

Delivery of the Foundation Programme Curriculum through Formal Teaching Programme

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Dissemination to LEPs	Foundation Schools and Trust Liaison Deans
List of abbreviations	
F1	First Foundation Year
F2	Second Foundation Year
KSS	Kent, Sussex and Surrey
LEP	Local Education Provider

Introduction

1. The Foundation Programme Curriculum (2010) contains a list of competences that Foundation Doctors are required to achieve during the Foundation Programme via work-based learning. To complement this, each LEP also provide Foundation Doctors 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 Foundation Doctors working within the London and KSS Deaneries.
 - 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 Deaneries will monitor LEP compliance through their quality management processes.

Teaching Programme Principles

4. All Foundation Doctors 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 Foundation Doctors are entitled to three hours of protected time for educational activity each week. The London and KSS Deaneries 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 Foundation Doctors from their clinical responsibilities. A nominated member of the Postgraduate Centre administrative staff or another member of the team should hold Foundation Doctors' pagers and bleeps during that time, except for specialty departmental educational meetings (paragraph 16) and when a Foundation Doctor is a member of an acute alert team (i.e. resuscitation team).

7. F2 Doctors may take up to 30 days study leave, as long as this is consistent with maintaining essential services. At least 10 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 trainees how much study leave is used up by the formal educational programme.

Content of Teaching Programme

8. When designing the teaching programme for Foundation Doctors, it is important to take into account what Foundation Doctors need to know rather than over loading them with information that does not provide any educational value.
9. The Foundation Programme Curriculum recommends the following educational activity and tutors should target teaching to reflect the different needs of F1 and F2 Doctors.

Components	
a) Diagnosis and clinical decision making	h) decision making through communication with patients
b) effective time management, prioritisation and organisational skills	i) team-working and communicating with colleagues
c) clinical accountability, governance and risk management	j) understanding consent and explaining risk
d) safe prescribing in clinical practice	k) managing risk and complaints and learning from them
e) the frameworks needed to ensure patient safety	l) being aware of ethics and law as part of clinical practice
f) legal responsibilities in ensuring safe patient care	m) using evidence in the best interest of patients
g) the recognition of diversity and cultural competence	n) understanding how appraisal works to promote lifelong learning and professional development
	o) taking responsibility for the future of medical care in the UK by teaching others effectively.

10. It is important that the tutor of each session is familiar with the Foundation Programme Curriculum, and the different expectations for FY1 and FY2 Doctors. The sessions and discussion should reflect this.
11. Additionally, all F1 and F2 Doctors should 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 1 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 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 a >70% attendance requirement for teaching sessions and a requirement for the Foundation Doctor to demonstrate that they have covered 100% 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 Foundation Doctors 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 – trainees, tutors/lecturers, supervisors in the LEP and community – in time to facilitate attendance and with advice that teaching is mandatory unless a trainee 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 Foundation trainees 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 Foundation Doctors, sufficient relevant equipment is available, etc.) and that the language used is appropriate and does not discriminate against or undermine the confidence of trainees.
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 who are speakers of English as a second language.

Attendance of Teaching Programme

28. Attendance of 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 Foundation Doctor's attendance at formal teaching falls below 70% the LEP Faculty Group should be notified and a letter sent to the FD and his/her CS/ES/FTPD 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 London Deanery has overall responsibility and delegates responsibility to FS Directors (North Thames) and South London TLDs.
32. Each LEP participates in the curriculum mapping exercise and is required to comply with the 2010 code of practice requirements.
33. The London and KSS Deaneries 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 e-Portfolio feedback mechanism which will be introduced with effect from the August 2011 entry and will be considered, together with the GMC Annual Survey 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 London Deanery document '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: page numbers contained in the below tables correspond to the version of the 2010 curriculum found at <http://www.foundationprogramme.nhs.uk/pages/home>. These differ in the hard-copy edition.

