

The UK
**Foundation
Programme**
Curriculum



The Foundation Programme Curriculum 2016

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Introduction

The foundation programme curriculum 2016 (the curriculum) sets out the framework for educational progression that will support the first two years of professional development, following graduation from medical school.

This edition of the curriculum updates the curriculum published in 2012 and includes minor revisions from the 2014 and 2015 editions.

Key messages of the curriculum

The foundation programme curriculum is based on educationally and clinically supervised, practice-based learning, underpinned at regular intervals by feedback, reflection on practice and assessment. Foundation doctors will be working to establish their professional identity in the workplace and learning to integrate and work effectively within multidisciplinary teams and the healthcare system as a whole. All foundation doctors will need to demonstrate that they are refining their skills and that they are able to take responsibility appropriately whilst recognising and working within the limitations of their competence.

Foundation doctors are expected to be responsible for their education and the development of their critical thinking and professional judgement. During the foundation programme, they should reflect regularly on their performance and feedback that they have received. They should use this process to identify their strengths and to set targets for personal and professional development.

By engaging in the educational and assessment processes, foundation doctors should fulfil their curricular requirements in preparation for entry into specialty or general practice training and will be able to demonstrate:

- the ability to work adaptively in healthcare teams
- the ability to manage patients with acute and long-term conditions
- continuous improvement in their professional and clinical skills/acumen
- increasing understanding of the healthcare environment

At the end of each placement the clinical and educational supervisor will each provide a report to indicate whether the foundation doctor is making satisfactory progress in each of the 20 'foundation professional capabilities' to allow 'sign off' by the end of the year of training.

While most foundation doctors will have no difficulty in achieving the curriculum outcomes by demonstrating their achievements in each of the foundation professional capabilities, sometimes a doctor in training may need additional support. The clinical and/or educational supervisor/s are responsible for identifying when this is necessary and for ensuring that the required support is put in place as soon as possible. The foundation doctor will always be encouraged to work with their supervisors to resolve any issues with their performance.

Good medical practice and the foundation doctor

The curriculum is based on the General Medical Council's (GMC) documents, '[Good Medical Practice](#)' (2013) and '[Promoting excellence: standards for medical education and training](#)' (July 2015). The curriculum builds naturally on the skills, attitudes and behaviours acquired during undergraduate training as set out in '[Outcomes for graduates](#)' (originally published in [Tomorrow's Doctors](#) (2009)). All foundation doctors must comply with contemporary GMC guidance on the principles and standards of clinical care, competence and conduct.

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The UK Foundation Programme Office's (UKFPO) companion document, the Foundation Programme Reference Guide (2016) ([the reference guide](#)) provides guidance to foundation schools about the structures and systems required to support the delivery of the curriculum.

The curriculum in practice

The curriculum is intended for foundation doctors, their trainers and those responsible for quality assurance (General Medical Council), quality management (foundation school) and quality control (local education provider). It is also intended to inform medical schools of the outcomes of foundation training. Trainees and trainers should use the curriculum in conjunction with the e-portfolio and the reference guide.

It is highly recommended that the section, [How to use the curriculum in the workplace](#) is read thoroughly by all. The [syllabus](#) is particularly relevant to foundation doctors and their supervisors as this sets out the foundation professional capabilities foundation trainees must demonstrate.

The syllabus

The syllabus has undergone evolutionary changes, which have been developed in agreement with the General Medical Council.

The **syllabus** comprises four sections.

Section 1: Professional behaviour and trust

Section 2: Communication, team working and leadership

Section 3: Clinical care

Section 4: Safety and quality

Foundation professional capabilities: There are 20 foundation programme training 'outcomes' to be achieved within the curriculum; these are termed '**foundation professional capabilities**'. Each 'foundation professional capability' describes a key clinical or professional aspect of medical practice. Foundation doctors must provide evidence of how their achievements related to each 'foundation professional capability' meet or exceed the expected minimum standard of performance for their year of foundation training. In order to progress to the next stage of training foundation doctors will be assessed at the end of each year of training. Progression will be dependent on meeting or exceeding the minimum expected standard of performance in each of the 'foundation professional capabilities'.

Descriptors: Each '**foundation professional capability**' is accompanied by 'descriptors'. These are indicative examples and general expectations of the knowledge, skills and behaviours which foundation doctors and trainers might use to understand whether they are performing at an appropriate level. These 'descriptors' are not intended to be exhaustive lists and many other examples exist. Foundation doctors may choose to use some of the 'descriptors', or alternatives, as supporting evidence of how they are achieving the curriculum outcomes. It is neither expected nor necessary to provide evidence relating to each of the 'descriptors'.

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Learning opportunities in foundation

The most effective way for professionals to develop their expertise is through repeated clinical experience accompanied by observation of practice with immediate feedback on performance from a senior clinician or healthcare professional. Every clinical experience is a learning opportunity and the interaction between the foundation doctor and trainer during '[supervised learning events](#)' (SLEs) should lead to reflection and suggest further areas for professional development.

During the foundation programme, the foundation doctor will have the opportunity to experience working in a range of placements and will manage patients with both acute and long-term conditions in a variety of clinical settings. Learning opportunities and educational objectives for every placement will be discussed and agreed between the doctor in training and their educational and clinical supervisors.

The foundation learning e-portfolio (e-portfolio)

The e-portfolio is a record of a trainee doctor's progress and development through the foundation years. Successful completion of the curriculum requires doctors in training to record evidence of progressive attainment across all 20 'foundation professional capabilities' (foundation programme training outcomes) in their e-portfolio. The e-portfolio is also the means by which trainers and supervisors record feedback and assessments on their trainees.

The completed e-portfolio will contribute to the educational supervisor's end of year report, which informs the annual review of competence progression (ARCP) panel. The foundation doctor may use evidence in their e-portfolio during interviews for core, specialty or GP training programmes to demonstrate their ability and highlight achievements.

Assessment during foundation training

Assessment during foundation training is intended to ensure that the trainee is progressing appropriately and that their performance is on course to meet or exceed the minimum expected level for each of the foundation professional capabilities (foundation programme training outcomes). This is in contrast to experiences such as SLEs, which provide feedback designed to help the doctor to improve their skills.

The assessment process comprises:

- End of placement reports by the named clinical supervisor (CS) to ensure the trainee has made appropriate progress during that post
- End of placement reports by the educational supervisor (ES) to ensure that the trainee is progressing satisfactorily as they move through different posts
- Team assessment of behaviour (TAB)
- Demonstration of competent performance of core procedural skills (F1 only)
- An end of year report by the educational supervisor to ensure that the trainee has reached the required standard by the end of either the F1 or F2 year

The annual review of competence progression (ARCP) process will judge whether the foundation doctor is ready to proceed to the next stage of training.

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End of placement reports

The '**named clinical supervisor's end of placement report**' and '**educational supervisor's end of placement report**' are records of the foundation doctor's professional development during each placement and whether their knowledge, skills and behaviours suggest that their practice is on course to allow sign off as having met or exceeded the minimum expected level of performance for each of the 20 foundation professional capabilities at the end of the year of training.

The named clinical supervisor (CS) and educational supervisor (ES) will make their judgements regarding satisfactory progression after considering multiple sources of evidence including:

- Direct observation by the supervisor of the doctor's practice in the workplace
- Feedback from members of the '**placement supervision group**' (PSG) who have also observed practice in the workplace
- Evidence recorded in the foundation doctor's '**e-portfolio**' demonstrating:
 - Achievements in each of the 20 '**foundation professional capabilities**' (foundation programme training outcomes) towards the level set out in the curriculum
 - Completion of satisfactory '**team assessments of behaviour**' (TAB)
 - Engagement with **supervised learning event** (SLE)
 - Reflection on practice during the placement
 - Demonstration of competent performance of the core procedural skills required by the General Medical Council (GMC) (F1 only)
- Attendance
- Participation in formal teaching sessions

End of year assessments

The educational supervisor will complete an end of year report that synthesises their personal knowledge of the foundation doctor, together with the portfolio of evidence, including team assessment behaviour (TAB), end of placement reports, evidence in the e-portfolio and engagement with formal teaching and other achievements, in order to recommend an outcome to the annual review of competence progression (ARCP) Panel.

Annual review of competence progression (ARCP)

The ARCP is a review of evidence of achievement over the course of a year of training. The ARCP Panel will review and validate the educational supervisor's recommended outcome against the foundation doctor's portfolio of evidence. Although the ARCP is not in itself an assessment, it is a summative judgement of a foundation doctor's performance and development throughout

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the year. The ARCP Panel will make recommendations to the postgraduate dean, meaning the ARCP process decides whether an individual doctor can progress to the next stage of training. Progression is dependent on evidence that the foundation doctor has **met or exceeded the minimum expected level of performance** in each of the 20 foundation professional capabilities (foundation programme training outcomes).

Progression through foundation training

A satisfactory annual review of competence progression (ARCP) at the end of F1 will lead to award of **Foundation Year 1 Certificate of Completion (F1CC)**, this indicates that the foundation doctor is working effectively in the clinical team and applying the professional duties, principles and responsibilities set out in good medical practice. Sign off requires that the foundation doctor is established in clinical practice and is performing safely in their role as a doctor in training and is competent to perform the core procedures defined by the General Medical Council. Satisfactory F1 ARCP will lead to a recommendation to the GMC that the foundation doctor satisfies the requirements for full registration and is eligible for progression into F2.

At the end of F2, a successful ARCP indicates that the foundation doctor has demonstrated progression in their practice such that they are increasingly able to assume a leadership role in the clinical team by virtue of their experience and decision making skills. Evidence of working towards increasing maturity of practice will be reviewed and (if satisfactory) lead to award of the Foundation Programme Certificate of Completion (FPCC) which will indicate that the foundation doctor is ready to enter a core, specialty or general practice training programme.



Dr David Kessel

Chair of the Academy Foundation Programme Committee

Purpose of the Foundation Programme

The foundation programme is part of the continuum of medical education. It is the only point in medical training common to all UK medical students and doctors. It ensures that newly qualified doctors demonstrate their ability to learn in the workplace, develop their clinical and professional skills in the workplace in readiness for core, specialty or general practice training.

The foundation programme aims to ensure that all doctors deliver safe and effective patient care and aspire to excellence in their professional development in accordance with the General Medical Council (GMC) guidance laid down in [‘Tomorrow’s Doctors’ \(2009\)](#), [‘Promoting Excellence: Standards for medical education and training’ \(July 2015\)](#) and [‘Good Medical Practice’ \(2013\)](#).

During the programme, foundation doctors work in a supportive environment where they are properly managed and supervised, enabling them to learn through service delivery whilst ensuring that patients are not put at risk. Foundation doctors practise within their own level of competence and are provided with adequate supervision and feedback to reach higher levels of competence in existing skills and to acquire new skills. The foundation programme builds on and develops the responsibilities of clinical professionalism. Satisfactory progress through the foundation programme indicates that a doctor is moving towards increasing maturity of practice.

Throughout medical school and the foundation programme, medical students and foundation doctors should draw upon career information and guidance and reflect upon their abilities, interests and opportunities as well as anticipated service needs to make informed choices about their future career. The career management section in the [reference guide](#) and [healthcare careers](#) are useful resources.

The foundation programme aims to:

- Build on undergraduate education by instilling recently graduated doctors with the attributes of professionalism and the primacy of patient welfare, which are required for safe and effective care of patients with both acute and long-term conditions.
- Provide generic training that ensures that foundation doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing patients with both acute and long-term conditions, regardless of their specialty.
- Provide the opportunity to develop leadership, team working and supervisory skills in order to deliver care in the setting of a contemporary multidisciplinary team and to begin to make independent clinical decisions with appropriate support.
- Provide foundation doctors with a variety of hospital, community and academic workplace experience during their foundation programme in order to inform career choice. All foundation doctors must have opportunities to understand community care provision and by 2017, every foundation trainee will have a community placement; 45% of trainees will have a placement in psychiatry and 5% will be in academic programmes.

Progression through foundation training

Foundation curriculum professional capabilities

The 20 'foundation professional capabilities' in the syllabus reflect key generic aspects of professional and clinical medical practice. **These 'foundation professional capabilities' are the educational outcomes of foundation programme training.**

Satisfactory sign off at the end of F1 and F2 requires demonstration that, for each of the foundation professional capabilities, the foundation doctor's performance (knowledge, skills and behaviours) meets or exceeds the minimum expected level of performance for that year of training.

The syllabus includes 'descriptors' associated with each of the foundation professional capabilities. These are general expectations and examples of clinical and professional accomplishments related to that 'foundation professional capability'. 'Descriptors' are intended to help trainees and trainers recognise some of the knowledge, skills and behaviours which might be demonstrated by F1 and F2 doctors. Foundation doctors may use these accomplishments to provide evidence of how their performance meets or exceeds the minimum expected level of performance for their year of training. **The 'descriptors' are not a comprehensive list and many more examples exist which would provide equally valid evidence of performance.**

Minimum expected level of performance in F1

Assessment is at the level of the 20 foundation professional capabilities. In order to be signed off at the end of F1 the F1 doctor's knowledge, skills and behaviours must have met or exceeded the minimum expected level of performance set out below.

Each of the 20 foundation professional capabilities has been mapped onto the single most relevant statement along with the expected minimum level of performance. In practice, evidence of achievements for many of the foundation professional capabilities may also be relevant to a few areas of practice.

- **Has worked effectively to establish him or herself in clinical practice in his or her role as a doctor in training including:**
 - recognises, assesses and initiates management of the acutely ill patient (FPC 9)
 - recognises, assesses and manages patients with long term conditions (FPC 10)
 - obtains history, performs clinical examination, formulates differential diagnosis and management plan (FPC 11)
 - requests relevant investigations and acts upon results (FPC 12)
 - prescribes safely (FPC 13)
 - is trained and initiates management of cardiac and respiratory arrest (FPC 15)
 - demonstrates understanding of the principles of health promotion and illness prevention (FPC 16)
 - manages palliative and end of life care under supervision (FPC 17)

Progression through foundation training

- **Has established him or herself as a member of the healthcare team including:**
 - works effectively as a team member (FPC 7)
 - demonstrates leadership skills (FPC 8)
- **Has been able to adapt practice to suit the clinical setting in each placement including:**
 - communicates clearly in a variety of settings (FPC 6)
 - recognises and works within limits of personal competence (FPC 18).
- **Has demonstrated the ability to learn in the workplace**
 - keeps practice up to date through learning and teaching (FPC 4)
 - demonstrates engagement in career planning (FPC 5)
- **Has demonstrated the knowledge, skills and behaviours necessary to apply the professional duties, principles and responsibilities set out in [Good Medical Practice](#), [Generic Professional Capabilities Framework](#), other professional guidance and statutory legal requirements.**
 - acts professionally (FPC 1)
 - delivers patient centred care and maintains trust (FPC 2)
 - behaves in accordance with ethical and legal requirements (FPC 3)
 - makes patient safety a priority in clinical practice (FPC 19)
 - contributes to quality improvement (FPC 20)
- **Is competent to perform the core procedures mandated by the General Medical Council (GMC)**
 - performs procedures safely (FPC 14).

Satisfactory completion of F1 will lead to the award of a Foundation Year 1 Certificate of Completion (F1CC) which allows the relevant university (or their designated representative in a postgraduate deanery or foundation school) to recommend to the GMC that the foundation doctor be granted full registration and become eligible for progression into F2 training.

Progression through foundation training

Foundation year 2 (F2)

During foundation year 2 (F2), doctors remain under clinical supervision (as do all doctors in training) but take on increasing responsibility for patient care. They will be exposed to more clinical environments e.g. outpatients and emergency departments where there will be new challenges and greater time constraints. In particular, they begin to make more complex management decisions as part of maturing professional responsibility. F2 doctors will further develop their core generic skills and contribute more to the supervision, education and training of the wider healthcare workforce e.g. nurses, medical students and less experienced doctors. At the end of F2, they will have begun to demonstrate clinical effectiveness, leadership and decision-making responsibilities that are essential for general practice, core or specialty training.

Minimum expected level of performance in F2

Assessment is at the level of the 20 foundation professional capabilities. Sign off at the end of F2 will indicate that, in addition to the performance expected in F1, the F2 doctor's knowledge, skills and behaviours **must** have met or exceeded the minimum level of performance set out below:

Each of the 20 foundation professional capabilities has been mapped onto the single most relevant statement along with the expected minimum level of performance. In practice, evidence of achievements for many of the foundation professional capabilities may also be relevant to a few areas of practice.

- **Has taken additional responsibility for decision making in clinical practice including:**
 - recognises, assesses and manages the acutely ill patient until senior help is required or available (FPC 9)
 - recognises, assesses and manages patients with long term conditions (FPC 10)
 - obtains history, performs clinical examination, formulates differential diagnosis and management plan in increasingly complex situations (FPC 11)
 - requests relevant investigations and acts upon results (FPC 12)
 - is trained and manages cardiac and respiratory arrest (FPC 15)
 - demonstrates and teaches an understanding of the principles of health promotion and illness prevention (FPC 16)
 - manages palliative and end of life care with guidance (FPC 17)
- **Has started to develop a leadership role within the healthcare team**
 - Works effectively as a team member in differing roles (FPC 7)
 - Demonstrates increasing leadership skills (FPC 8)

Progression through foundation training

- **Has been able to adapt practice to new clinical settings with new challenges e.g. outpatient clinics**
 - communicates clearly in a variety of settings (FPC 6)
 - prescribes safely in differing environments (FPC 13)
 - recognises and works within limits of personal competence in areas where support is less readily available (FPC 18)
- **Has demonstrated the ability to teach as well as learn in the workplace**
 - keeps practice up to date through learning and teaching (FPC 4)
 - demonstrates engagement in career planning (FPC 5)
- **Has demonstrated (and taught to others) a progressive increase in knowledge, skills and behaviours applied across the professional duties, principles and responsibilities set in accordance with [Good Medical Practice, Generic Professional Capabilities Framework](#), other professional guidance and statutory legal requirements.**
 - acts professionally (FPC 1)
 - delivers patient centred care and maintains trust (FPC 2)
 - behaves in accordance with ethical and legal requirements (FPC 3)
 - makes patient safety a priority in clinical practice (FPC 19)
 - contributes to quality improvement (FPC 20)
- **Has increased their ability to perform the core procedures mandated by the General Medical Council (GMC) e.g. can perform them in more challenging circumstances and has increased the scope of procedures they are able to perform.**
 - performs an increasing range of procedures safely (FPC 14)

Satisfactory completion of F2 will lead to the award of a Foundation Programme Certificate of Completion (FPCC) which indicates that the foundation doctor is ready to enter a core, specialty or general practice training programme.

How to use the curriculum in the workplace

This guide explains how to use the curriculum and to make the most of the opportunities available in foundation training. Although it is the trainee who takes ultimate responsibility for their own learning, the interaction between trainees and trainers is at the heart of foundation training.

The foundation programme lasts 2 years and every trainee will experience up to six placements lasting a minimum of four months. Each placement should allow the trainee to develop the required professional behaviours in a range of different clinical contexts.

Successful completion of foundation training requires the foundation doctor to demonstrate that their performance has met or exceeded the minimum expected level of performance in each of the 20 foundation professional capabilities (foundation programme training outcomes). Trainees and trainers need to understand the different forms of evidence that they will record in the e-portfolio. Foundation doctors and their trainers need to be familiar with the organisation of the syllabus and how this links to the global assessment processes during and at the end of each year of training.

This document is divided into the following sections:

- resources for foundation doctors
- resources for trainers, supervisors and placement supervision group
- the educational framework
- the syllabus in practice
- recognising learning styles
- use of supervised learning events (SLEs)
- assessment

Further information can be found in the [UK foundation programme reference guide](#).

Resources: foundation doctors

The foundation doctor should be proactive in managing their continuing education and career development and must take responsibility for detailing all achievements and progress within their e-portfolio.

To achieve this, the foundation doctor needs to understand:

- the key principles of foundation training: these are explained in the Introduction and Purpose of the foundation sections.
- the role of induction during the foundation programme:
- the local education provider (LEP) will ensure an introduction to the foundation programme and set out how it will be delivered and assessed.
- the local education provider (LEP) will also ensure local induction to the workplace at the start of each placement
- educational and clinical support and supervision during the foundation programme:

The educational supervisor (ES), clinical supervisor (CS) and placement supervision group (PSG) are/comprise senior professionals who are there to provide guidance and support for foundation doctors. The CS and ES will meet regularly with the foundation doctor to discuss and agree objectives and review progress. More details of the ES, CS and PSG are provided below.

Initial appraisal and educational agreements

When foundation doctors start in a new placement, they must arrange an early meeting with both their educational and clinical supervisors, ideally, before the placement commences. This is the responsibility of the foundation doctor. If the foundation doctor is having difficulty in arranging this meeting, the Foundation Training Programme Director (FTPD) will provide a back-up mechanism to ensure that this meeting takes place.

The meeting is an essential starting point for negotiating the educational goals and discussing learning opportunities, the assessment process and use of the e-portfolio. The goals should take into account individual learning needs and personal circumstances.

The educational agreement and related learning plan must be recorded in the e-portfolio.

Meetings with the educational supervisor (ES)

In the first session with the educational supervisor, the foundation doctor may wish to discuss aspects of the curriculum. This might include:

- how to build on strengths from undergraduate training
- particular areas of interest to explore
- any potential targets for development which may need to be addressed
- the **minimum levels of performance** expected from foundation doctors
- how to record achievements in the e-portfolio
- career objectives

Resources: foundation doctors

The foundation doctor and the educational supervisor should also agree a timeline for the undertaking and recording of achievements, and should agree the times and dates for subsequent meetings.

Meetings with the clinical supervisor (CS)

In addition to departmental induction, the named CS will meet the trainee at the start of each placement to agree educational objectives for the placement and to identify the members of the PSG to the trainee.

The clinical supervisor will normally meet with the foundation doctor at the mid-point of the placement to review progress and again at the end of the placement as part of the assessment process. The supervisor or trainee may arrange additional meetings as required.

- **Workplace based learning during the foundation programme:**

Foundation doctors will cover many of the foundation professional capabilities whilst providing service in the workplace. They should take opportunities to receive feedback during service and more formally, using supervised learning events. The curriculum sections 'learning and teaching' and 'supervised learning events', identify and explain the system of workplace-based learning and other educational opportunities, which should be made available to foundation doctors. Workplace-based learning is supplemented by reflection, self-directed learning and formal educational sessions provided by the LEP.

- **Supervised learning events (SLEs):**

SLEs are opportunities to receive feedback from consultants and other senior colleagues. They should prompt foundation doctors to reflect on what they have learnt and help them to recognise their strengths and also to target areas for further development. To be most effective, SLEs should cover a range of situations and challenges of varying complexity. The section, SLEs, sets out in detail the tools and how they should be used.

- **What foundation doctors are expected to achieve during the foundation programme:**

Satisfactory sign off at the end of F1 and F2 requires demonstration that the foundation doctor's performance has met or exceeded **the required standard** in each of the 20 foundation professional capabilities (foundation programme training outcomes). The 20 'foundation professional capabilities' reflect key generic aspects of professional and clinical medical practice. The syllabus also includes 'descriptors' these are general expectations and indicative examples of clinical and professional accomplishments related to the associated 'foundation professional capability'. A foundation doctor may choose to use some of these 'descriptors' as evidence of achievement, however they should note that these are not a comprehensive list and many more examples exist. The hierarchy of the syllabus is explained in the section, **How to use the Syllabus**.

Resources: foundation doctors

Foundation doctors must provide evidence of engagement with the educational process and that their achievements in each of the twenty **foundation professional capabilities** have met or exceeded the minimum expected level of performance set out in the **curriculum**. In doing so, they will demonstrate how their knowledge, behaviour, clinical and professional skills and judgement have developed throughout the course of the programme. Supervised learning events (SLEs) are an excellent opportunity to demonstrate engagement with the learning process and to allow senior colleagues to observe the foundation doctor's practice in the workplace.

When engaged in reflection, supervised learning events, formal assessment or self-assessment, foundation doctors may refer to the 'descriptors' for examples of how they might demonstrate that their achievements meet or exceed the minimum expected level of performance in each of the foundation professional capabilities. Educational and clinical supervisors are there to help if foundation doctors experience any difficulties with this.

- **Recording progress in the e-portfolio:**

It is the foundation doctor's responsibility to populate their e-portfolio with evidence of development. The foundation doctor must make use of the e-portfolio as a record of learning (refer to the reference guide) and should do this from the very start of their foundation training.

Evidence from the trainee will usually take the form of reflection on clinical or professional experiences including, patient contact, professional interaction, clinical incidents, quality improvement work and formal teaching. It can also include evidence of formal training (certificates), participation in evidence-based medicine (guidelines, posters, presentations) or quality improvement work.

Evidence from the trainer will usually involve the trainer reviewing an aspect of the foundation doctor's practice, providing feedback and documenting it directly in the doctor's e-portfolio. The foundation doctor should reflect on the feedback with focus on how to improve practice in future.

Many types of evidence can be used by the trainee to show appropriate professional and clinical practice and therefore, how their achievements meet or exceed the minimum expected level of performance in each of the foundation professional capabilities.

- **Reflective practice:**

foundation doctors should make reflection a part of their routine practice. When a doctor writes about their reflections, and discusses this writing with a senior colleague, it provokes enriched deeper learning and critical thinking that leads to improvement in practice.

Foundation doctors should reflect on and learn from both their positive and negative experiences in order to demonstrate professional development. When things have gone well the foundation doctor should consider what led to a positive outcome and how to ensure that they incorporate this into their practice. Equally important, when an outcome has been suboptimal, the foundation doctor should reflect on why and consider what lessons if any, can be learned to improve future practice. Support and advice from their clinical or educational supervisor should also be sought, as needed.

Resources: foundation doctors

- **Ensuring professional development:**

One of the best ways the foundation doctor and their supervisor can see that their development is in line with achievement of the foundation professional capabilities, is through regular supervised learning events (SLEs). Feedback should be given straight after each SLE. This feedback should indicate both what the doctor is doing well and also suggested actions which will help develop skills in the workplace.

SLEs should start early in each placement to give foundation doctors time to gain the most from feedback. Foundation doctors should read and reflect on how they will change practice as a result of the feedback.

The end of placement reports by the clinical supervisor (CS) and educational supervisor (ES) are also used to indicate whether the foundation doctor is on course to achieve the required outcomes by the end of the year of training.

Assessment

Foundation doctors should familiarise themselves with the assessment section in the curriculum.

Assessment of performance is based on observation of the foundation doctor in the workplace. Formal assessments include the **team assessment of behaviour** (TAB) and **end of placement** reports by the clinical supervisor (CS) and educational supervisor (ES), and the educational supervisor's end of year report. F1 doctors will also need to provide evidence of their ability to perform core procedures as mandated by the General Medical Council (GMC).

The clinical supervisor's assessment will be based on multiple observations of the foundation doctor's practice and progress in the workplace. In addition to their own observations the CS will draw on feedback from doctors and senior healthcare professionals in the placement supervision group (PSG).

There is an expectation of professional development during each placement. The foundation doctor's performance will be judged according to whether it is appropriate for the stage of training and will reflect whether their achievements in the foundation professional capabilities suggest that they are on course to meet or exceed the minimum expected level of performance in each of the foundation professional capabilities in order to be signed off at the end of the year of training.

The foundation doctor should recruit an appropriate number and mix of appraisers for the TAB. A satisfactory TAB is dependent not only on the comments received but also on receiving sufficient responses from an appropriate spread of assessors. Trainees should request their TAB feedback in a timely manner to ensure sufficient responses.

Comments from the TAB should be discussed with the educational supervisor who will help the trainee reflect on and provide guidance on resolving any areas of concern.

Resources: foundation doctors

- **Annual Review of Competence Progression:**

at the end of F1 and F2 the annual review of competence progression (ARCP) provides a formal review of progress. This process is used in all specialty training programmes in the UK. The ARCP includes review of CS and ES reports and evidence provided in the e-portfolio. A satisfactory ARCP will be based on achievement in each of the 20 foundation professional capabilities will lead to the award of Foundation Year 1 Certificate of Completion (F1CC) which is required to be eligible for full registration at the end of F1 and to obtain the Foundation Programme Certificate of Completion (FPCC) at the end of F2.

Minimum expected level of performance during the F1 and F2 years

By the end of each year of foundation training the foundation doctor's achievements in each of the 20 foundation professional capabilities (foundation programme training outcomes) must meet or exceed the **minimum expected levels**. By demonstrating this, the foundation doctor will have demonstrated achievement in the key aspects of clinical and professional medical practice. When considering the provision of evidence, foundation doctors may find it helpful to refer to the general expectations descriptors' indicative examples of clinical and professional accomplishments set out in the 'descriptors'.

Remember that performance is reviewed according to the stage of training, for example less will be expected of a doctor in their very first placement than a doctor in the same placement at the end of F1. A satisfactory clinical supervisor (CS) and educational supervisor (ES) end of placement report will indicate that, by the end of the year, they expect the foundation doctor's practice in each of the 20 foundation professional capabilities (foundation programme training outcomes) to meet or exceed the **minimum expected levels** of performance.

At the start of the foundation programme, foundation doctors should concentrate on achieving the F1 sign off by ensuring that they are able to provide evidence that their professional and clinical practice meets or exceeds the high level **performance indicators** for each of the 20 foundation professional capabilities. This evidence might be based on the indicative examples and general expectations set out in the accompanying 'descriptors'. Alternatively the foundation doctor and their trainers may provide examples of their own. It is essential to recognise that it is neither expected nor necessary for a trainee to provide evidence of every 'descriptor'. F2 doctors are expected to perform at a higher and increasingly independent level. All foundation doctors should consider further professional and clinical development and work towards achievement of F2 outcomes from the outset.

The foundation doctor who demonstrates excellence may well achieve and exceed the **minimum expected levels** of performance across all 20 foundation professional capabilities, and beyond, well within the two-year time frame. However, the foundation doctor cannot pass an annual review of competence progression (ARCP) before finishing a full year in F2 placements.

Resources: trainers, supervisors and placement supervision group

What is a trainer?

A trainer is an appropriately trained and experienced doctor or healthcare professional, who has responsibility for the education and training of foundation doctors in the clinical workplace. A trainer provides appropriate supervision and is involved in and contributes to the learning culture. They provide feedback for learning and may have specific responsibility for assessment.

Support for trainers

Trainers should be supported in their role by the local education provider (LEP) and foundation school. Trainers must also receive training for all their different roles, which contribute to postgraduate education. Trainers should negotiate adequate time within their job plan to carry out agreed postgraduate training roles to a high standard.

What do trainers need to know about the foundation programme curriculum?

All trainers should read the introduction, how to use the curriculum and the assessment sections of the curriculum. They should be familiar with the definitions and responsibilities of the named clinical supervisor and educational supervisor.

Trainer roles

Trainers fulfill a number of different formal and informal roles to support learning activities. The needs of the doctor in training should determine which role is adopted, and trainer roles will change over time and according to the situation. Trainer functions include:

- providing educational support in the workplace and leading a culture of education and learning where every clinical encounter affords an opportunity for the foundation doctor to improve
- ensuring patient safety whilst supervising, mentoring and advising the foundation doctor in their practice
- undertaking and directing supervised learning events (SLEs) in the workplace and giving immediate feedback and action points for the foundation doctor's development
- teaching and training both in the workplace and as part of structured learning programmes and contributing to other forms of learning
- encouraging foundation doctors to develop skills for managing both acute and long-term conditions
- helping the foundation doctor to understand and manage their e-portfolio
- providing judgement about the foundation doctor's progress based on personal observations of their practice in the workplace in order to inform the assessment process
- performing assessment and appraisal
- undertaking formal roles such as that of clinical or educational supervisor

Resources: trainers, supervisors and placement supervision group

Skilled educators move in and among these roles as necessary and will ensure that sufficient time is allocated to develop these roles and relationships. Trainers should aspire to mutually negotiated and fair outcomes and take into account clinical context, the learning environment and any personal issues when considering whether the achievements of the foundation doctor are on course to meet or exceed the minimum expected level of performance in each of the foundation professional capabilities.

Trainers should also recognise that supervision always involves a balance of power between the supervisor and the foundation doctor, which will differ according to context. Good educational practice requires a balance of the following aspects:

- support
- challenge
- clarification of the standards to be achieved
- clarification of the consequences of non-achievement

Specific roles in training

Trainers may sometimes hold specific positions in the foundation programme. Key roles are the **named CS** and **ES**. [Organisations](#) are required to collect evidence to ensure that clinical supervisors (CS) and educational supervisors (ES) meet the criteria to be trainers. It is anticipated that the GMC will seek to approve those working as CS or ES. Recognition is not currently required for other doctors whose practice contributes to the teaching, training or supervision of medical students or doctors.

Clinical and educational supervisors will be encouraged to identify trainee-centred educational opportunities in the course of clinical work. [Liberating Learning \(2010\)](#) provides more detail on how this might be achieved in day-to-day practice.

Educational supervisor

All foundation year 1 (F1) and foundation year 2 (F2) doctors **must have a named educational supervisor**. This is a trainer who is selected and appropriately trained. The ES is responsible for the overall supervision and management of a specified foundation doctor's educational progress across a series of placements, typically for at least 1 year. Only clinicians committed to and engaged in teaching and training foundation doctors should undertake the role. ES must enable foundation doctors to learn by taking responsibility for patient management within the context of clinical governance and patient safety.

Resources: trainers, supervisors and placement supervision group

Responsibilities of educational supervisors

The named educational supervisor will be responsible for:

- Ensuring that the training programme is appropriate for foundation doctors' needs
- Discussion about and completion of the foundation doctor's educational agreement
- Meeting with the foundation doctor at the beginning of each placement to discuss the foundation doctor's learning and development needs to maintain or achieve a trajectory for end of year sign off across all 20 foundation professional capabilities.
- Helping foundation doctors to review their learning needs in the light of achieved goals
- Making a judgement on the collated assessments from clinical supervisors, trainers and other assessors who have worked with the foundation doctor (members of the Placement Supervision Group)
- Reviewing the foundation doctor's learning e-portfolio
- Conducting appraisals
- Reviewing the feedback from team assessment behaviour (TAB) and ensuring that the TAB is valid by confirming that the correct healthcare professionals have completed it.
- Providing supportive feedback (where necessary) on the results of TAB before releasing it to the trainees
- Meeting with the foundation doctor to assess whether they have met or exceeded the requirements of the placement in terms of their clinical and professional practice in each of the four sections of the curriculum
- Completing the educational supervisor's end of placement report form for each placement. This will incorporate the clinical supervisor's report and information from the e-portfolio. This report is a judgement of whether the trainee's performance is on track to meet or exceed the minimum levels performance required for sign off of each foundation professional capability by the end of the year of training
- Supporting the doctor through any difficulties
- Ensuring that the foundation programme director/tutor, director of medical education and/or foundation school director are informed, of any serious weaknesses in the foundation doctor's performance that have not been dealt with and any other problems an individual has with the training programme. The supervisor should advise the foundation doctor of the content of any information about them that is disclosed to someone else. There may also be situations where the clinical director, head of service or medical director should be informed about the foundation doctor's performance issues

Resources: trainers, supervisors and placement supervision group

- Ensuring that all training opportunities meet the requirements of equality and diversity legislation
- Giving appropriate handover to the next educational supervisor with the foundation doctor's knowledge

Clinical supervisor

Every foundation doctor will have a **named clinical supervisor** for each placement.

The named clinical supervisor will usually be the consultant/principal in general practice to whom a foundation doctor is directly responsible for their clinical work. There will be frequent contact between them. The clinical supervisor is selected and appropriately trained to be responsible for overseeing a specified foundation doctor's clinical work during a placement and providing constructive feedback. At the end of the placement the CS must form a judgement whether the foundation doctor's professional and clinical practice is expected to meet or exceed the minimum levels performance required and on course for end of year sign off across each of the 20 foundation professional capabilities. The doctor responsible for direct supervision in the clinical workplace may change on a daily basis for each foundation doctor, but the named clinical supervisor will remain the same throughout each placement.

Responsibilities of the named clinical supervisor:

The **named clinical supervisor** is responsible for:

- Guaranteeing suitable induction to the ward/department/practice
- Meeting with the foundation doctor at (or before) the beginning of each placement to discuss:
 - what is expected during the placement
 - available learning opportunities
 - the foundation doctor's learning needs and to identify the placement supervision group to the foundation doctor
- Ensuring that the clinical experience available to the foundation doctor is appropriate and properly supervised
- Undertaking and facilitating supervised learning event (SLE)
- Monitoring, supporting and assessing the foundation doctor's day-to-day clinical and professional work and indicating whether it is expected to meet or exceed the minimum levels performance required for sign off of each foundation professional capability by the end of the year of training
- Providing regular feedback on the foundation doctor's performance. Ensuring that all training opportunities meet the requirements of equality and diversity legislation

Resources: trainers, supervisors and placement supervision group

- Allowing the foundation doctor to give feedback on the experience, quality of training and supervision provided
- Discussing serious concerns with the educational supervisor about a foundation doctor's performance, health or conduct
- Seeking formal feedback from the placement supervision group regarding the foundation doctor's progress and whether it is in keeping with the performance required for sign off of each foundation professional capability by the end of the year of training
- Completing the clinical supervisor's end of placement report (which can include recording achievements of outcomes and competences) at the end of the placement. This report is a judgement of whether the trainee's performance is expected to meet or exceed the minimum levels performance required for sign off of each foundation professional capability by the end of the year of training.

Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.

Placement supervision group (PSG)

Within any placement, an individual healthcare professional is unlikely to build up a coherent picture of the overall performance of an individual foundation doctor. Whenever possible, the named clinical supervisor will seek information from senior healthcare professionals who will work with the foundation doctor during the placement. These colleagues will function as a **placement supervision group**, commenting on whether the foundation doctor's clinical and professional practice is expected to meet or exceed the minimum levels performance required for sign off in each of the 20 foundation professional capabilities at the end of the year.

The named clinical supervisor nominates the members of the PSG and is responsible for identifying them to the foundation doctor. The makeup of the placement supervision group will vary depending on the placement but is likely to include:

- Doctors more senior than F2, including at least one consultant or GP principal
- Senior nurses (band 5 or above)
- Ward pharmacists
- Allied health professionals
- In a general practice placement, the faculty may be limited to one or two GPs

The PSG members' observations and feedback will inform the clinical supervisor's end of placement report. Not every placement will have a PSG but there should be one in place for most ward-based specialties. During certain placements, the foundation doctor will only work with one or two doctors. In these cases the pool of health care professionals making the assessment of performance will be smaller, the degree of interaction and number of interactions between foundation doctor and trainer will be expected to be greater.

Resources: trainers, supervisors and placement supervision group

Responsibilities of the placement supervision group (PSG)

The PSG will help the clinical supervisor form a balanced judgement of a doctor's performance, based on observation of the latter in the workplace and their engagement in the educational process. Such an approach will prevent any individual having undue influence over a doctor's progression.

The PSG is responsible for:

- Observing the foundation doctor's practice in the workplace
- Undertaking and facilitating SLE
- Providing contemporaneous feedback on practice to the foundation doctor
- Providing structured feedback to the clinical supervisor
- Raising concerns immediately if unsatisfactory performance by the foundation doctor has been identified

The feedback from members of the PSG should indicate whether, in their opinion, the doctor's clinical and professional practice is expected to meet or exceed the minimum levels of performance required in order to allow sign off of each foundation professional capability by the end of the year of training.

Local education providers (LEPs)

LEPs must ensure that educational and clinical supervisors are appropriately trained for their roles and that they have support and resources, which will include adequate time to undertake their training role.

The educational framework and recognising learning styles

Educational principle underlying curriculum design

Doctors should never stop learning. At every stage of their career, they should continue their professional development and refine their clinical skills and the quality of their interactions with others. Doctors must understand their strengths and weaknesses, their personal style, assumptions and beliefs. This requires doctors to be open to feedback and, with reflection and guidance, to be able to modify their behaviour.

The developmental process involves recognition that, at the start of their professional career, doctors have to work through an explicit set of processes before being able to formulate a hypothesis, which leads to a differential diagnosis. They may then use protocols and guidelines to decide on relevant investigations and management (see table X Dreyfus model below). They will observe that an expert clinician may reach a similar diagnosis and appear to have made an intuitive leap with relatively limited information. However, this clinical judgement will have been made using a complex decision-making process involving intuition and analysis, self-knowledge and 'theoretical' knowledge, based on extensive experience. This judgement may take account of the knowledge that 'common things commonly occur', but also that rare events are possible and can be suspected when there is something unusual in a patient's presentation. As the foundation doctor progresses through the foundation programme, they will hone their skills and gradually start to move towards more independent practice.

Curriculum design

The foundation programme curriculum is designed to imbue and foster the ethos of continual learning aided by reflection, which will serve doctors throughout their career.

Foundation doctors are developing professionals and need to deepen and broaden their understanding and expertise. This means:

- recognising that expertise increases throughout their careers and that this requires using experience and reflection to drive learning
- revisiting clinical and professional practice, and studying in increasing depth
- practising at increasingly complex levels with decreasing supervision
- taking increasing responsibility for the supervision and organisation of others.

These attributes are recognised throughout the curriculum, which seeks to provide opportunities for development through practice and engagement with learning in the workplace. Supervised learning events encourage the recognition of good practice and also allow targets for development to be identified and worked on.

Educational framework

The Dreyfus model of skills acquisition (Table 1) describes different levels and aspects of practice in the spiral curriculum (Figure 2) from medical school to specialist training.

Table 1.
Summary of the Dreyfus model of skills acquisition

Level 1: novice

- Rigid adherence to taught rules or plans
- Little situational perception
- No discretionary judgement

Level 2: advanced beginner

- Guidelines for action based on attributes or aspects (global characteristics of situations recognisable only after some prior experience)
- Situational perception still limited
- All attributes and aspects are treated separately and given equal importance

Level 3: competent

- Coping with crowdedness
- Now sees actions at least partly in terms of longer term goals
- Conscious deliberate planning
- Standardised and routine procedures

Level 4: proficient

- Sees situations holistically rather than in terms of individual aspects (see above)
- Sees what is most important in a situation
- Perceives deviations from the normal pattern
- Decision-making less laboured
- Uses maxims (whose meaning varies according to the situation) for guidance

Level 5: expert

- No longer predominantly reliant on rules, guidelines or maxims
- Intuitive grasp of situations based on deep tacit understanding
- Analytic approaches used only in novel situation or when problems occur
- Vision of what is possible

Educational framework

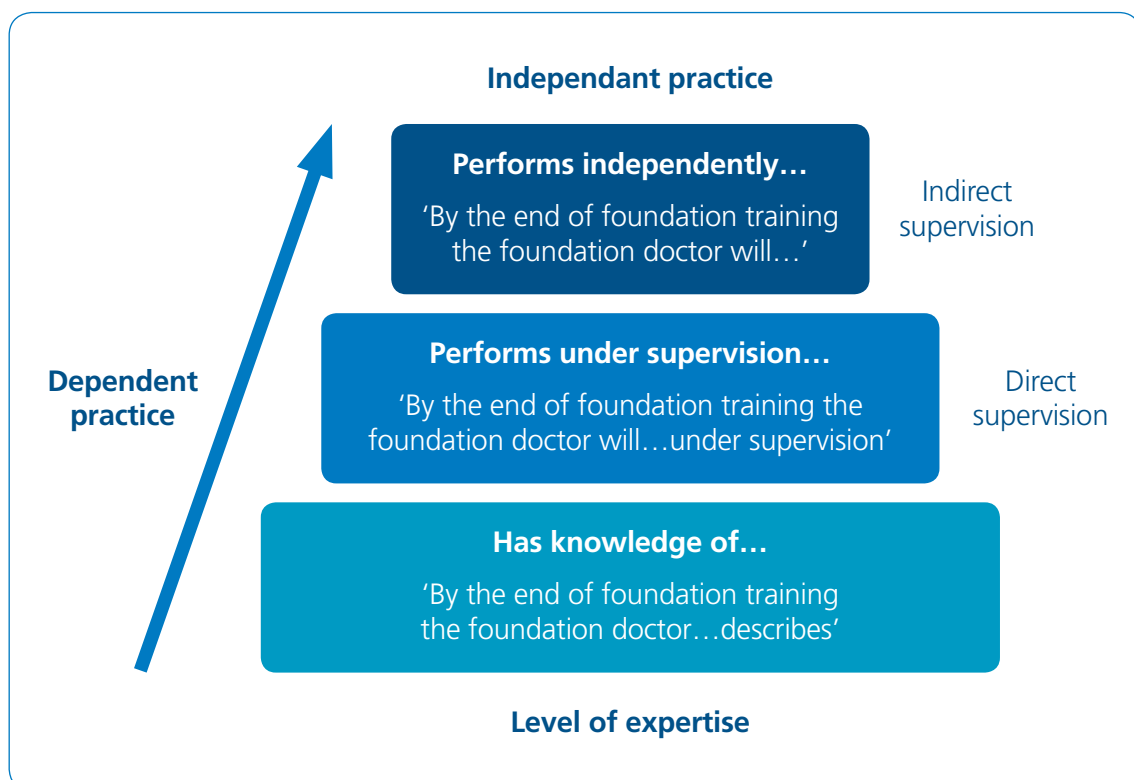
Understanding the five Dreyfus levels will enable foundation doctors to manage each stage of a patient's journey more effectively. They will steadily increase their expertise from having specific skills to managing the whole patient experience. They will gradually need less supervision.

Such models will also help supervisors and assessors expand what they look for in the foundation doctor's work and therefore make better judgements on their progress. In addition to using the F1 and F2 minimum levels of performance required for sign off to assess the progress of the foundation doctor, a supervisor/assessor might consider/ask:

- Is the foundation doctor using a more discerning mix of clinical understanding, protocols and guidelines?
- Is the foundation doctor carrying out procedures and making decisions more quickly?
- Can other team members describe how the foundation doctor has gained confidence in their decisions and their risk assessments?
- Are there fewer complaints from patients?
- Does the foundation doctor appropriately ask for help less often?

An alternative more graphic representation illustrates various levels of attainment, which might be achieved during foundation training.

Figure 1.
Progression towards increasingly independent practice during the foundation programme (although every procedure or action is under supervision in the foundation programme)

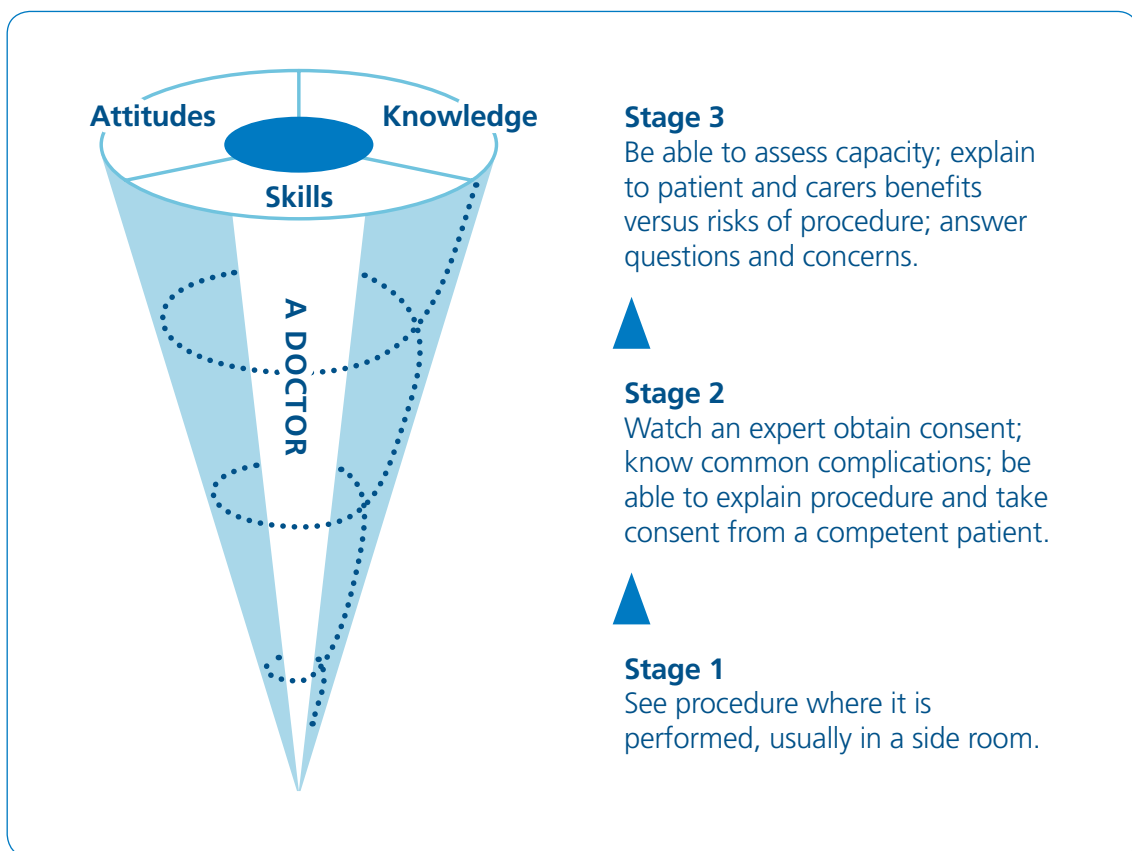


Educational framework

In a spiral curriculum, progressive attainment involves increasing knowledge, skills and attitudes. This is illustrated in figure 2 showing the developmental stages involved in order to obtain consent for any procedure.

Consent for performance of any procedure

Figure 2.
Example of the spiral curriculum



Based on: Harden RM, Davis MH and Crosby JR Medical Education; 31, 264. (1997)

It is evident, that increasing expertise correlates with more independent practice. An understanding of this progression will help foundation doctors and their trainers to (self-) assess and feedback/reflect more accurately upon clinical management.

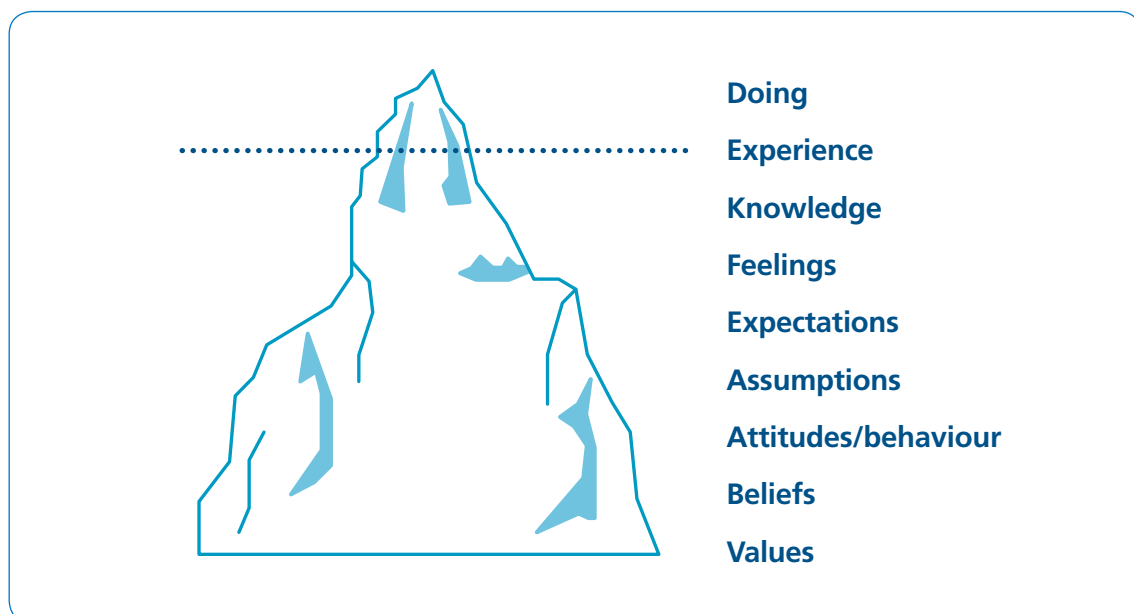
Educational culture and practice

All doctors are responsible for their own education however, they must understand the needs of patients and how to contribute to the safe practice of medicine within the organisation where they work. At the same time, doctors must appreciate that 'education' and 'service delivery' are inextricably interrelated, hence they are learning in the workplace through supervised service delivery. This requires them to manage their learning needs in the context of their clinical work. They should understand the complexities, constraints and opportunities that they find in their practice and be able to choose how to make best use of these. Doctors also need to understand that, as well as engaging in more formal educational activities, they learn by working with other team members and seeking out feedback from senior colleagues in supervised learning events (SLEs).

Good educational practice acknowledges the private and public aspects of professional development and gives due importance to the key relationships which inform professional development. Effective learners will achieve their aims, acknowledging who they are and what they believe affects what they do. Foundation doctors do not live in a vacuum; they may have personal and family difficulties and the most effective learners recognise the impact of these factors and develop as a result of them.

Effective educational practice will help foundation doctors to understand the relationship between theory and reality, which will enable them to exercise better judgement in complex situations. They will also be encouraged to understand other roles within the team and show how they can adapt and collaborate in emergency situations. Foundation doctors will need to become aware of the different perspectives and expertise that can improve problem solving, clinical reasoning, patient management and decision-making. This depth of understanding and expertise requires study and practice of all the components of professional activity, as outlined in the metaphor of the iceberg (Figure 3).

Figure 3.
Developing a curriculum for practice



Source: Fish and Coles (2005)

Educational culture and practice

Acquiring expertise that can be adapted to new situations depends on the development of clinical and ethical reasoning and professional judgement. The majority of learning occurs in teams and much knowledge and expertise is found in groups rather than individual practice. This strengthens the principle that learning in the foundation programme should take place in team-based practice. Expertise is more than knowledge or a toolkit of skills. The foundation doctor will learn similar skills in different settings, facilitating the development of transferable skills.

Doctors at the start of their careers, seek predictable solutions rather than acknowledging the paradoxes and ambiguities of clinical practice. The following actions should be considered:

- Exploring new courses of action
- Reflecting on what happens and modifying practice as a result
- Accepting unpredictability

Similarly, the acquisition and application of skills and knowledge will vary according to where care is given. Placements in general practice will enable foundation doctors to care for acutely ill patients and those with long-term conditions in a different context to secondary care. Patients will present differently and their illnesses may be seen at a much earlier stage or during quiescent or maintenance phases. Their management will need different clinical and risk assessment skills. Also, primary care offers a unique perspective on how secondary care specialties work. Foundation doctors will be able to follow their patients through the service, from the presentation of acute illness through investigation, diagnosis and management to recovery, rehabilitation or death. They will also be able to see the effect of acute illness on those with a long-term disease.

Consideration will need to be given regarding how rotations for foundation doctors should be organised to ensure the access to and development of a range of clinical skills across a variety of clinical situations. Some posts will offer a wider range of clinical experiences than others, for example, meaningful experience in child health can be acquired in general practice or the emergency department and a paediatric placement may not be necessary. Every rotation must comprise a suitable blend of placements, each of which can deliver the curriculum outcomes.

How to use the syllabus

Successful completion of the foundation programme requires an understanding of the hierarchy of syllabus and how this relates to the assessment process.

The hierarchy of the syllabus

The hierarchy is illustrated in figure 4

Sections

The syllabus is organised into four **sections** reflecting the central themes set out in [Good Medical Practice](#).

Section 1: Professional behaviour and trust

Section 2: Communication, team working and leadership

Section 3: Clinical care

Section 4: Safety and quality

Clearly there is overlap between the sections in day-to-day practice e.g. safety and quality are at the heart of clinical care; the delivery of care requires communication, team working and professional behaviour.

Foundation Professional Capabilities

There are 20 foundation professional capabilities describing the key clinical and professional aspects of medical practice. Foundation professional capabilities are the outcomes of foundation training and indicate what the doctor in training is expected to be able to do.

In order to progress from F1 into F2 and from F2 into GP or specialty training the foundation doctor has to be signed off for each foundation professional capability as having met or exceeded the [minimum levels of performance](#) required for sign off set out on.

F1 doctors must demonstrate that their professional and clinical practice is at the level required by the GMC to obtain full registration.

F2 doctors are expected to demonstrate that their professional and clinical practice has developed such that they are able to work with increasing clinical maturity and are establishing a leadership role within clinical teams.

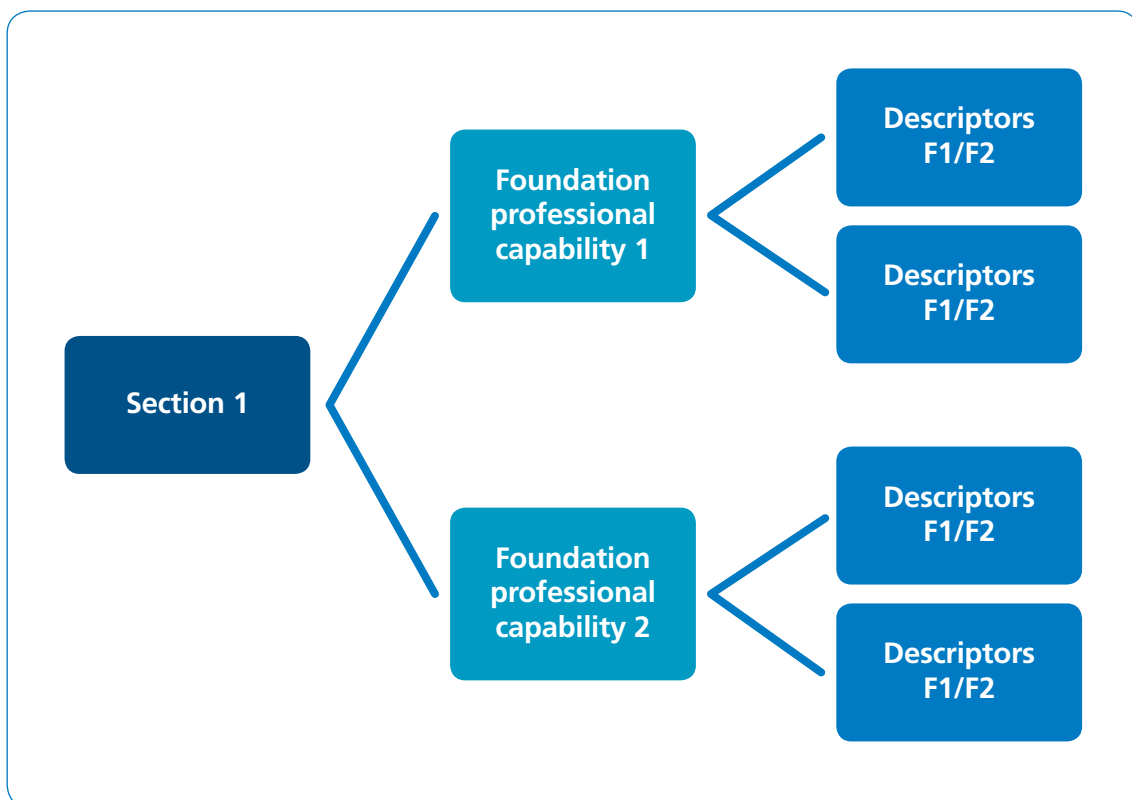
How to use the syllabus

Descriptors

Each of the foundation professional capabilities is associated with 'descriptors'. These are general expectations and indicative examples of aspects of professional and clinical practice related to the 'foundation professional capability'.

'Descriptors' have been provided to help trainees and trainers recognise how experience in the workplace might provide supporting evidence of achievement. Although each 'descriptor' appears only once in the syllabus, many of the aspects of practice they describe are applicable to several foundation professional capabilities and trainees and trainers are encouraged to be flexible when deciding where the evidence best fits. In addition as these are not exhaustive lists alternative examples should be considered when deciding how to demonstrate that they are meeting or exceeding the minimum expected level of performance in each of the 20 [foundation professional capabilities](#).

Figure 4.
Illustration of the hierarchical arrangement of the syllabus: sections:
foundation professional capabilities: descriptors



How to use the syllabus

The syllabus and assessment

This section should be used in conjunction with the section on assessment.

In order to progress to the next stage of training the foundation doctor's professional and clinical practice must meet or exceed the **minimum levels of performance** required for sign off in each of the 20 foundation professional capabilities. Performance will be reviewed on a regular basis throughout the year to ensure that the trainee is on course to be signed off and if necessary to put in place any additional support.

At the end of each placement, the clinical supervisor (CS) and educational supervisor (ES) reports will report on the trainee's performance utilising several sources of evidence including: feedback from the placement supervision group (PSG) and team assessment behaviour (TAB) (when performed), evidence provided in the e-portfolio of achievement of each foundation professional capability and engagement with the learning process (completion of supervised learning events (SLEs), reflection on practice and attendance). Evidence of satisfactory performance of core procedures is required for F1 doctors only.

The CS and ES reports will indicate for each 'section' of the syllabus whether the trainee is on track meet or exceed the minimum levels of performance required for sign off at the end of the year. The report will include comments to indicate what the doctor in training is doing well and also to identify targets for future development. If there are any concerns comments will be provided detailing specific issues with performance mapped to the relevant foundation professional capability.

