

Delivery of the Foundation Programme Curriculum through Formal Teaching Programme

Introduction

1. The Foundation Programme Curriculum (2012) (FP Curriculum) contains a list of competences that Foundation doctors (FDs) are required to achieve during the Foundation Programme via work-based learning. To complement this, each Local Education Provider (LEP) also provide FDs with a 'protected' and structured formal educational programme.
2. This document has the following purposes:
 - a) To define the minimum requirements of formal teaching for all FDs working within the London and KSS Local Education Training Boards (LETBs) catchment areas.
 - b) To assist LEPs in designing their teaching programmes by offering guidance on content, timeframe and recommended delivery methods.
3. LEPs should review regularly their practices against this policy and make any adjustments necessary and the London and KSS LETBs will monitor LEP compliance through their quality management processes.

Teaching Programme Principles

4. All FDs must be provided with a formal educational teaching programme comprising:
 - a) Generic professional topics – the programme should emphasise two of the main themes - patient safety and accountability for the continuous improvement of clinical services (clinical governance).
 - b) Clinical aspects – the programme should focus on clinical aspects, with particular emphasis on the care of acutely ill patients and the management of chronic disease.

Learning Entitlement

5. All FDs are entitled to three hours of protected time for educational activity each week. The London and KSS LETBs do not specify a defined pattern by which this is achieved, but potential models are discussed below in paragraphs 15-17.
6. Protected time refers to the release of FDs from their clinical responsibilities. A nominated member of the postgraduate centre administrative staff or another member of the team should hold FDs' pagers and bleeps during that time, except for specialty departmental educational meetings (paragraph 16) and when an FD is a member of an acute alert team (i.e. resuscitation team).
7. F2 doctors (F2D) may take up to 30 days study leave, as long as this is consistent with maintaining essential services. At least ten days should support the formal educational programme in generic professional training and other aspects of F2 training (e.g. ALS courses, 'taster' sessions, etc.). The LEP should clarify to its FDs how much study leave is used up by the formal educational programme.

Content of Teaching Programme

8. When designing the teaching programme for FDs, it is important to take into account what FDs need to know rather than overloading them with information that does not provide any educational value.
9. The FP Curriculum (2010) recommended the following educational activity which although not in the 2012 version, represents a useful guide to subject areas. Sections 'p' and 'q' have been added as important components from the 2012 Curriculum. Tutors should target teaching to reflect the different needs of F1 doctors (F1D) and F2Ds.

Components	
a) diagnosis and clinical decision making	j) understanding consent and explaining risk
b) effective time management, prioritisation and	k) managing risk and complaints and learning

organisational skills	from them
c) clinical accountability, governance and risk management	l) being aware of ethics and law as part of clinical practice
d) safe prescribing in clinical practice	m) using evidence in the best interest of patients
e) the frameworks needed to ensure patient safety	n) understanding how appraisal works to promote lifelong learning and professional development
f) legal responsibilities in ensuring safe patient care	o) taking responsibility for the future of medical care in the UK by teaching others effectively.
g) the recognition of diversity and cultural competence	p) end of life care and the appropriate use of DNAR
h) decision making through communication with patients	q) long term conditions, discharge planning, community care, nutrition, fundamentals of mental health
i) team-working and communicating with colleagues	r) career planning through group sessions and individual discussion

10. It is important that the tutor of each session is familiar with the FP Curriculum, and the different expectations for F1 and F2Ds. The sessions and discussion should reflect this.
11. Additionally, all F1 and F2Ds should if possible undertake simulation training.

Teaching and Learning Methods

12. Formal teaching sessions should be based on clinical scenarios and where possible much or all of the sessions should be interactive rather than lecture-based.
13. The teaching programme should be both participative and learner-centred with the aim of motivating the learner and improving learning.
14. Teaching can be delivered using different methods and could include:
 - Accounts by patients, service users and carers of their experiences
 - Analysis of care scenarios
 - Audit
 - Audio-recording of one's own practice
 - Audio-recording of someone else's practice
 - Computer-controlled simulator
 - Discussion of another's practice
 - Discussion of one's own practice
 - Work as a medical professional, including clinical practice, meetings and documentation
 - Group discussion of typical cases
 - Literature reviews
 - Mock exams
 - Narrative of one's own case
 - Narrative description of a case by someone else
 - Observing someone else's work and practice
 - Review of clinical guidelines or protocols
 - Review of patient's case notes (individual or team)
 - Simulated patients and/or colleagues
 - Skills laboratory
 - Video-recording of one's own practice
 - Video-recording of someone else's practice

Delivery of Teaching Programme

15. Each LEP should have a clear procedure in place for the delivery of a formal educational teaching programme. The London and KSS Deaneries recognise that there are several models of good practice which do this. The norm is one hour of bleep-free teaching allocated to clinical topics each week, and one hour of bleep-free teaching allocated to generic professional topics, both organised in the Postgraduate Department. Integration of these two areas in sessions is encouraged.

16. A range of other opportunities can provide the third hour of weekly educational activity including grand rounds, departmental teaching/audit meetings, or a further hour organised by the Postgraduate Department. This hour should be as protected as possible, but it may not be possible for this to be 'bleep free'.
17. The LEP may wish to aggregate teaching time for generic professional topics and provide this in one or half day sessions. This will take the place of, and account for, the weekly one hour equivalent. Some LEPs repeat such a programme twice during the year to allow for absence because of rotas or leave. Half or one day sessions may also be used for other relevant activities (e.g. simulation training or a careers workshop).
18. The suite of e-learning modules available via eLearning for Health (eLfH) can supplement formal learning sessions but should not act as a substitute unless there are exceptional circumstances.
19. All aspects of the FP Curriculum should be covered with alternative arrangements available for trainees who for clinical reasons cannot attend. (Note that there is an >70 per cent attendance requirement for teaching sessions and a requirement for the FD to demonstrate that they have covered 100 per cent of the curriculum across the teaching sessions.) Timetabling of attendance for generic professional topic teaching should be done at the beginning of the rotation to facilitate attendance; a repetition of sessions through the year may be necessary (see paragraph 17).
20. When teaching is provided in half or full day blocks, the sessions should be structured so that FDs can take breaks without losing continuity.
21. F1 and F2 teaching may sometimes be combined if the content appears appropriate.
22. The timetable for the programme should be issued to all stakeholders – FDs, tutors/lecturers, supervisors in the LEP and community – in time to facilitate attendance and with advice that teaching is mandatory unless an FD is a working with an acute alert team (i.e. resuscitation takes precedence over mandatory bleep-free teaching).
23. The LEP should identify the person with responsibility for arranging and monitoring attendance and obtain feedback on the teaching provided.
24. The LEP should engage FDs and their representatives in periodic review of the delivery and content of the formal teaching programme.

Equality and Diversity

25. Each LEP should ensure that all necessary adjustments are made for FDs with a disability or other specific needs (e.g. the site is easily accessible to all FDs, sufficient relevant equipment is available, etc.) and that the language used is appropriate and does not discriminate against or undermine the confidence of FDs.
26. The timing of teaching sessions should take account of the working hours of part-time FDs, as well as major religious holidays.
27. Wherever possible, FDs should be provided with the handouts or the structure and key areas to be covered in the session in advance to help particularly those with certain types of disability and learners for whom English is a second language.

Attendance of Teaching Programme

28. Attendance at teaching sessions is mandatory and must be recorded.
29. FDs should be aware that falsifying an attendance record (e.g. signing in and leaving the session or having a colleague sign in for them) is a probity issue.
30. Where the FD's attendance at formal teaching falls below 70 per cent, the LEP Faculty Group should be notified and a letter sent to the FD and his/her Clinical Supervisor/Educational Supervisor/Foundation Training Programme Director so that a meeting can be arranged to plan a strategy to cover the areas missed. The Foundation School should also be notified via the end-of-placement reporting system.

Quality Management of Teaching Programme

31. The three London LETBs have overall responsibility and delegate responsibility to Foundation School Directors (North Thames)
32. Each LEP participates in the curriculum mapping exercise and is required to comply with the 2010 code of practice requirements.
33. The three London LETBs, KSS Deanery, and Foundation Schools will quality control the teaching programmes through their quality management processes.
34. Feedback on the teaching programme should be captured via the survey monkey Foundation Doctor Annual Questionnaire and will be considered, together with the GMC Annual Survey results during the visit process.

Guidance on Content of Formal Teaching Programme
Foundation Years 1 and 2

Please note that the schedule below is for **guidance only**. Some or all of the content material indicated may be covered in just one session or may run to two or more sessions depending on local needs/requirements and the availability of tutors.

Local Education Providers are also encouraged to add subjects that would offer interest to Foundation doctors (e.g. teaching on interview skills, careers management, etc.)

This guidance should be read in parallel with the document entitled 'Minimum Requirements for Induction of Foundation Doctors'. Topics marked with * below should also be covered either fully or partially as part of induction programme.

NB: The second column references the relevant section of the Foundation Curriculum 2012 found at <http://www.foundationprogramme.nhs.uk/pages/foundation-doctors/training-and-assessment/fpcurriculum2012>.

Generic topics

Clinical aspects

<u>Months 1-4</u>						
Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session	Ref. to the table in para 12 in the main document	Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session
Safe prescribing in clinical practice*	7.5	Safe prescribing	FY1	Management of the acutely ill, collapsed or unconscious patient	8.1 8.3	Recognition and management of the acutely ill patient
Death certificates*	4.2	Legal framework of medical practice	FY1	Formulates treatment plan in response to acutely abnormal physiology	8.2	Recognition and management of the acutely ill patient
Clinical governance and its accountability framework; evidence and frameworks for patient safety	7.1	The patient as the centre of care	FY1	Prescribes appropriately for common important presentations, e.g. exacerbation of chronic obstructive pulmonary disease, congestive cardiac failure.	7.5	Good clinical care
	7.1	Makes patient safety a priority in own clinical practice		Selection and interpretation of results	11	Investigations and procedures
	3.2	Understands the principles of quality and safety improvement		Requesting, selection and interpretation of results (radiology)	11	Investigations and procedures
	2.4	Understands the needs of patients who have been subject to medical harm or errors				