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*	2.4	Safe prescribing	FY1	Neurological presentations and the acute presentation of acute neurological disease	p.40	Learning in acute care	
Death certificates*	11.3	Legal framework of medical practice	FY1	Cardiac emergencies of the acute presentation of chronic cardiac disease	p.40	Learning in acute care	
Clinical governance and its accountability framework; evidence and frameworks for patient safety	7.1	The patient as the centre of care	FY1	Shortness of breath and common acute presentations of chronic respiratory disease	p.40	Learning in acute care	
	7.2	Makes patient safety a priority in own clinical practice		Selection and interpretation of results (haematology)	p.42	Investigations and procedures	
	7.4	Understands the principles of quality and safety improvement					
	7.5	Understands the needs of patients who have been subject to medical harm or errors		Requesting, selection and interpretation of results (radiology)	p.42	Investigations and procedures	

	7.5	Clinical governance framework						
Understanding consent* and explaining risk; managing risk and complaints and learning from them; clinical accountability and risk management	11.2	Valid consent	FY2			Safe and effective use of common analgesic drugs	3.8	Uses common analgesic drugs safely and effectively
	7.5	Complaints				Management of the acute abdominal and other surgical emergencies	3.10	Core skills in relation to acute illness
Infection control*	8	Infection control	FY1			Gastrointestinal bleeding and the acute manifestation of chronic gastrointestinal disorders	p.40	Core skills in relation to acute illness
Blood Transfusion*	2.4	Safe prescribing	FY1			Admissions to critical care (when to refer and when not to)	3.2	Core skills in relation to acute illness
Child protection*	11.3	Legal framework of medical practice	FY1			End of life care training (including Liverpool care pathway or equivalent)	11.3	Legal framework of medical practice
Handover, management of the take, discharge planning*	3.10	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				6.2	Breaking bad news
	5	Discharge planning					Diabetic emergencies and other acute presentations of endocrine disease	p.42
Effective time management, prioritisation and organisational skills	1.3	Time management and continuity of care	FY1					
History taking, examination, medical record-keeping, diagnosis and clinical decision-making, reflective practice	2.1	History taking	FY1					
	2.2	Examination						
	2.3	Diagnosis and clinical decision making						
	2.5	Medical record-keeping, letters etc						
	1.3	Time management and continuity of care						

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	3.2	Core skills in relation to acute illness	
Professional behaviour: health and probity	1.1	Doctor-patient relationship	FY1	How co-morbidity affects decision-making in the management of acute illness	3.6 3.10 4.2	Considers appropriateness of interventions according to patients' wishes, severity of illness and chronic or co-morbid diseases.	
	1.2	Health and handling stress		Common derangements of arterial blood gases	3.6	Obtains an arterial blood gas sample safely, interprets results correctly	
Maintaining good medical practice: using evidence in the best interests of patients; audit	12.1	Evidence based medicine (EBM), guidelines	FY1	The presentation of acute obstetric and gynaecological illness (FY2 only)	3.10	Core skills in relation to acute illness	
	12.2			Audit	Diagnosis and management of acute renal failure (contributions from chronic renal disease)	p.42	Learning in acute care
	12.3			Medical ethical principles and confidentiality	Patients presenting with deliberate self-harm (management of drug overdose and when to involve the mental health team)	3.9	Understands and applies the principles of managing a patient following self-harm
11.1	Legal framework of medical practice	3.10	Understands and applies the principles of managing a patient with an acute confusional state or psychosis.				
Legal framework of medical practice; legal responsibilities in clinical care; ethics and law as part of clinical practice	11.3						
	Decision-making through communication with patients; relationships with patients and communication skills (includes breaking bad news)	6.1	Within a consultation	FY2			
6.2		Breaking bad news					

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	7.3	Understands the Importance of good team working for patient safety	FY2	Implications of HIV testing	11.2	Valid consent
	14.1	Communication with colleagues and teamwork		Selection and interpretation of results (ECG)	p.43	Investigations and procedures
	14.2	Interface with other specialties / professionals		Interpretation of abnormal biochemistry results in the acute setting	p.42	Investigations and procedures
	11.4	Relevance of outside bodies				
Health promotion: patient education and public health	9	Nutritional care	FY1	Managing patients with acutely painful joints	p.41	Learning in acute care
	10.1	Educating patients about disease and disease prevention, investigations and therapy		Causes of acute visual impairment	p.40	Learning in acute care
	10.2	Environmental, biological and lifestyle risk factors				
	10.3	Smoking				
	10.4	Alcohol				
	10.5	Epidemiology and screening				
Life-long learning: appraisal, assessment and continuing professional development; understanding how appraisal works to promote life-long learning	12.1	Life long learning	FY2			
Taking responsibility for the future of the NHS: learning and teaching others effectively; teaching and training others	13	Teaching	FY2			
	13	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)	4.1	Resuscitation	FY1
	4.2	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)	4.1	Resuscitation	FY2
	4.2	Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately	