Key changes since 2010: Questions and Answers

Why has the *Foundation Programme Curriculum* been revised so soon?
The Foundation Programme Curriculum was revised following recommendations made in the Medical Education England (MEE) commissioned report, *Foundation for Excellence: An Evaluation of the Foundation Programme* (2010), and the General Medical Council's *The Trainee Doctor* (2011).

How was the *Foundation Programme Curriculum 2012* (the Curriculum) revised?
The 2012 revision builds on changes in earlier versions. The Curriculum has been revised with input and feedback from key stakeholders. The revision was led by the Academy of Medical Royal Colleges' Foundation Programme Committee (AFPC), which established two working groups to address 'Assessment' and the 'Syllabus'. There was also a national consultation from August to September 2011.

Who was involved in the revision?
The AFPC revised the Curriculum with extensive input from key stakeholders. Appendix F lists the individuals and organisations who contributed.

What recommendations from the MEE evaluation were addressed in the revision?
The report, *Foundation for Excellence An Evaluation of the Foundation Programme* (2010), highlighted many positive aspects of the curriculum but also noted four particular areas of concern, which have been specifically addressed in this revision. These are:

Recommendation 2:
- The purpose of foundation training has been stated clearly
- The value of F2 training has been articulated

Recommendation 15:
- Long-term condition management has been emphasised
- Integration with medical school curricula has been aided by alignment with the GMC's *Tomorrow's Doctor* (2009) which sets out the knowledge, skills, behaviours and outcomes expected of all graduates from UK medical schools

Recommendation 20:
- Assessments within the Foundation Programme have been reduced whilst learning opportunities have been maintained through Supervised Learning Events

Recommendation 22:
- It is a firm intention to develop a validated patient feedback tool to inform the assessment of foundation doctors. This should be included in the Curriculum by 2015.

What changes have been made since the 2010 revision?
The overall layout of the new Curriculum will be instantly recognised by those familiar with the 2010 version. Users should be able to make a straightforward transition to the 2012 curriculum.

- A clear statement of purpose of the Curriculum has been included at the start of the document
- An executive summary has been added
- The sections on how to use the curriculum, learning and teaching and assessment have been rewritten to encompass important changes
- The layout of the syllabus and competences has been rationalised (see below)
- Outcome descriptors describing the performance expected from F1 and F2 are clearly stated. These are unpacked through description of specific competences
- The assessment process has been updated (see below)

- To avoid confusion, the term “logbook” has been replaced by a record of “Core Procedures”.

What changes have been made to the Syllabus and competences?

There has been extensive review of the whole syllabus, in particular:

- The outcomes have been grouped into two sections: “Foundation doctor as a professional and a scholar” and “Foundation doctor as a safe and effective practitioner” for greater clarity
- The number of subsections has been reduced from 16 to 12
- Outcome descriptors have been added for each group of competences. These describe in high level terms the performance expected from F1 and F2 doctors in each section of the syllabus
- The section on investigation and practical procedures has been rewritten in the same format as the remainder of the syllabus with outcome descriptors for F1 and F2
- The many opportunities to develop skills related to managing patients with long term conditions are highlighted and the sub-section on patients with long term conditions has been expanded substantially
- New sections have been added e.g. fatigue, shared decision making and end of life care.

What are the changes in Assessment? *There is a separate information sheet on this*

The process of assessment within the Foundation Programme has been reviewed and thoroughly revised to clarify the process.

In particular:

- The clinical supervisor’s report is closely aligned to the sections of the Curriculum. Therefore clinical supervisors should consult the relevant performance outcome descriptors for F1 and F2 in each section of the syllabus
- ‘assessment of a doctor’s performance’ should occurs at the end of each clinical placement
- The clinical supervisor should draw upon the judgements of colleagues (Placement Supervision Group) who have observed the foundation doctor’s performance in the workplace.

How have learning opportunities been increased?

Supervised learning events (SLEs) have been introduced *There is a separate information sheet on this*

SLEs supersede many workplace based assessments and they are not used for formal assessment (above). SLEs are based on the observation of the doctor in the workplace and use familiar tools:

- Case-based discussion (CBD)
- direct observation of procedural skills (DOPS)
- mini clinical examination exercise (mini-CEX).

They should be used to help the foundation doctors progress by identifying their strengths and areas for further professional development. Performance descriptors have been removed and comment is now via text boxes for immediate feedback and developmental action points. Foundation doctors need to record reflection on each SLE.

Has the training of doctors to deal with the acutely ill patient been reduced?

No, strong representation on the Syllabus working group of the AFPC from the College of Emergency Medicine has ensured that the foundation doctor is expected to demonstrate the ability to recognise and respond to the acutely ill patient.

Why is there a need to increase community placements?

Long term condition management has been strengthened in the Curriculum in keeping with a shift towards increasing care in the community.
The outcomes set out in the Curriculum should be acquired in a variety of clinical settings. Some outcomes are achieved most readily in the context of specific placements; for example, those relating to long term care are usually best experienced in community based placements.
Many rotations already have placements which allow care of patients with long term diseases in the community and it is anticipated that the availability of community placements will increase.

Foundation for Excellence recommends that all foundation doctors should undertake a community placement. A phased transfer of posts to community-based specialties will be needed to address this recommendation.

When you talk about community care, what type of placements does this entail?
Community care involves working with patients who are not inpatients and tend to have long term or chronic conditions. Therefore, placements where experience in community care can be achieved include general practice, psychiatry, paediatrics and public health and there is scope in other specialties as well.

What are the plans for incorporating patient feedback into the Foundation Programme curriculum?
There is a clear statement of intent to develop a patient feedback tool which will be included in the next version of the FP Curriculum. Patient feedback will be used to inform the assessment of foundation doctors as soon as the appropriate tools have been validated.

What other sources of information can I refer to regarding the FP Curriculum 2012 changes?

- Assessment. Frequently Asked Questions (FAQs)
- Supervised learning events (SLEs). Frequently Asked Questions (FAQs)