	3.2	Clinical governance framework	
Understanding consent* and explaining risk; managing risk and complaints and learning from them; clinical accountability and risk management	2.5	Valid consent	FY2
	2.4	Complaints	
Infection control*	7.7	Infection control	FY1
Blood Transfusion*	7.5	Safe prescribing	FY1
Child protection*	4.2	Legal framework of medical practice	FY1
Handover, management of the take, discharge planning*	1.3	Ensures safe continuing care of patients on handover between shifts, on-call staff or with 'hospital at night' team by meticulous attention to detail and reflection on performance.	FY1
	10.4	Discharge planning	
Effective time management, prioritisation and organisational skills	1.2	Time management and continuity of care	FY1
History taking, examination, medical record-keeping, diagnosis and clinical decision-making, reflective practice	7.2	History taking	FY1
	7.2	Examination	
	7.3	Diagnosis and clinical decision making	
	7.8	Medical record-keeping, letters etc	
	1.2	Time management and continuity of care	
Career development	6.1	Careers: decision making and planning	FY1/FY2

Safe and effective use of common analgesic drugs	8.4	Uses common analgesic drugs safely and effectively
Makes appropriate referrals within the hospital	7.9	Core skills in relation to acute illness
End of life care training (including Liverpool care pathway or equivalent)	9.2	Breaking bad news

Months 5-8

Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session	Ref. to the table in para 12 in the main document	Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session
Equality and Diversity	1.1	Recognising diversity and gaining cultural competence (attitudes)	FY1	Safe oxygen therapy	7.5	Safe prescribing
Professional behaviour: health and probity	2	Doctor-patient relationship	FY1	Recognises co-morbidity and its effects on inpatient and community care; recognises the impact of co-morbidity and poly-pharmacy on the presentation of acute illness	10,1 7.4	Considers appropriateness of interventions according to patients' wishes, severity of illness and chronic or co-morbid diseases
	3.1	Risks of fatigue, ill health and stress		Common derangements of arterial blood gases	8.2	Obtains an arterial blood gas sample safely, interprets results correctly
Maintaining good medical practice: using evidence in the best interests of patients; audit	6.2	Evidence, guidelines, care protocols and research	FY1	Management of acute mental disorder and self-harm	8.6	Considers underlying causes of severe mental disturbance including acute confusional states, psychosis and substance use/withdrawal, early signs of dementia . Understands and applies the principles of management pa
	3.2	Audit		Domestic and sexual violence	7.2	Demonstrates an awareness of the potential for physical, psychological and sexual abuse of patients, and manages such cases in a similar way to safeguarding children and vulnerable adults
Legal framework of medical practice; legal responsibilities in clinical care; ethics and law as part of clinical practice	4.1	Medical ethical principles and confidentiality	FY2	Learning disabilities	7.2	Demonstrates the ability to identify, refer and participate in both the medical assessment and care planning in cases where the interests of a child, vulnerable adult, including those with learning difficulties , or a potential
	4.2	Legal framework of medical practice				

Decision-making through communication with patients; relationships with patients and communication skills (includes breaking bad news)	2.1	Within a consultation	FY2
	2.3	Breaking bad news	

		victim of abuse, need safeguarding
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Months 9-12						
Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session	Ref. to the table in para 12 in the main document	Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session
Team-working and communicating/working with colleagues	1.4	Understands the Importance of good team working for patient safety	FY2	Implications of HIV testing	11	Valid consent
	1.4	Communication with colleagues and teamwork		Selection and interpretation of results (ECG)	11	Investigations and procedures
	7.9	Interface with other specialties / professionals		Interpretation of abnormal biochemistry results in the acute setting	11	Investigations and procedures
	4.3	Relevance of outside bodies				
Health promotion: patient education and public health	10.3	Nutritional care	FY1			
	10.5	Educating patients about disease and disease prevention, investigations and therapy				
	10.5	Environmental, biological and lifestyle risk factors				
	10.5	Smoking				
	10.5	Alcohol				
	10.5	Epidemiology and screening				
Life-long learning: appraisal, assessment and continuing professional development; understanding how appraisal works to promote life-long learning	6.1	Life long learning	FY2			
Taking responsibility for the future of the NHS: learning and teaching others effectively; teaching and training others	5	Teaching	FY2			
	5	Presentations				

Additional topics to be delivered during the Foundation Year

FY1			
Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session	Ref. to the table in para 12 in main document
Resuscitation (intermediary life support)	9.1	Resuscitation	FY1
	9.2	Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately	

FY2			
Suggested topic in the Teaching Programme	Ref. to Syllabus in the FP Curriculum	Subject/Area of the FP Curriculum that should be discussed during the session	Ref. to the table in para. 12 in main document
Resuscitation (advanced life support)	9.1	Resuscitation	FY2
	9.2	Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately	