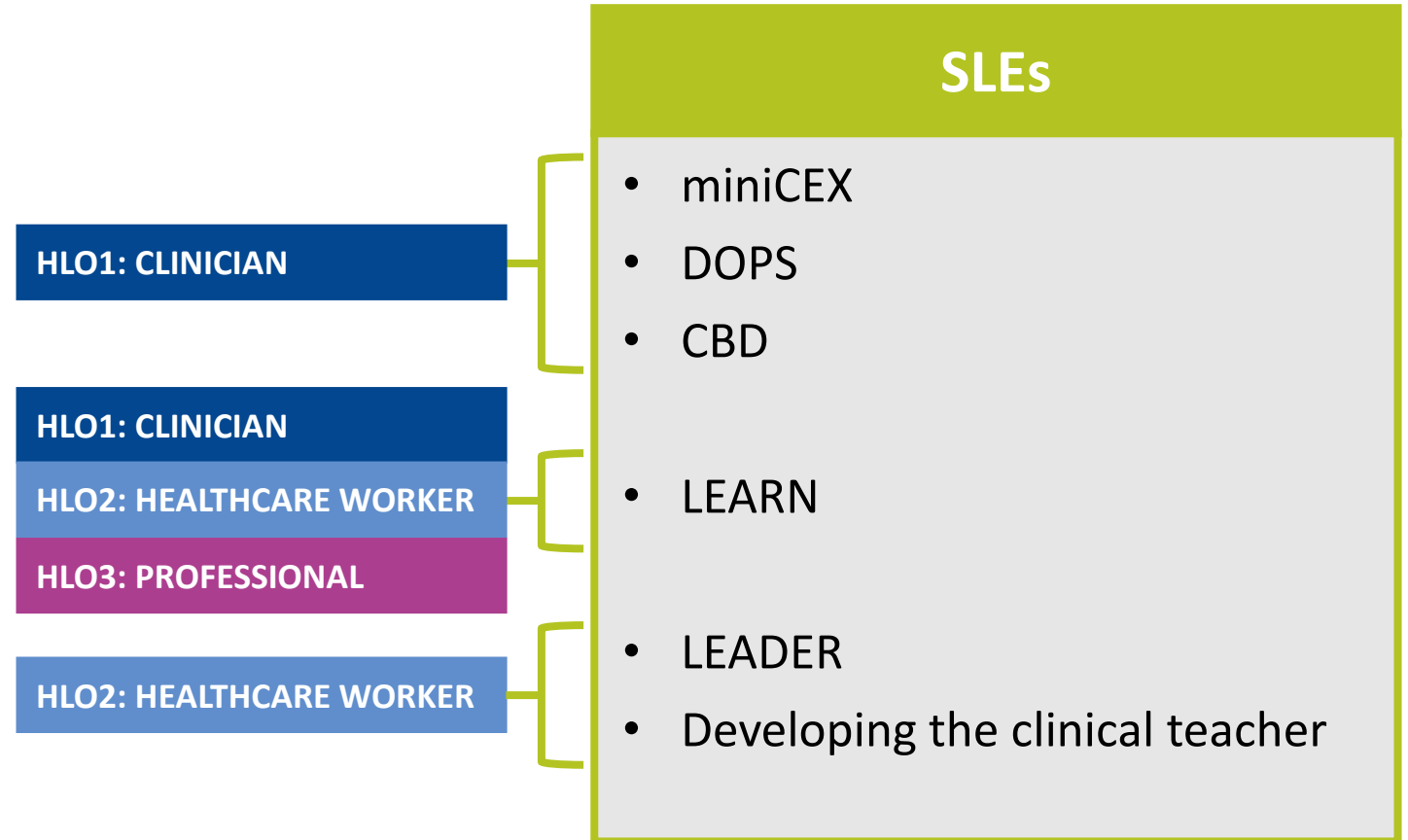
Summative assessment

- Clinical Supervisor Reports
- Educational Supervisor Reports
- Prescribing Safety Assessment (F1 only)

Supervised learning events (SLEs)

- While working in the clinical setting the Foundation Doctor will undertake various tasks and receive feedback
- Some of this feedback will be recorded formally as SLEs

The 2021 curriculum does not specify any particular number or types of SLE to be included but simply offers them as a way of recording progress against the 3 HLOs/13 FPCs



Supervised learning events (SLEs)

SLEs

- miniCEX - mini clinical encounter - direct observation of the FD undertaking an interaction while at work on the ward
- DOPS – direct observation of procedure – completion of which should, ideally, include observation of the explanation to the patient of why the procedure is being performed, the process of consent including an understanding of complications as well as technical capability of the procedure itself
- CBD – case-based discussion – the discussion of a case presentation after an (unobserved) encounter in the workplace environment
- LEARN – Learning encounter and reflection note – a form for recording the above and other forms of evidence such as performance in simulation
- LEADER - for recording feedback following an event where the FD has shown leadership skills
- Developing the clinical teacher – used for feedback on a formal teaching session or presentation the FD has delivered

Placement supervision group (PSG)

PSG:

- Will feed back to the Foundation Doctor on a day-to-day basis (e.g. senior nurse, ward pharmacist, social worker, therapist, dietician, practice nurse)
- May contribute to TAB
- Will feed back to CS for CS report and at least one CSR each year should include the report of a PSG (at least 3 members)

The formal PSG report for the CSR is lead by the CS and is used mainly to inform:

HLO1: CLINICIAN

but some evidence for:

HLO2: HEALTHCARE WORKER

HLO3: PROFESSIONAL



Multisource feedback (MSF) / team assessment of behaviour (TAB)

- The TAB is a multisource feedback process whereby colleagues of the FD provide feedback on their attitudes, behaviours and professional skills.

- Used to obtain feedback largely for:

HLO2: HEALTHCARE WORKER

but also evidence for:

HLO3: PROFESSIONAL

HLO1: CLINICIAN

- Foundation Doctors are expected to carry this out at least once in F1 and once in F2
- The TAB is used formatively to develop professional behaviours but a satisfactory TAB is a requirement to complete each year



How much evidence do I need for each FPC

- The curriculum outcomes need to be fully evidenced to support HLO sign off.
- You will need a range of pieces of evidence for each FPC
- Some FPC will require more links than others to demonstrate curriculum coverage
 - Further detail is in the curriculum and rough guide
 - You cannot log more than 10 pieces per FPC
 - You should aim for good quality evidence carefully selected to demonstrate your competence

Personal Learning Log: Core and non-core learning

Min
30 hours



The Foundation Doctor is required to log a minimum of 30 hours of core learning.

30 hours



The Foundation Doctor is required to log 30 hours of self development/non-core learning (or extra core hours).

Reflection and the summary narrative

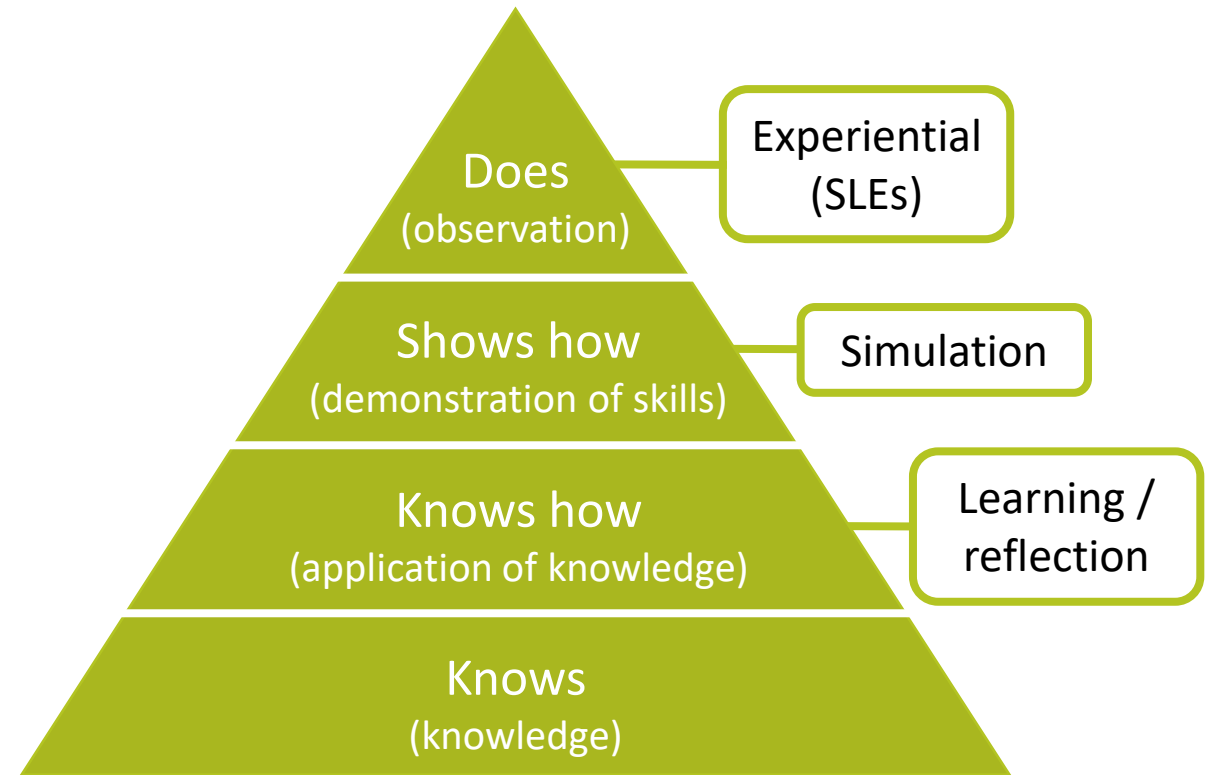
Like all doctors, Foundation Doctors are required to reflect on their practice.

- The summary narrative is the main form of reflection required by FDs. It is a written reflection by the FD cataloguing their journey through the programme, reflecting on their progress against the HLOs to facilitate self-development.
- Other recorded reflections can take the form of personal reflection, reflection with a supervisor or group reflection
- May be based on individual cases/events or on overall development/progress



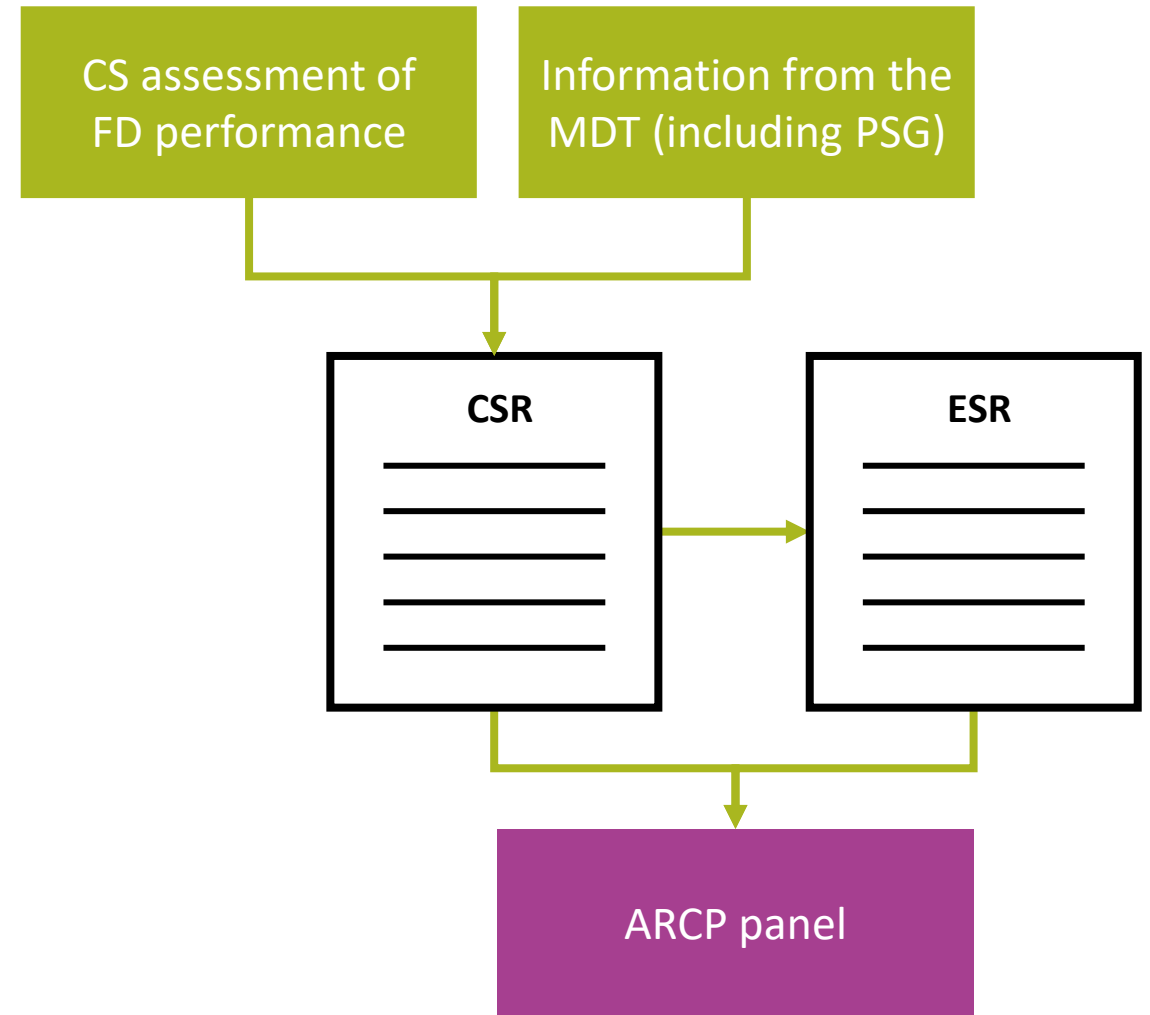
Mapping Evidence to the FPCs

- Summary narrative to be written by Foundation Doctor for each HLO to show rationale for selecting evidence uploaded and mapped
- No minimum number of SLEs
- Foundation Doctor to link adequate evidence to 13 FPCs in accordance with hierarchy of evidence
- eportfolio will allow up to 10 pieces of evidence per FPC and will allow each piece of evidence to be used 3 times



Summative assessments – clinical supervisor reports (CSRs)

- For each placement, the CS will consider the Foundation Doctor's performance in the clinical environment and will gather information from the multidisciplinary team
- The report produced will be used summatively to inform the ARCP panel
- All information provided as evidence such as PSG, SLEs, reflections and learning log will be regarded as formative learning but will feed into the CS assessment of performance

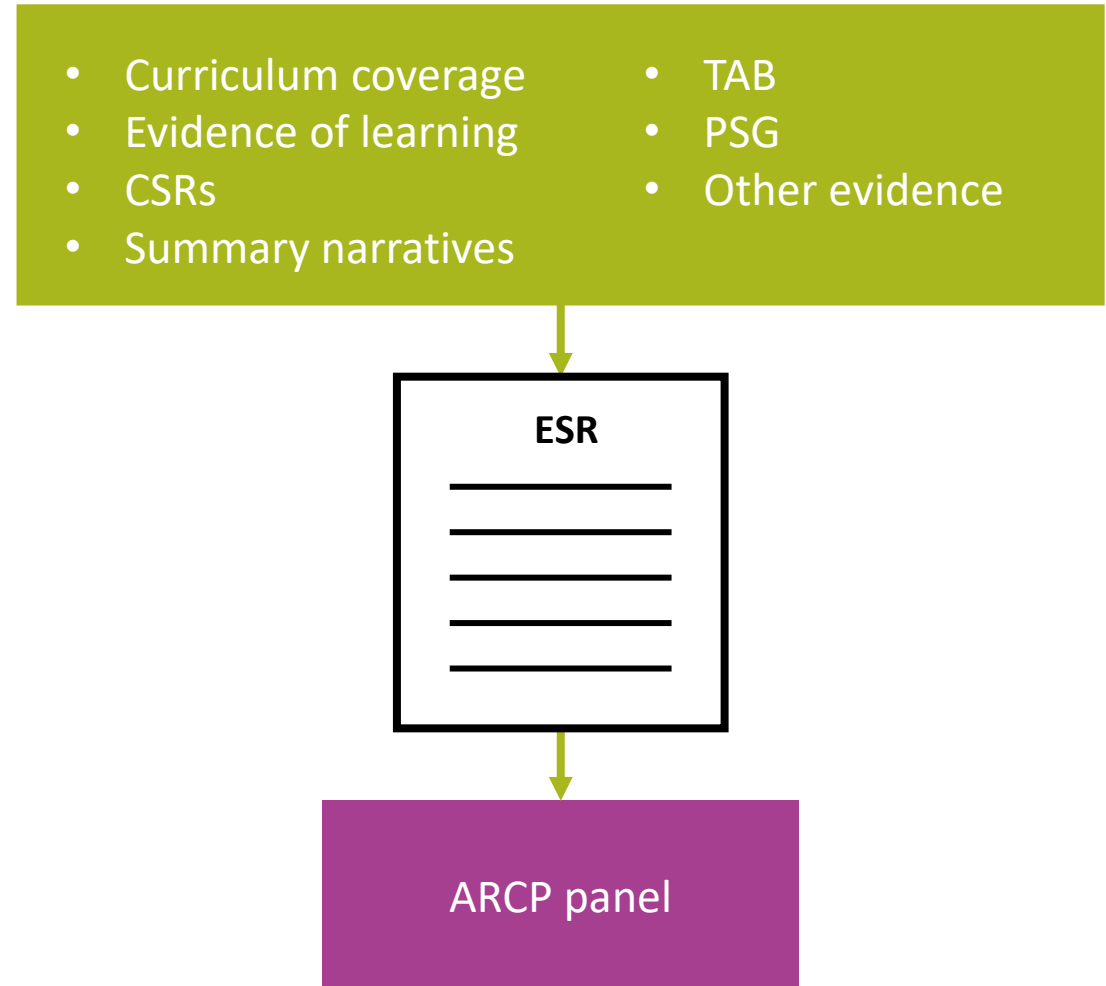


Educational Supervisors' end of year report

At the end of each training year the ES will make a recommendation to the ARCP panel in the form of an ES end of year report (NB: In Scotland this role is taken on by the FTPD).

The report provides a summative assessment of:

- Curriculum coverage (Foundation Doctor links evidence to each FPC)
- Evidence of learning (core and non-core)
- Clinical supervisor reports
- Completion of 3 summary narratives detailing the Foundation Doctor's rationale for selecting the evidence provided
- TAB and PSG - used formatively to inform the trainee about their progress; the FD must have at least 1 satisfactory TAB and 1 satisfactory set of PSG feedback by the ARCP
- Any evidence from other meetings

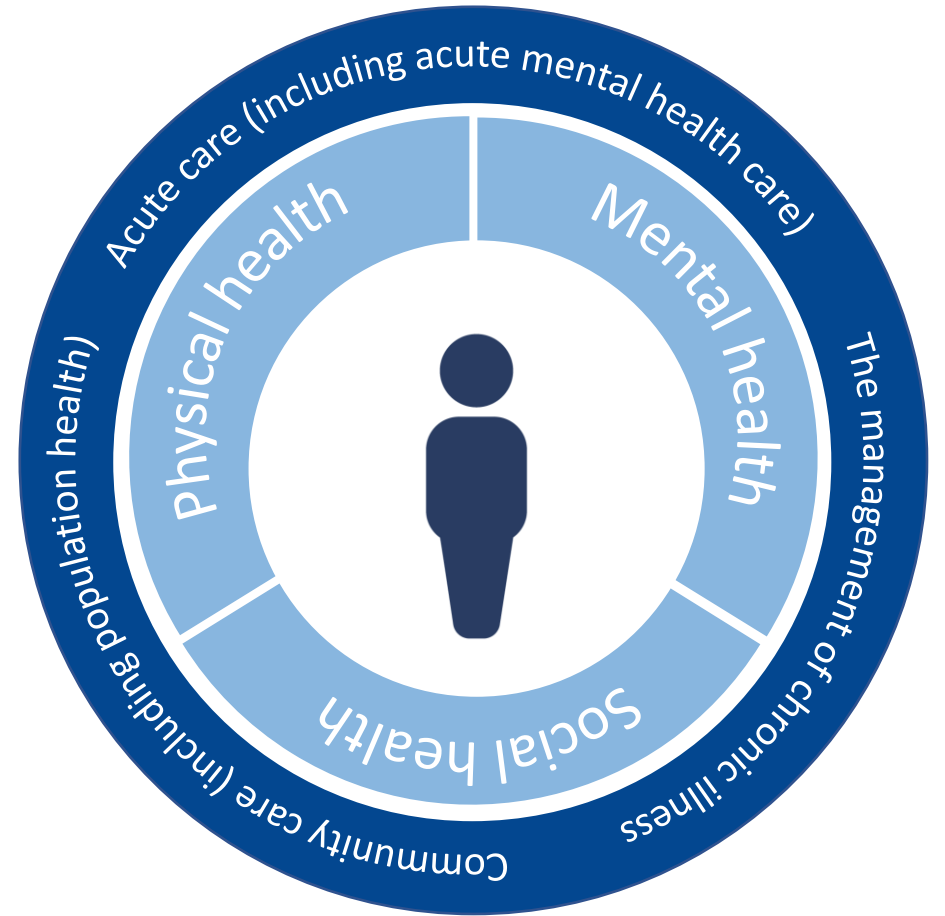


Other specifics for assessment

F1: Prescribing safety assessment

The Prescribing Safety Assessment allows candidates to demonstrate their competencies in relation to the safe and effective use of medicines.

To complete F1, the FD must have passed the PSA within the two years prior to entry into the programme or hold a valid pass certificate on completion of F1.



Overview of assessment process

HLO1: An accountable, capable and compassionate doctor

Direct and indirect patient care:

1. Clinical Assessment
2. Clinical Prioritisation
3. Holistic Planning
4. Communication and Care
5. Continuity of Care

Assessment

- CSR
- ESR
- TAB
- PSG
- eportfolio evidence
- PSA certificate (F1 only)

HLO2: A valuable member of the healthcare workforce

Integrating into the healthcare workforce:

6. Sharing the Vision
7. Fitness to Practise
8. Upholding Values
9. Quality Improvement
10. Teaching the Teacher

Assessment

- CSR
- ESR
- TAB
- PSG
- eportfolio evidence

HLO3: A professional, responsible for their own practice and portfolio development

Professional requirements and expectations:

11. Ethics and Law
12. Continuing Professional Development
13. Understanding Medicine

Assessment

- CSR
- ESR
- eportfolio evidence
- Learning log
- Engagement in feedback on training
- Form R / SOAR

ARCP

- Towards the end of each year, the FD's ePortfolio is submitted to the Annual Review of Competency Progression (ARCP) panel which decides if the FD has achieved the curriculum requirements and will progress to the next level of training.
- The ARCP panel will make their decision based on feedback and evidence selected by the FD from the ePortfolio to be put forward for summative assessment. There is no fixed number of pieces of evidence required for each FPC, only that the FD will provide sufficient evidence to demonstrate each of the FPCs.

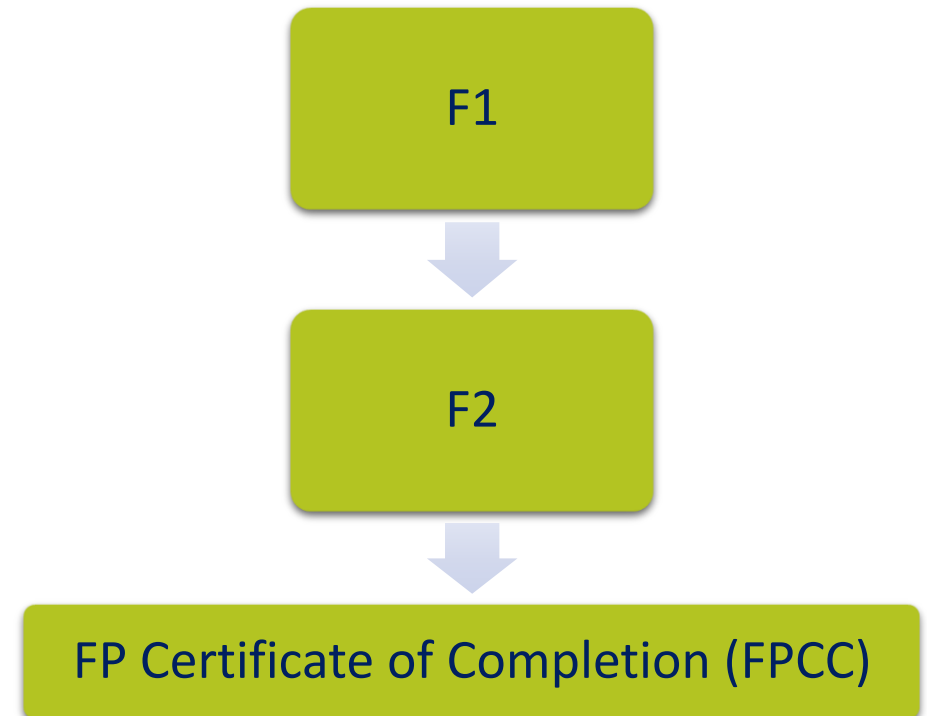
ARCP requirements

Provisional registration and a licence to practise with the GMC (F1 only)	To undertake the first year of the foundation programme, doctors must be provisionally registered with the GMC and hold a licence to practise. In exceptional circumstances (e.g. refugees), a fully registered doctor with a licence to practise may be appointed to the first year of a foundation programme.
Full registration and a licence to practise with the GMC (F2 only)	To undertake the second year of the foundation programme, doctors must be fully registered with the GMC and hold a licence to practise.
Completion of 12 months (WTE) training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12 month (WTE) period of the foundation programme. Where a doctor's absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013).
A satisfactory educational supervisor's end of year report	The report should draw upon all required evidence listed below. If the FD has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the FD has met the requirements for progression.
Satisfactory educational supervisor's end of placement reports	An educational supervisor's end of placement report is required for all FD placements EXCEPT for the last FD placement at each level of training; the educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports	A clinical supervisor's end of placement report is required for ALL placements. At least one CSR in each level of training must make use of PSG feedback. All of the clinical supervisor's end of placement reports must be completed before the doctor's Annual Review of Competence Progression (ARCP).
Satisfactory Team Assessment of Behaviour (TAB)	Minimum of one per level of training
Satisfactory Placement Supervision Group report (PSG)	Minimum of one per level of training
Satisfactory completion of all curriculum outcomes	The FD should provide evidence that they have met the 13 foundation professional capabilities, recorded in the eportfolio. Evidence to satisfy FPC1-5 must include direct observation of at least 5 clinical encounters in the form of SLEs and the specific life support capabilities specified in FPC2.
Satisfactory engagement with the programme	Learning log of core/non-core teaching and other learning Reflection including summary narrative Contemporaneously developed portfolio Engagement with feedback on training programme Completion of relevant probity / health declarations including Form R / SOAR or equivalent
Successful completion of the Prescribing Safety Assessment (PSA) - (F1 only)	The F1 doctor must provide evidence that they have passed the PSA within two years prior to entry to the programme or on completion of the programme.
Evidence of completion of additional requirements set by HEE/NES/NIMDTA/HEIW and approved by UKFP Board	

Critical progression points



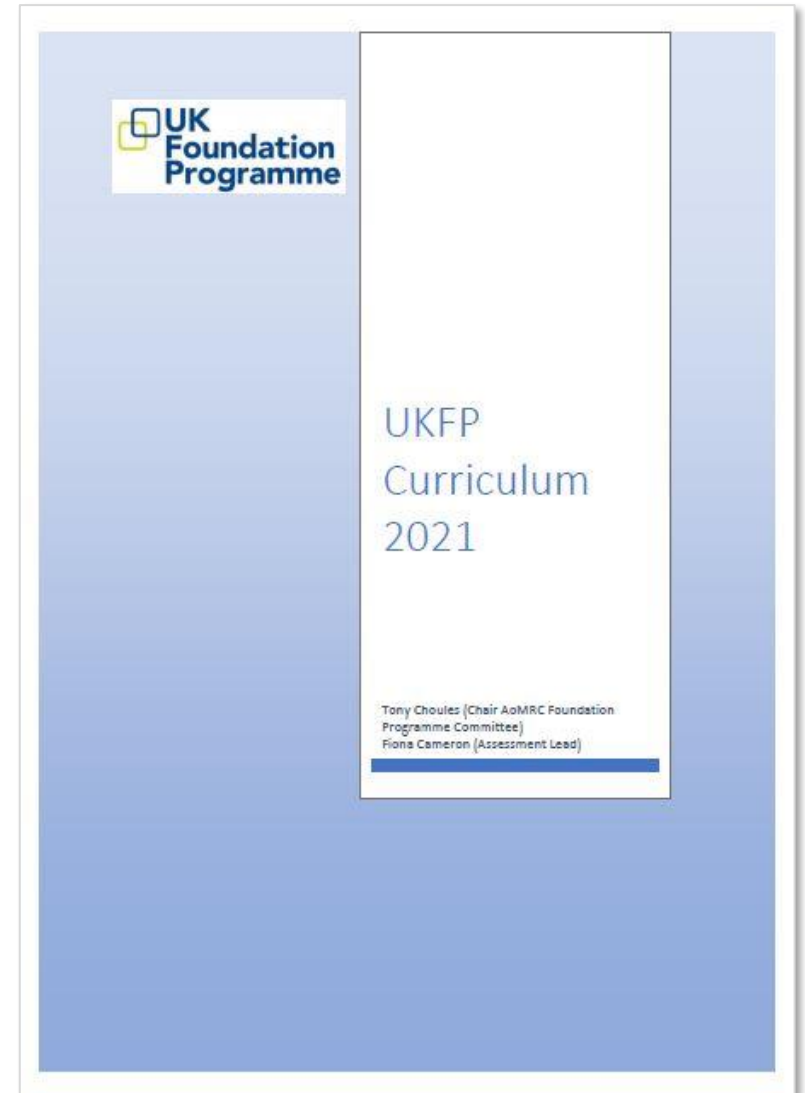
Once the ARCP panel convenes and decides an outcome which represents progression, the FD can move onto the next stage of training or complete the programme.



Summary of changes to the 2021 FP curriculum

- Written to link explicitly with GMC's GPCs
- Clear statement of the expectation of equitable treatment for all FDs
- Number of Higher Level Outcomes (previously 'Sections') reduced from 4 to 3 (Clinician, Healthcare worker, Professional)
- Number of Foundation Professional Capabilities (FPCs) that have to be demonstrated have been reduced from 20 to 13
- There is no specific number of formative SLEs that need to be undertaken (previously 16) but to demonstrate the HLOs, examples of practice must be submitted as summative evidence against learning outcomes across a variety of placements
- Importance of Placement Supervision Group (PSG) emphasised and made mandatory to ensure a broader range of healthcare professionals provide feedback to Foundation Doctors
- The curriculum introduces a more formal hierarchy of evidence to emphasise the importance of direct observation in the workplace as the most crucial evidence that the FD has fulfilled the HLOs

... cont'd



Summary of changes to the 2021 Foundation Programme curriculum

- Specific 'core' teaching sessions make explicit the need for training programmes to provide teaching in certain areas including simulation
- The curriculum endorses current practice for the recording of a 'personal learning log' of 'core' and 'non-core' learning both as evidence of engagement with the programme and for use as evidence for the acquisition of FPCs
- The new curriculum defines the role of the doctor
- The new curriculum makes a specific statement regarding the importance of mental health and specifies a syllabus covering this important area of medical practice
- A 'summary narrative' provides additional opportunities to reflect on progression and curriculum achievement to complement current reflective practice
- The review has provided an opportunity to develop a curriculum that considers and incorporates recent work in the area of differential attainment and highlights the importance of monitoring this
- The curriculum explicitly allows for reasonable adjustments to the assessment of performance



THANK YOU