

# Foundation Programme – FY1 Induction – 2022/23

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# Foundation Programme is part of the continuum of Medical Education...

Undergraduate training

Foundation programme – generic training

Specialist training

GP/Consultant

# Who will supervise you?

**Educational supervisor** – supervise you for full year

**Clinical supervisor** – supervise you for one placement (4 months)

- Start and end of placement
- Other times if necessary

LIFT programme – GP will be your ES

## **Placement Supervision Group**

- Led by consultant/GP and other senior colleagues (minimum of 3)
- Liaise with educational/clinical supervisor

# 2021 Curriculum



## Generic professional capabilities framework

Working with doctors Working for patients

General  
Medical  
Council

# Curriculum

The UK Foundation Programme Office launched a new Curriculum in 2021.

An interactive copy of the Curriculum

YouTube videos, podcasts and factsheets

A 'rough Guide to the Curriculum'

[Curriculum - UK Foundation Programme](#)

# Standards

F1

Entrustment to work safely in a supervised environment

Successful completion of the Prescribing Safety Assessment (PSA)

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.

For clarity we can break these 3 areas down into 13 Foundation Professional Capabilities (FPCs):

### **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 for Practise
8. Upholding Values
9. Quality Improvement
10. Teaching the Teacher

### **HLO3: THE PROFESSIONAL**

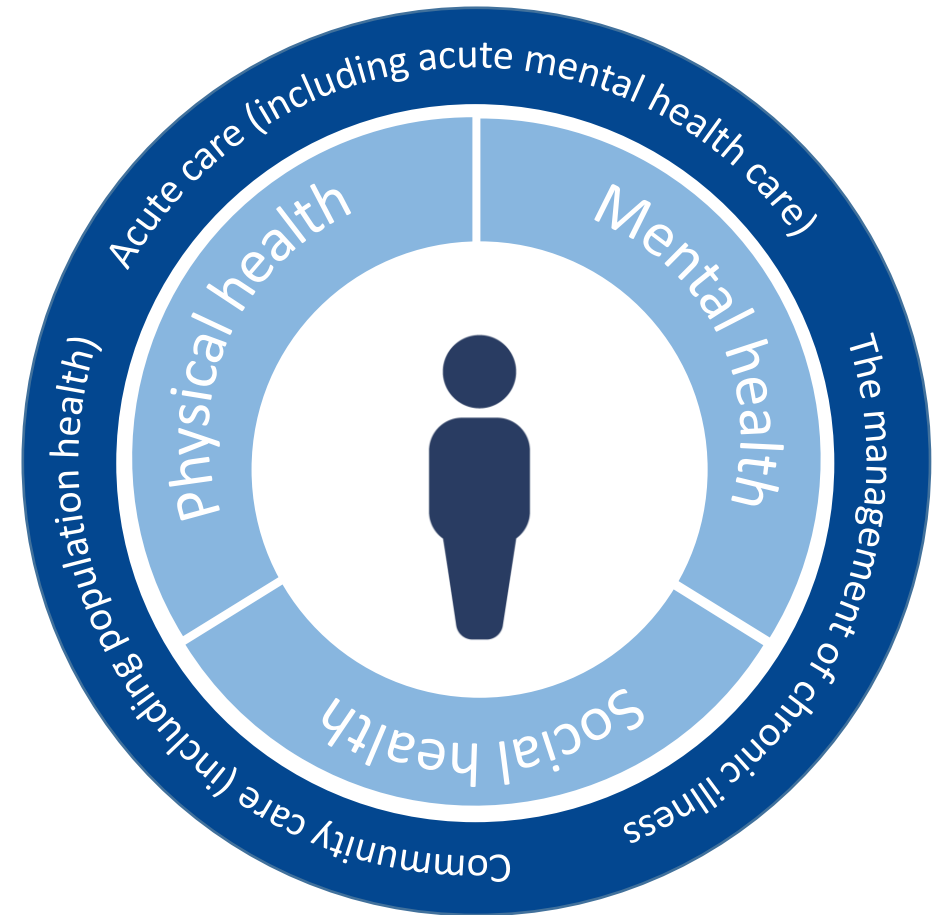
Professional requirements and expectations:

