Broadening the Foundation Programme – frequently asked questions

What is Broadening the Foundation Programme?

Broadening the Foundation Programme is a document published by Health Education England in February 2014

It responds to the recommendations and aspirations of Collins' 2010 *Foundation for Excellence* report, as well as recommendations within the Francis Report, Keogh Review and Berwick Review about the need for a more integrated approach to deliver patient-centred care. *Broadening* also includes previous targets for significant increases in foundation psychiatry placements, so that 45% of foundation doctors will experience a 4 month placement in psychiatry.

What are the *Broadening* recommendations?

Recommendation 1

Educational supervisors should be assigned to foundation doctors for at least one year, so they can provide supervision for the whole of Foundation Stage 1 (F1), Foundation Stage 2 (F2) or both years.

Recommendation 2

Foundation doctors should not rotate through a placement in the same specialty or specialty grouping more than once, unless this is required to enable them to meet the outcomes set out in the Curriculum. Any placements repeated in F2 must include opportunities to learn outside the traditional hospital setting.

Recommendation 3

a) At least 80% of foundation doctors should undertake a community-based placement or an integrated placement from August 2015.
b) All foundation doctors should undertake community-based placement or an integrated placement from August 2017. It should be noted that both community and integrated placements are based in a community setting, and that an acute-based community-facing placement is not a substitute.

Anything else?

Previous targets stated that, 'by 2014, LETBs should have demonstrated credible progression towards existing targets for placements in general practice and psychiatry, in both F1 and F2'.

- 22.5% of F1 doctors in psychiatry
- 22.5% of F2 doctors in psychiatry

- 55% of F2 doctors in the community or primary care
- 5% of doctors in an academic placement
- 10% of F2 doctors in shortage specialties

What effects will this have on posts and training in STFS?

- Reductions in surgical foundation doctor (FD) posts
- Increase in community posts (such as general practice, community paediatrics, palliative care, public health or community psychiatry)
- Potential developments of integrated community placements, which must include a supervisor based in the community
- Increases in psychiatry posts (some of these are community based, so can contribute to both targets). Most medical posts will need to include community-facing experience

Typically community placements take place during the F2 year, as F1 doctors are consolidating their acute skills and can be at risk of isolation if community based, especially for their first placement. If F1 posts are based in the community they should include opportunities for the doctor to attend the host acute trust for teaching and maintenance of acute clinical skills.

What is a community placement?

This is a four-to-six month placement with a named clinical supervisor, which is primarily based in a community setting, such as general practice, community paediatrics, palliative care or community psychiatry. The named clinical supervisor must be based in the community.

What is an integrated placement?

This is a four-to-six month placement with a named clinical supervisor where the foundation doctor is primarily based in a community setting. The named clinical supervisor must be based in the community.

What is a community facing placement?

This is defined as four-to-six month placement in which the foundation doctor is primarily based within an acute setting. The placement should include opportunities to develop holistic skills including long-term conditions and the increasing role of community care.

What should a foundation post in psychiatry be like?

- Current STFS standards for psychiatry posts can be found and downloaded here http://www.stfs.org.uk/psychiatry

Where new community posts could be developed?

F2 posts in general practice are excellent, but capacity is limited. Other examples are given in the *Broadening* document. Trusts with strong community links are in a good position to develop innovative community based placements. These may include some time being spent in acute trusts, which may include participation in on call rotas.

If posts are going to move away from acute trusts, how will the workload be covered?

It is unlikely that new training posts will be available, so other types of staff will be needed, both to cover the workload and prevent impact on other doctors in training.

The skill mix of the staff needed will obviously depend on the workload to be covered. Activities such as prescribing or discharging patients would need senior nurses (band 7 or above) or physician associates. Foundation doctors often spend considerable amount of time on inappropriate duties such as routine phlebotomy and clerical work, much of which can be supported by staff in bands 1-4.