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



# Holistic care and breadth of care

- The Foundation Doctor must understand how to apply these capabilities across the range of modern healthcare settings:
  - Acute care (including acute mental health care)
  - The management of chronic illness
  - Community care (including population health)
- 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 2021 curriculum specifically states the 'parity of mental and physical health' conditions



# Approach





# An experiential approach

The curriculum continues to take an experiential approach:

- Places the Foundation Doctor in a series of clinical placements to allow exposure to:
  - Acute/chronic/community and population health
  - Physical/mental health/social needs
- Most programmes will remain 3 x 4 months in each year, but other formats are permitted at the discretion of the Foundation School Director as long as the curriculum requirements can be fulfilled
- Clinical training should as far as possible be 'patient focused' not 'task focused'
- The focus is on the acquisition of generic capabilities



# Other methods of learning

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



Direct learning



Self development

# Direct learning

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

The curriculum further defines required content for this training but not the training methods used.

# Self development

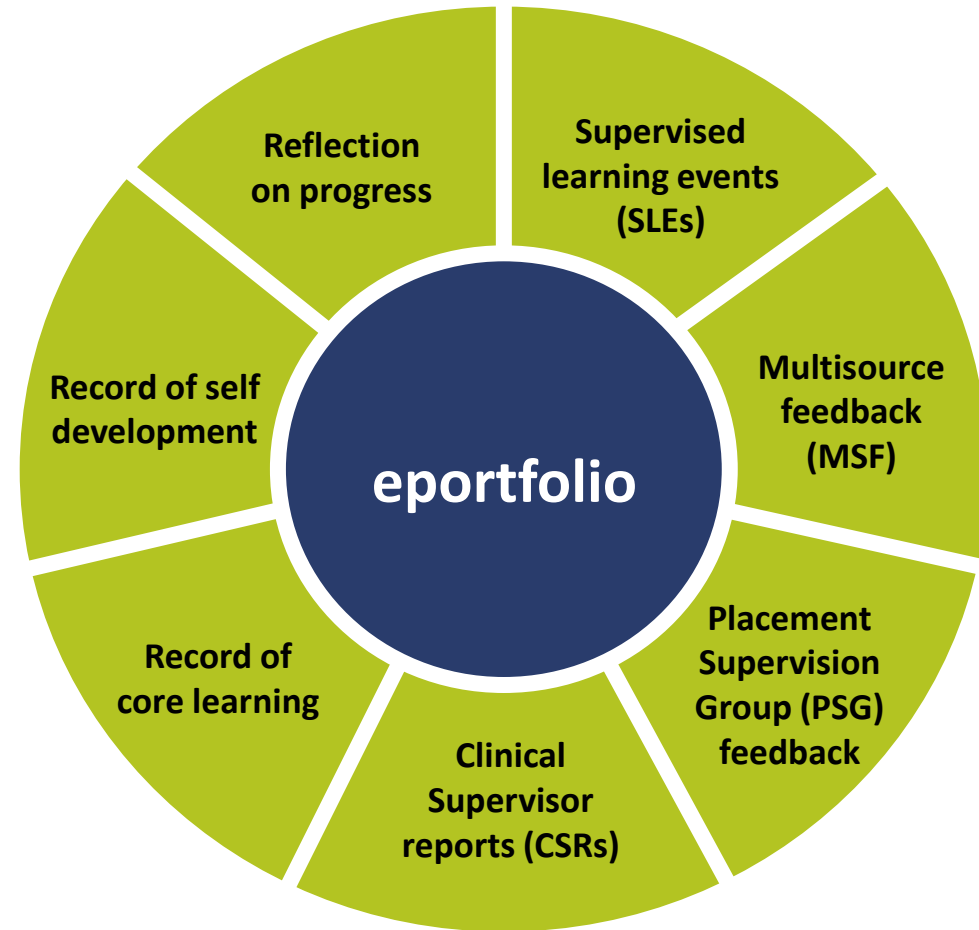
- Foundation Doctors will want to develop their practice in different ways
- This will include online learning, reading, reflection, non-core (e.g. departmental) teaching
- Most Foundation Doctors will now be given time for self development (EDT)  
in F1 - 1 hour/week





# This is what you need to do...

- As the FD progresses through their training, they will undertake activities that will help them develop the 13 FPCs
- The FD will be expected to develop a portfolio of evidence to reflect this progress
- Across each training year the Educational Supervisor (ES) will help to guide the training
- The curriculum defines the role of the ES



# The e-portfolio

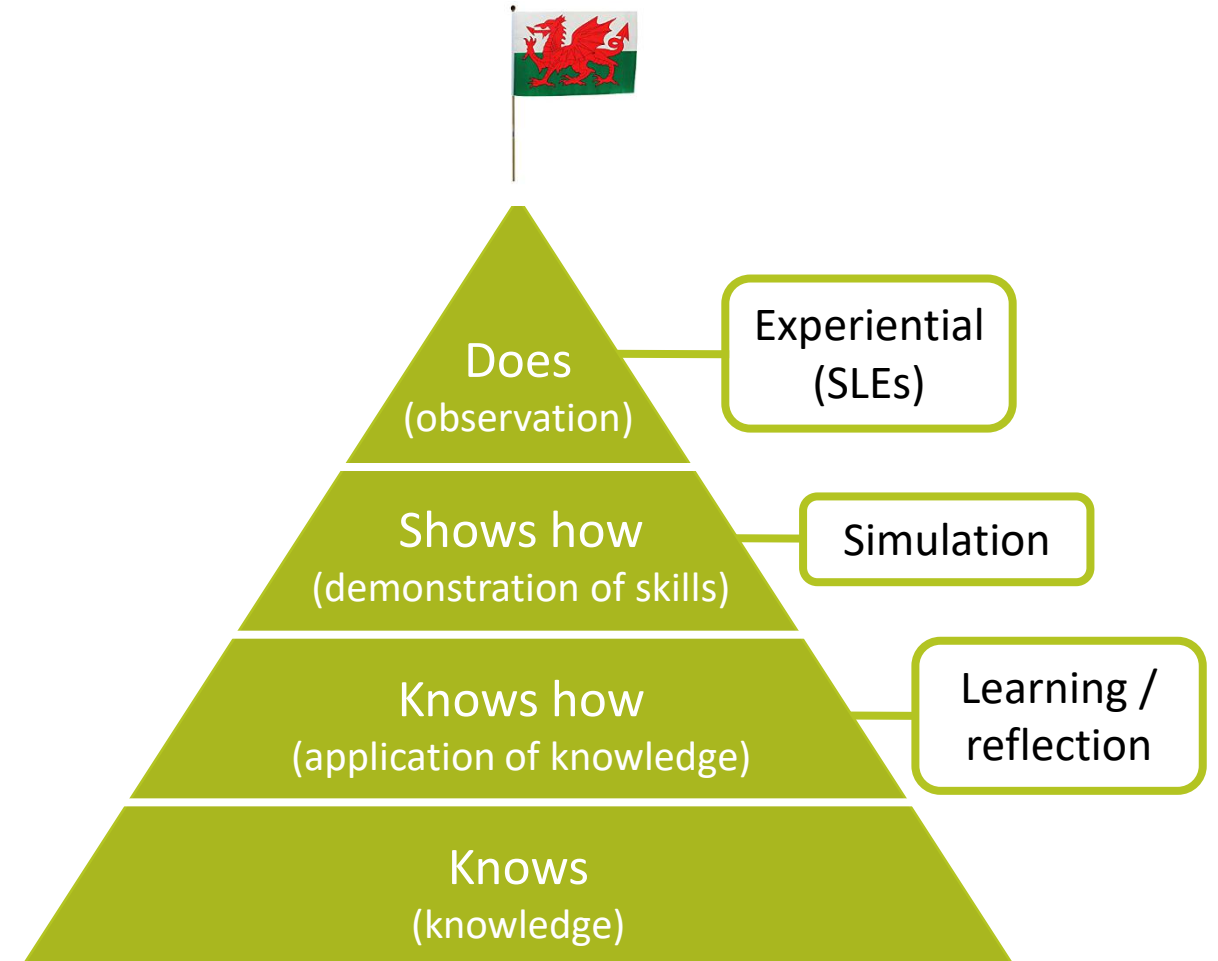
- Foundation Doctors will gather evidence in their portfolio to fulfil the 3 HLOs:

**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**

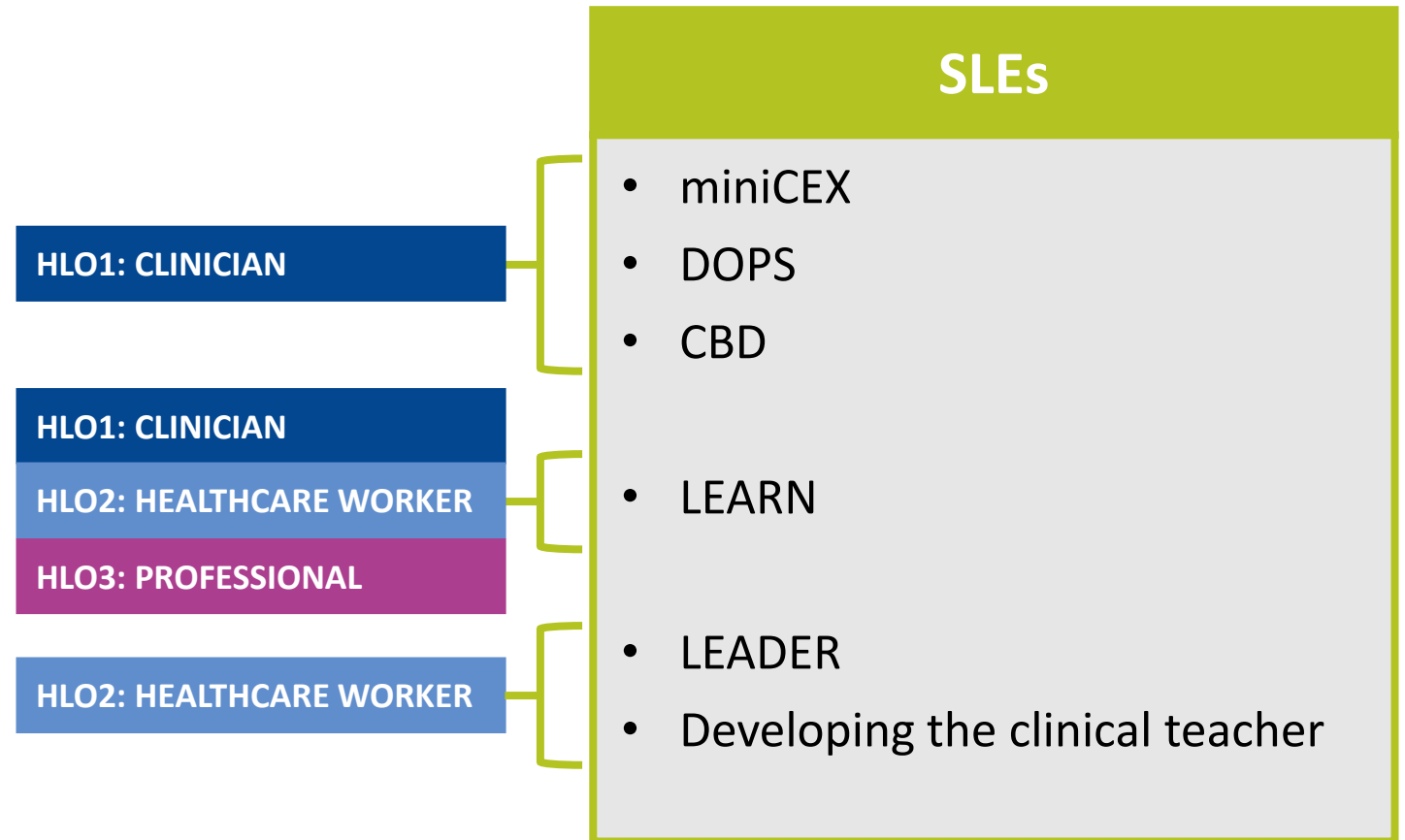
- Following Miller's pyramid some evidence carries more weight than others
- The curriculum uses the term 'Hierarchy of Evidence'





# 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 in 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



# Team assessment of behaviour (TAB)

- Very established feedback tool in Foundation Programme
- Specified variety of individuals who contribute
- 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
- Foundation Doctor-led process
- Useful tool for all Foundation Doctors but particularly helpful for those with limited insight when combined with the self evaluation



# Placement supervision group (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)
- They may also contribute to TAB
- At least 3 members
- It is led by the CS (you send the tickets)
- Mainly informs CS about:

**HLO1: CLINICIAN**

- but gives some evidence for:

**HLO2: HEALTHCARE WORKER**

**HLO3: PROFESSIONAL**



# TAB



Are you a 'nice' doctor?

# PSG



Are you a 'good' doctor?

# 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).

# Other learning opportunities

Departmental teaching

e-Learning for Healthcare (e-LfH):

- E learning modules for foundation
- Useful to support your experimental learning
- To catch up if you miss a teaching session

ALS:

- one attempt!
- paid by HEIW



# Reflection and the summary narrative

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

- Reflection:
  - Should lead to change or reinforcement of practice
  - 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
- Some reflection should be recorded in the portfolio
- Over each level of training the Foundation Doctor will need to reflect on their overall progress using summary narrative



# Summary narrative

A paragraph for each HLO

Update it towards end of each placement

CS and ES look at it

Use it to help plan PDP





# Assessment



# Types of assessment

## Formative assessment

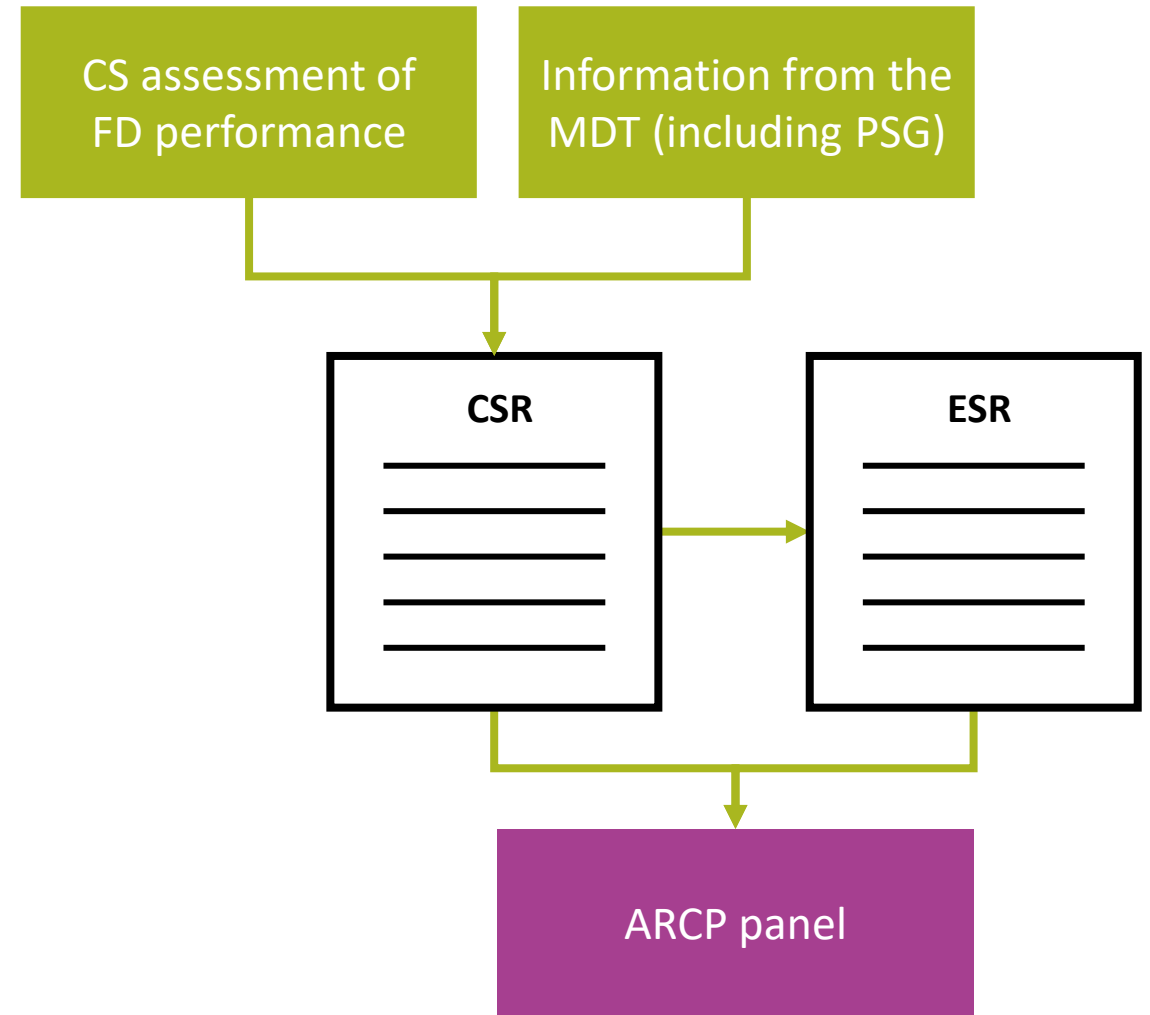
- Supervised Learning Events
- The Personal Learning Log
- The Summary Narrative
- Portfolio Evidence (Curriculum Linkage)
- Placement Supervision Group
- Multisource Feedback (TAB)

## Summative assessment

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

# Summative assessments – clinical supervisor reports (CSRs)

- 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

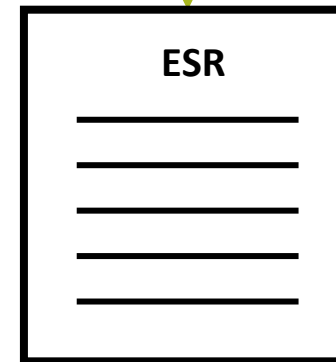


# Educational Supervisors' end of year report

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

- Curriculum coverage
- Evidence of learning
- CSRs
- Summary narratives
- TAB
- PSG
- Other evidence



ARCP panel



# ARCP checklist

Requirement	Standard
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 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.

Requirement	Standard
Satisfactory engagement with the programme	Personal 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	

# Checklist for each post

	Post 1	Post 2	Post 3
ES/CS Induction report	✓		
ES/CS report - end	✓		
CS induction		✓	✓
CS report - end		✓	✓
ES report - end		✓	✓ (End of Year Report)
PDP	✓	✓	✓
Summary narrative	✓	✓	✓
SLEs (no minimum – 5)	✓	✓	✓
Evaluation form - end	✓	✓	✓

# Checklist overall

Core teaching 30 hours	✓
Non-core teaching 30 hours	✓
PSG (placement 1)	✓
TAB (placement 2)	✓
Link at least one (up to 10) items to each of 13 FPC	✓
Annual GMC survey	✓
PSA	✓
Form R	✓
QIP	✓

# Remember...

E-mail address - check regularly, HEIW/FP correspondence

Social media – separate private from professional, ensure patient confidentiality

Patient safety and your supervision – know your supervisors/senior doctors

Protecting patients (and you) – you must NOT

- site mark
- prescribe or administer cytotoxic/immunosuppressive (except steroids)
- inject contrast unless trained to do so



# Other important info...

Mentoring scheme – F2s/Consultants

Leave – book well in advance

Study leave and taster weeks - speak with Jean *before* you organize anything – there's a process that has to be followed

Session on Intrepid on Friday 5<sup>th</sup> August at 10:30 – 11:00

Don't forget to book for: ABG, FIT testing – Jean or Myfanwy have the availability – YOUR responsibility to make sure you do this

If you're not sure about anything – don't guess, ask one of the Team!

'open door policy'

# Key contacts

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