Foundation doctors must use their e-portfolio to record a range of evidence in support of achievement of each **foundation professional capability** to demonstrate that they are performing at or above the minimum level expected of a F1 or F2 doctor. Evidence can take many forms including achievements framed in terms of some of the 'descriptors', reflection on clinical or professional experiences, evidence of formal training (certificates), participation in evidence-based medicine (guidelines, posters, presentations) or quality improvement work.

Evidence from trainers will usually be in the form of feedback from members of the placement supervision group or following SLEs. These involve the trainer viewing or discussing an aspect of the trainee's practice, providing feedback and documenting it directly in the trainee's e-portfolio. The trainee may then choose to reflect on the encounter and consider how their practice might evolve as a result.

The trainee should choose evidence that shows how their performance in each of the foundation professional capabilities meets or exceeds the **minimum levels of performance** expected from an F1 or an F2 doctor.

How to use the syllabus

Table 2.
The relationship between the syllabus and assessment

4 Sections	<ul style="list-style-type: none">• The clinical and educational supervisor's end of placement reports review performance at section level and indicate whether the trainee's performance is on course to meet or exceed the minimum level required for sign off of the 20 foundation professional capabilities at the end of the year of training• The reports are based on several sources of evidence including:<ul style="list-style-type: none">• Observation of performance in the workplace by the clinical supervisor (CS) and the placement supervision group (PSG)• Evidence provided in the trainee's e-portfolio• Team Assessment of Behaviour• Satisfactory performance of core procedures (F1)• Participating in the educational process
20 Foundation Professional Capabilities (Foundation Outcomes)	<ul style="list-style-type: none">• Progression into the next year of training is dependent on sign off that the foundation doctor's professional and clinical practice in each of the 20 foundation professional capabilities meets or exceeds the minimum levels of performance• Trainees must provide a spread of evidence in their e-portfolio demonstrating how they meet the required level of performance for each foundation professional capability• Trainees must demonstrate increasingly sophisticated performance as they progress through every stage of foundation training
Descriptors	<ul style="list-style-type: none">• Each foundation professional capability is associated with one or more 'descriptors'. These are general expectations and indicative examples of facets of professional and clinical practice related to the 'foundation professional capability'• The descriptors are not comprehensive and have been provided to assist trainees and trainers recognise how experience in the workplace might provide supporting evidence of achievement of performance meets the expected level of performance for each 'foundation professional capability'• Although 'descriptors' are linked to a single 'foundation professional capability', many of the 'descriptors' are applicable to other 'foundation professional capabilities'• Trainees and trainers are encouraged to consider linking descriptors (or alternative evidence) to the most appropriate 'foundation professional capability'• Completing and reflecting on feedback from supervised learning events is one way of doing this• Trainees are not expected to provide evidence of every 'descriptor'

Learning and teaching

Learning and teaching occurs predominantly in the workplace, with protected teaching time and private study being used to consolidate the learning that has occurred through practice. Workplace learning is experiential, acquired through the delivery of care under supervision, and in the form of supervised learning events (SLEs). Foundation doctors are encouraged to engage in reflective practice and self-directed learning from patients, clinical opportunities, books, journals and electronic learning materials, including e-Learning for Healthcare as described in the foundation programme curriculum 2016 resource. Foundation doctors are also expected to learn both from and through teaching, and 'learning to teach' is very important.

Foundation doctors need to recognise that whilst protected teaching time is an important part of their education, it is the workplace that offers the majority of clinical and professional learning opportunities. It is also critically important that foundation doctors recognise that they have professional and personal responsibility for their own learning. This includes attending structured educational sessions and undertaking SLEs wherever possible. **Organisations**, foundation schools, consultant and general practitioner trainers all have roles but these should be seen as an adjunct to that personal responsibility.

Foundation doctors should also learn by observing how other healthcare professionals (role models) perform both as individuals and as members of clinical teams. They should learn about modes of engagement and interaction with patients and other professionals, observe practical skills and consider how formal knowledge is applied.

Foundation doctors should reinforce learning by thinking about both good and bad aspects of their work with emphasis on how they might act in the future if faced with a similar situation in particular what they might do to ensure the best outcome. Reflective writing has been shown in other professions to lead to deeper learning and better practice. Doctors too can record reflections on their learning experiences in the e-portfolio as part of their evidence of commitment to the educational process. Personal reflection may be reviewed with/by clinical and educational supervisors and discussion of reflections with senior colleagues form an important part of the foundation doctor's professional development.

Although some clinical experiences may seem repetitive, they still present a learning opportunity. Such experiences may also constitute important contributions to patient safety and care, a crucial aspect of practice as a foundation doctor. Revisiting aspects of practice remains an integral component of the spiral curriculum that underpins foundation training. It is important to appreciate and experience variation within common conditions, which will need to be considered for each individual patient/situation. This will create greater expertise and allow foundation doctors to progressively take more management responsibility in acute and long-term care.

Clinical learning experiences

Foundation doctors and their trainers should recognise the importance of maximising the wide variety of learning opportunities in the clinical workplace and undertake supervised learning events (SLEs) to capture this. SLEs must be appropriate to the foundation doctor's level of experience and the nature of learning opportunities afforded by their current working environment (table 3).

Learning and teaching

Table 3.
Examples of work-based learning and teaching opportunities

- Work as a medical professional, including clinical practice, attending meetings and documenting care
- Supervised learning events (SLEs)
- Accounts by patients, service users and carers of their experiences
- Analysis of care scenarios supported by literature reviews
- Involvement in Quality Improvement and audit projects
- Audio/video recording of personal practice or a colleague's practice
- Computer-controlled simulator
- Discussion of one's own or another's practice
- E-learning: [e-Learning for Healthcare](#), [BMJ Learning](#), [FP Curriculum 2012 Resource](#)
- Group discussion of typical cases
- Mock assessments
- Narrative of one's own or someone else's case
- Observation of and reflection on someone else's work and practice
- Review of clinical guidelines or protocols
- Review of patients' case notes (individual or team)
- Simulated patients and/or colleagues
- Human factors training
- Skills laboratory
- Undertaking a supervised leadership activity such as leading the multi-disciplinary team meeting

Source: Modified from Fish and Coles (2005)

The learning opportunities and experiences available vary between placements and rotations. It is recommended that foundation school directors (FSDs) map their rotations to the curriculum and familiarise themselves with areas in the curriculum which may require additional input to deliver (Table 4).

Learning and teaching

Table 4.
Examples of potential difficulties related to delivery of the curriculum

- Organisation and allocation of work by an F2 within the team during placements where there is no F1 doctor
- Exposure to managing long-term ill health in rotations which do not include general practice, community medicine or outpatient clinics
- Exposure to acutely unwell patients in rotations which do not include at least four months in acute/emergency medicine
- Assessment of proficiency in an acute setting
- Senior supervision and discussion of discharge planning, discharge summaries and ongoing medication (drugs to take out/away from hospital)
- Adequate demonstration of progress in relationships with patients and communications skills

Source: Modified from Fish and Coles (2005)

Foundation school directors should consider alternative mechanisms to cover elements of the curriculum, which may not be encountered in daily practice. These could be included in programmed educational activities where emphasis might be placed on topics that are challenging to deliver locally, or on concepts which are particularly important or difficult to understand. Whenever possible, novel opportunities should be used to deliver these (table 5).

Table 5.
Additional opportunities to deliver and assess curriculum coverage

- Simulation training in practical techniques and human factors (organisational and team working ability)
- Supervised clinical practice directed at key areas
- Formal teaching programme tailored to the local educational needs
- Demonstration of appropriate learning/assessment online using local and national resources such as e-Learning for Healthcare

Learning and teaching

How practical procedures are learnt

Practical procedures start to be learnt as undergraduates and may be a focus during clinical assistantships in the final year. It is expected that medical students and foundation doctors start to learn procedural skills on simulated models/manikins prior to undertaking the procedure on patients. Students and doctors are encouraged to recognise that the ability to perform a practical procedure increases with time, repetition and experience. Although the primary purpose of direct observation of procedural skill (DOPS) in foundation training is the doctor patient interaction, some trainees may also wish to use DOPS and reflective practice to demonstrate progression of their practical ability.

The following steps may be taken:

- Reading the theory, or studying virtual training packages on the internet or DVD
- Using a skills laboratory (where available)
- Learning in simulation centres with simulated patients
- Observing first-hand

Being observed doing the procedure by a competent practitioner with relevant experience of the procedure

Technology enhanced learning

Evidence from recent UK studies has shown that simulation facilities and e-learning provides foundation doctors with valuable opportunities to deepen their understanding of the importance of communication skills, human factors and teamwork in clinical practice in addition to procedural skills.

Foundation doctors should learn and rehearse skills using simulated environments and other technologies as part of a managed learning process. They should be judged to be safe in this environment before they undertake a supervised procedure on a patient.

Teaching

Foundation doctors will be expected to acquire and develop the skills needed to deliver teaching and mentoring effectively. This includes understanding the basic principles of adult learning. They must recognise that teaching skills also apply to their clinical practice e.g. when explaining illness to patients/relatives/carers. The acquisition of teaching skills should be documented in the e-portfolio and feedback should be sought on the quality of teaching using the 'developing the clinical teacher' supervised learning events (SLEs) as well as from those receiving the teaching.

Consideration should be given to developing effective presentation styles including approaching teaching sessions from the perspective of the learner. This should include reflection on the learners' (including patients/relatives) needs. They should understand different approaches such as small group and large group learning and when each is most effective. When teaching groups, foundation doctors should demonstrate appropriate use of teaching aids and organise the environment to optimise interaction. They should facilitate group discussion to allow others to express their views. Additional opportunities to develop presentation skills exist in departmental meetings/audit/grand/ward rounds.

Learning and teaching

Doctors must learn to give and receive feedback and perform assessments. Foundation doctors will contribute to the assessment or review of students and other colleagues with whom they work. They need to understand the underlying principles of coaching and theory of feedback e.g. Pendleton model (table 6). They should always observe a learner's performance before commenting on any aspect of it, and then give relevant feedback in a structured, sensitive, constructive and positive way.

Table 6.
Principles of delivering feedback adopted from Pendleton's rules

- Observer ensures that the learner wants and is ready for feedback
- Allow the learner to give comments/background to the material that is being assessed
- The learner states their strengths / what was done well
- The observer reinforces these and provides further examples
- The learner identifies how performance could be improved
- The observer reinforces these and adds further constructive suggestions for improvement
- An action plan for improvement is devised

Foundation doctors may take on a supervised educational role, once they have received approval for this, for example in teaching and supervising medical students on a ward or in an outpatient setting. When teaching, they must always treat patients and other learners with respect, including seeking patients' permission before any teaching session involving them takes place. Doctors should treat requests for help positively and help those they are teaching to become progressively more independent.

Study leave during foundation training

F1 doctors do not have access to study leave, although there may be opportunities for 'career taster' sessions in F1. Refer to the reference guide.

F2 doctors will be encouraged to take study leave to support their learning in relation to the curriculum ([refer to the reference guide](#)). This might include:

- Attending courses relevant to the foundation programme e.g. to achieve training in advanced life support
- Sampling other 'taster' career alternatives that were not available within their F1 rotation e.g. public health, laboratory-based specialties, etc.

Supervised Learning Events (SLEs)

SLEs represent an important opportunity for learning and improvement in practice, and are a crucial component of the curriculum. It is the duty of the foundation doctor to demonstrate engagement with this process. This means undertaking an appropriate range and number of SLEs and documenting them in the e-portfolio (table 7). SLEs are not formal examinations of knowledge or summative assessments, and should not be treated as such by either the assessor, supervisor or the foundation doctor; but rather, as an opportunity for the foundation doctor to be observed in the clinical setting, to see how they work with others (especially the patient) and to be given feedback with the aim of improving their practice. The clinical supervisor's end of placement report will draw on the evidence of the foundation doctor's engagement in the SLE process. Participation in this process, coupled with reflective practice, is a way for the foundation doctor to evaluate how their performance is progressing as they gain experience during the foundation programme.

Table 7.
Recommended minimum number of SLEs

Supervised learning event (Recommended minimum number per four month placement)
Direct observation of doctor/patient interaction (3) <ul style="list-style-type: none">• Mini clinical evaluation exercise (at least 2)• Direct observation of procedural skills (optional to supplement mini clinical evaluation exercise)
Case-based discussion (2 or more)
Developing the clinical teacher (1 or more per year)

Purpose of the supervised learning events (SLEs)

The purpose of the SLE is to:

- provide immediate feedback, highlight achievement and suggest areas for further development
- demonstrate engagement in the educational process

Supervised learning events (SLEs) methodology

Foundation doctors are expected to demonstrate improvement and progression in their performance during each placement and throughout foundation training. Undertaking and reflecting on SLEs will help foundation doctors develop their clinical and professional practice.

Supervised Learning Events (SLEs)

Timing of supervised learning events (SLEs)

It is recommended that SLEs are undertaken from early in each placement when the trainee has the most to learn. SLEs should continue to be performed throughout the placement. SLEs do not need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself.

Subject matter for supervised learning events (SLEs)

SLEs can be used to cover a spread of different acute and long-term clinical problems and discussion should include the management of long-term aspects of patients' conditions.

Targeted supervised learning events (SLEs)

Improvement in clinical practice will only happen if regular SLEs lead to constructive feedback and subsequent review of and reflection on progression. For this to occur some targeted SLEs should specifically be related to previous feedback and developmental targets. This may be facilitated if the foundation doctors agree to the timing and the clinical case/problem with the trainers in advance. However, unscheduled SLEs can also be focused on specific needs. In addition to immediate feedback, SLEs should be used to stimulate discussion with the clinical and/or educational supervisor.

Who to approach for supervised learning events (SLEs)?

A different teacher/trainer should be used for each SLE wherever possible, including at least one at consultant or GP principal level per placement. The educational or clinical supervisor should also be used for an SLE.

Teachers/trainers must be sufficiently experienced to teach and assess the topic covered by the SLE and be able to provide meaningful feedback. Typically this will be a doctor with higher specialty training (with variations between specialties), a specialist nurse (band 5 or above) a ward pharmacist or senior allied healthcare professional; this is particularly important with case based discussion.

Responsibility

Foundation Doctor

The foundation doctor, with the support of the supervisor(s), is responsible for arranging SLEs and ensuring a contemporaneous record in the e-portfolio. The clinical and educational supervisors will have access to SLEs within the foundation doctor's e-portfolio.

Trainer

The trainer must:

- Be trained in giving feedback
- Understand the role of the tool being used
- Be able to teach, assess and provide feedback on the chosen subject

Supervised Learning Events (SLEs)

Educational and development tools

There are four different tools used for SLEs.

Two tools are used to give feedback after observation of doctor/patient encounters:

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS)

Two tools are used to give feedback on events, which take place remote from the patient:

- Case-based discussion (CBD)
- Developing the clinical teacher

Direct observation of doctor/patient encounter

Foundation doctors are expected to undertake directly observed encounters in every placement.

They are required to undertake a **minimum of NINE directly observed encounters per annum** in both foundation year 1 (F1) and in foundation year 2 (F2). At least six of these encounters each year should use mini-CEX.

Mini-clinical evaluation exercise mini-CEX

This is an SLE of an observed clinical encounter, mini-CEX must not be completed after a ward round presentation or when the doctor/patient interaction was not observed.

- Foundation doctors should complete a minimum of six mini-CEX in F1 and another six in F2. These should be spaced out during the year with at least two mini-CEX completed in each four month period
- There is no maximum number of mini-CEX and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them

Direct observation of procedural skills (DOPS)

The primary purpose of DOPS in foundation training is to give feedback on the trainee doctor's interaction with the patient when performing a practical procedure.

- Foundation doctors may submit up to three DOPS in one year as part of the minimum requirements for evidence of observed doctor-patient encounters
- Different assessors should be used for each encounter wherever possible
- Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements)
- Additional DOPS may be undertaken to demonstrate progression of procedural skills but this is a secondary purpose of DOPS in Foundation
- There is no maximum number of DOPS and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them

Supervised Learning Events (SLEs)

Supervised learning events which take place remote from the patient

Case-based discussion (CBD)

This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is an investigation of, and feedback on, clinical reasoning.

- A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period
- In contrast to mini-CEX, a CBD can follow presentation at a ward round
- Different teachers/trainers should be used for each CBD wherever possible
- There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them

Developing the clinical teacher

This is a tool to aid the development of a foundation doctor's skill in teaching and/or making a presentation and should be performed at least once a year. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centeredness and overall interaction with the group.

Assessment

This section should be used in conjunction with [how to use the syllabus](#).

Assessment in foundation is based on observation of practice in the workplace, evidence of achievements of each of the foundation professional capabilities (the foundation curriculum outcomes), evidence of engagement with the foundation educational process and evidence of proficiency in GMC mandated core procedures (F1 only). Assessments include team assessment behaviours (TABs), the clinical supervisor's and the educational supervisor's respective end of placement reports and the educational supervisor's end of year report. This will be reviewed in the ARCP.

What will be assessed

Foundation doctors will only be signed off for progression to the next stage of training when they have demonstrated that their performance meets or exceeds the [minimum expected levels](#) of performance required for sign off for each of the 20 foundation professional capabilities. The assessment process is not designed to rank foundation doctors.

Foundation doctors must use their e-portfolio to supply a spread of evidence with appropriate reflection on how their performance meets or exceeds the [minimum expected levels](#) of performance required for sign off for each of the 20 foundation professional capabilities. Suitable documentation might include evidence of achievement of some of the 'descriptors' associated with the foundation professional capability. Satisfactory performance will also be judged by engagement with supervised learning events (SLEs) and the resulting personal development. The assessment process is not designed to rank foundation doctors.

At the end of each placement the named clinical supervisor and educational supervisor will report whether the foundation doctor's performance is on course to meet or exceed the [minimum expected levels](#) of performance required for sign off for each of the 20 foundation professional capabilities at the end of the year of training. These reports will feed into the educational supervisor's end of year report, which will then inform the ARCP review. The annual review of competence progression panel will be able to make reasonable adjustments to reflect individual circumstances.

Clinical supervisor's end of placement report*

Towards the end of each placement*, the foundation doctor and named clinical supervisor will meet to complete a review of the foundation doctor's overall performance and progress in the placement.

The clinical supervisor's report is a review of whether achievement in each of the four **sections** of the curriculum suggest that the foundation doctor will, by the end of the year of training, meet or exceed the minimum expected level of performance in each of the foundation professional capabilities.

The judgement will be based on review of several sources of evidence including:

- Direct observation of practice in the workplace by the clinical supervisor (CS)
- Feedback from the placement supervision group (PSG)
[The CS should seek and record evidence from the PSG to corroborate the above. The names of those contributing evidence on the foundation doctor's performance will be recorded in the report](#)

*note that the CS in the final placement of the year will prepare their report in time for the ARCP

Assessment

- Evidence of engagement with the learning process recorded in the e-portfolio
- Evidence of achievement of curriculum outcomes recorded in the e-portfolio including: reflection on clinical or professional experiences, evidence of formal training (certificates), participation in evidence based medicine (guidelines, posters and presentations) or quality improvement work. The totality of engagement in populating the various domains in the e-portfolio will be used to assess the foundation doctor's success in achieving the outcomes described in the curriculum
- Evidence of satisfactory performance of core procedures (F1 and only in F2 if not signed off in F1, for example when F1 equivalent happened abroad).

The report will indicate whether the foundation doctor's trajectory is likely to meet or exceed the **minimum expected levels** of performance required for sign off for each of the 20 foundation professional capabilities. The CS report will use the following comments: no concern, some concern, major concern. Details of the scheme are found in the **[guidance for clinical supervisor's end of placement report](#)**. Explanatory comments to justify the rating are mandatory.

The clinical supervisor's report should comment specifically on:

- Any noteworthy aspect of this foundation doctor's practice
- Any targets for future development
- Any concerns regarding this foundation doctor's practice must be supported by specific examples
- The foundation doctor's appropriate participation in the agreed educational process
- Evidence of the foundation doctor's personal and professional development as a result of feedback and reflection.

If there is any concern that a trainee's performance will not meet the **expected minimum levels** of performance required for sign off for any of the 20 foundation professional capabilities this should be raised with the trainee at the earliest opportunity. The discussion and ensuing action plan should be recorded in the e-portfolio. When minor concerns have been resolved satisfactorily the final report will indicate no concern. If there is an ongoing concern then any professional capabilities which are the source of concern must be specified. The CS may wish to refer to the associated 'descriptors' or other examples to provide further detail.

The outcome of the final discussion will be recorded in the doctor's e-portfolio in the clinical supervisor's end of placement report. In most cases, both the foundation doctor and the clinical supervisor will agree the report. Where there is disagreement the foundation doctor will sign to indicate that they have seen the report. A box will be available for any comments from the foundation doctor.

Assessment

Educational supervisor's end of placement report

The educational supervisor's report will indicate whether the foundation doctor's trajectory is likely to meet or exceed the expected **minimum levels of performance** required for sign off for each of the 20 foundation professional capabilities at the end of the year of training.

The judgement will be based on review of several sources of evidence including:

1. Clinical supervisor's report

The educational supervisor will sometimes also be the clinical supervisor and then will complete a combined report. If the roles are separate, then the educational supervisor will summarise with 'no concerns', 'some concerns' or 'major concerns' and add comments to support the judgement.

2. Team assessment of behaviour (TAB)

TAB is the multi-source feedback tool that is used in the foundation programme. TAB comprises collated views from a range of multi-professional colleagues. It is mapped to the self-assessment tool with identical sections. Guidance for foundation doctors, TAB assessors and educational supervisors is available on the [UK Foundation Programme Office \(UKFPO\) website](#).

The foundation doctor is responsible for organising TAB and should arrange this in a timely fashion. The educational supervisor cannot sign off the foundation doctor unless a valid and satisfactory TAB has been completed.

The foundation doctor must complete a self-assessment of behaviour before inviting raters to contribute to the TAB process. Self-TAB will include reflection on personal performance.

For each TAB, the foundation doctor should approach 15 raters/assessors. Up to two foundation doctors may be used but attention must be paid to ensure an appropriate mix of raters or the TAB will be invalid.

Following TAB, foundation doctors should reflect on any sections in which there is variance between their self-rating and that of their assessors. They should discuss significant discrepancies with their educational supervisor.

Timing and frequency of TAB

- TAB must take place at least once a year. Deaneries/foundation schools have the option of increasing the frequency
- TAB feedback must be gathered during a single placement and by the date specified by the educational supervisor
- TAB will normally be performed within 1st placement in order to allow time for any required remedial action. However if there are insufficient raters within a placement to allow this the TAB should be completed within the first 6 months of the year of training
- If there are any concerns about a foundation doctor which need to be addressed TAB should be repeated. Deaneries have the option of altering the periodicity of TAB to satisfy local needs

Assessment

Requirements for a valid TAB

In order to be valid TAB must be completed at the correct time, with feedback from a sufficient number and mix of raters.

Required mix of assessors

To ensure quality, a valid TAB requires a minimum of 10 assessors including at least four senior assessors comprising consultants / trained GPs and senior nurses. The named clinical supervisor will normally be one of the assessors.

The mix of raters/assessors must include at least:

- 2 consultants or trained GPs. The named clinical supervisor should normally be used as an assessor. However, there may be occasional circumstances where this is not possible, hence, inclusion of the CS is not mandatory.
- 1 other doctor more senior than F2
- 2 Senior nurses (band 5 or above)
- 2 allied health professionals / other team members including ward clerks, secretaries and auxiliary staff

Outcomes from TAB

TAB outcomes include:

- Satisfactory
- Incomplete (within time limit)
- Invalid (incorrect number or mix of assessors)
- Unsatisfactory: anything other than trivial minor concern which does not require action will necessitate repeat TAB

The educational supervisor will meet to review the TAB responses with the foundation doctor and if necessary arrange any additional support required to address concerns.

3) Core procedures

The GMC requires demonstration of competence in a series of procedures in order for a provisionally registered doctor with a licence to practise to be eligible for full registration.

It is a requirement that the foundation doctor provides evidence within the e-portfolio of satisfactory performance of each core procedure at least once during foundation year 1 (F1). By the end of F1, the foundation doctor should be able to competently perform and teach undergraduates these procedures.

The core procedures from F1 do not need to be repeated in foundation year 2 (F2), but evidence of the F1 sign-off is required for successful completion of the foundation programme. It should also be recognised that with practice, the foundation doctor is expected to demonstrate continuing improvement of skills in whichever procedures they perform.

Assessment

4) E-portfolio

The totality of engagement in populating the various domains in the e-portfolio will be used as a method of assessment of the foundation doctor's success in achieving the **expected minimum levels of performance** required for sign off for each of the 20 foundation professional capabilities. Although included in the clinical supervisor's report, this will also be reviewed and assessed by the educational supervisor.

5) Engagement in SLEs and attendance at formal educational events

Both of these will help inform the report which will allow the educational supervisor to determine and comment on the learning progression and engagement of the foundation doctor.

Whilst engagement with SLEs and evidence of curriculum coverage will be taken into account, the overall judgement will include a triangulated view of the foundation doctor's day-to-day work performance, which will include their participation in, and attendance at, educational activities, appraisals, the learning process and recording of this in the e-portfolio.

The outcome of the final assessment should be discussed by the foundation doctor and the educational supervisor and recorded in the doctor's e-portfolio in the educational supervisor's end of placement report. The report should detail any outstanding issues that still need to be addressed. Refer to section 10 of the reference guide. As in the CS' report, where there is disagreement, the foundation doctor will sign to indicate that they have seen the report. A box will be available for any comments from the foundation doctor.

6) Annual reports

Educational supervisor's end of year report

The annual report is an overall professional assessment and judgement of the foundation doctor. This is a synthesis of all of the placement reports for the year. The educational supervisor's end of year report should comment specifically whether or not the Foundation doctor has met or exceeded the **minimum expected levels of performance** required for sign off for each of the 20 foundation professional capabilities for the current year (F1/F2) of training. This will inform the Annual Review of Competence Progression (ARCP).

Annual Review of Competence Progression

The ARCP is a review of all of the evidence regarding a foundation doctor's performance over a year of practice. The decision about whether or not a foundation doctor's performance in each of the 20 'professional capabilities' (Foundation training outcomes) has met or exceeded the minimum required standard for satisfactory completion of F1, or the foundation programme as a whole, will involve an overall judgement summarised in the end of year report from the educational supervisor and reviewed by the ARCP panel. The ARCP panel judgment will include review of any concerns which have been raised. The ARCP panel is convened by the Foundation Programme Director and their judgement will form the basis of the Foundation Programme Director/Tutor's recommendations regarding satisfactory completion of F1 or and the foundation programme as a whole.

There is an appeals mechanism for foundation doctors who have not satisfied the requirements and/or are disputing judgements of performance.

Assessment

If an F1 doctor fails after a 12 month extension, the appeal would normally be held by the graduating UK medical school. If they did not graduate from a UK medical school, the appeal would be held by the deanery.

If an F2 doctor fails, the deanery/foundation school will consider the appeal. The deanery will also normally initiate career management discussions and may refer the foundation doctor to the National Clinical Assessment Service (NCAS) or [to the GMC](#). Further information can be found in the relevant section of the reference guide and in the Standards for Training in the foundation programme ([in The Trainee Doctor, 2011](#)).

Foundation doctors in Scotland have a different system and should refer to [the NHS Education for Scotland website](#) for further information.

Assessment differences between F1 and F2

Foundation year 1 (F1)

A satisfactory ARCP will indicate that the F1 doctor has met or exceeded the [minimum expected level of performance](#) required for sign off for each of the 20 foundation professional capabilities. This will lead to the award of Foundation Year 1 Certificate of Completion (F1CC), this will inform the medical school as to whether they should complete and issue the GMC Certificate of Experience. Once the certificate is issued, the foundation doctor is eligible to apply for full registration with the GMC. The GMC expects satisfactory achievements in all domains set out in [Promoting Excellence: Standards for medical education and training](#) and reproduced in the Foundation Programme Curriculum syllabus outcomes.

Foundation year 2 (F2)

The overall judgement of satisfactory completion of F2 will indicate that the F2 doctor has met or exceeded the [minimum levels of performance](#) required for sign off for each of the 20 foundation professional capabilities. This will lead to the award of a Foundation Programme Certificate of Completion (FPCC), this will allow the foundation doctor to be eligible to apply to enter core, specialty or general practice training.

Lack of progress

Most foundation doctors' will have met or exceeded the [minimum levels of performance](#) required for sign off for each of the 20 foundation professional capabilities for F1 by the end of their first year, and the F2 standard of performance by the end of their second year (or whole time equivalent). The actual duration of foundation training will depend on whether the foundation doctor is working full time or less than full time.

Deaneries/foundation schools have systems in place to help foundation doctors who may need additional or targeted support. Such doctors may be identified as a result of:

- Information transferred from undergraduate medical schools (refer to Conference of Postgraduate Medical Deans (COPMeD), MSC and GMC guidance)
- Concerns raised by foundation doctors themselves, which might include problems relating to their training or assessments

Assessment

- Periods of prolonged or repeated absence ([refer to the reference guide for further detail](#))
- Reluctance/failure to take part in educational processes
- Reluctance/failure to engage in the appraisal process
- Concerns about day-to-day clinical work raised by educational and/or clinical supervisors (directly or on the basis of report by other health care professionals)
- Serious incidents/events/complaints from patients, colleagues or carers

Whenever concerns regarding progress towards meeting the [minimum expected levels of performance](#) required for sign off for each of the 20 foundation professional capabilities are identified the issues must be discussed with the foundation doctor at the earliest opportunity. The educational supervisor should follow the reference guide and any additional local processes and seek early advice when necessary.

Doctors who do not make adequate progress may require additional and targeted education. This will be set out in an agreed learning plan which will include time limited milestones with a schedule of review and assessment. The plan should clearly set out how the trainee will be able to demonstrate that they have met or exceeded minimum expected level of performance and the anticipated time scale for the additional training. Training may be extended for up to a maximum of one year at F1 or one year at F2 (or equivalent for foundation doctors working less than full time) at the discretion of the local deanery.

If there is still inadequate progress following additional and targeted support, then the doctor will be deemed to have failed that element of their foundation training. This means that they will have failed to meet the minimum expected levels of performance required for satisfactory completion of F1 or satisfactory completion of F2. The deanery/foundation school in partnership with the graduating medical school must [inform the GMC](#) about any doctor whose performance of the foundation professional capabilities fails to meet the requirements for satisfactory completion of F1 will not be "signed off". Doctors failing to meet the requirements for satisfactory completion will not be eligible for full registration with the GMC; they will not be able to progress into F2 and will only be able to work in a rotation approved for training at F1 level. Doctors who do not satisfactorily complete F2 will not be issued with a Foundation Programme Certificate of Completion (FPCC) and will not be eligible to progress into core, specialty or GP training.

Inadequate progression is most prominently identified by an unsatisfactory ARCP.

The appeals mechanism is described above after the paragraph on ARCP.

The employer is also responsible for assessing and determining the employability of a foundation doctor. A foundation doctor may not be deemed employable in a foundation placement or rotation where particular concerns or problems have been identified.

In such instances, the employer must inform the deanery/foundation school, and in normal circumstances an agreement would need to be reached over referral of the foundation doctor concerned to the GMC, so that the GMC can determine whether or not the foundation doctor can remain on the professional register. In most circumstances this would require referral to the GMC's Fitness to Practise Procedures Committee.

Syllabus Section 1

SECTION 1: Professional behaviour and trust

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

1. Acts professionally

Professional behaviour

F1 and F2

Acts in accordance with GMC guidance in all interactions with patients, relatives/carers and colleagues

Acts as a role model for medical students, other doctors and healthcare workers

Acts as a responsible employee and complies with local and national requirements e.g.

- Completing mandatory training
- Ensuring immunisation against communicable diseases
- Engaging in appraisal and assessment
- Taking responsibility for ensuring appropriate cover during leave
- Adhering to local sickness and return to work policies

Personal organisation

F1

Attends on time for all duties, including handovers, clinical commitments and teaching sessions

Organises and prioritises workload as a matter of routine

Delegates or seeks assistance when required to ensure that all tasks are completed

F2

Supervises, supports and organises other team members to ensure appropriate prioritisation, timely delivery of care and completion of work

Personal responsibility

F1 and F2

Takes personal responsibility for clinical decisions and is able to justify actions

Takes personal responsibility for revalidation

Accepts responsibility for any personal errors and takes suitable action including: seeking senior advice, apologising, making appropriate records and notifications

Syllabus Section 1

SECTION 1: Professional behaviour and trust

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

2. Delivers patient centred care and maintains trust

Patient centred care

F1

Considers the patient as a whole e.g. respecting their personal circumstances, dignity, autonomy, individual healthcare decisions, and right to privacy.

F2

Works with patients and colleagues to develop individual care plans
Respects patients' right to refuse treatment and/or to decline involvement in research projects

Trust

F1

Acts with empathy, honesty and sensitivity in a non-confrontational manner

Recognises that the decisions of an individual with capacity are paramount

Respects the known wishes of the patient and decisions taken in advance e.g. advance decision to refuse treatment (ADRT) and do not attempt cardiopulmonary resuscitation (DNACPR) and manages the patient accordingly

F2

Discusses management options with patients and responds to their ideas, concerns and expectations

Encourages patients to make informed decisions, recognises patients' expertise and helps them to acquire knowledge of their condition

Consent

F1

Obtains and correctly documents consent for core procedures in accordance with GMC and local guidance

Assesses mental capacity to give consent

Syllabus Section 1

F2

Obtains consent for an increasing range of procedures

Obtains valid consent by giving each patient the information they 'want' or 'need'* in a way they can understand

*Including 'material risks' and reasonable alternative or variant treatments

Recognises when consent or refusal is invalid due to lack of capacity and applies principles of 'best interests' and 'least restriction'

Demonstrates understanding of the principle of involving the child in the decision making process when they are able to understand and consider the options

SECTION 1: Professional behaviour and trust

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

3. Behaves in accordance with ethical and legal requirements

Ethical and legal requirements

F1 and F2

Practises in accordance with guidance from the GMC, relevant legislation and national and local guidelines

Demonstrates understanding of the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care

Confidentiality

F1 and F2

Describes and applies the principles of confidentiality in accordance with GMC guidance

Ensures the patient's rights of confidentiality when clinical details are discussed, recorded in notes or stored electronically

Complies with information governance standards regarding confidential personal information

Follows GMC guidance on the use of social media

Describes when confidential information may be shared with appropriate third parties e.g. police and DVLA

Syllabus Section 1

Statutory documentation

F1 and F2

Completes statutory documentation correctly e.g.

- Death certificates
 - Statement for fitness to work
 - Cremation forms
-

Mental capacity

F1 and F2

Performs mental state examination and assessment of cognition and capacity

Uses and documents the 'best interests checklist' when an individual lacks capacity for a specific decision

Demonstrates awareness of the principles of capacity and incapacity as set out in the Mental Capacity Act 2005 (or Adults with Incapacity (Scotland) Act 2000)

Demonstrates understanding that there are situations when it is appropriate for others to make decisions on behalf of patients (e.g. lasting power of attorney, and guardianship)

Demonstrates understanding that treatment may be provided against a patient's expressed wishes in certain defined circumstances

Protection of vulnerable groups

F1

Recognises the potentially vulnerable patient

F2

Demonstrates understanding of the principles of safeguarding children and vulnerable adults

Manages situations where safeguarding concerns may exist

Syllabus Section 1

SECTION 1: Professional behaviour and trust

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

4. Keeps practice up to date through learning and teaching

Self-directed learning

F1 and F2

Acts to keep abreast of educational / training requirements

Maintains a contemporaneous e-portfolio which meets training programme requirements

Demonstrates change and improvement in practice as a result of reflection on personal experience, multi-source feedback (MSF) and feedback from SLEs.

Identifies and addresses personal learning needs

Teaching and assessment

F1

Delivers teaching sessions and presentations which support learning to medical students and other members of the multidisciplinary team

Describes the role and value of the 'developing the clinical teacher' supervised learning event

F2

Demonstrates improvement in teaching skills as a result of seeking, accepting and reflecting on feedback from learners and supervisors

Assesses medical students and other healthcare professionals and provides constructive feedback

SECTION 1: Professional behaviour and trust

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

5. Demonstrates engagement in career planning

F1 and F2

Discusses how to achieve career ambitions with educational supervisor

Maintains an e-portfolio record of evidence demonstrating realistic career goals based on career guidance, self-awareness, information gathering, selection processes and discussion with colleagues

Maintains an e-portfolio record of activities demonstrating exploration of possible specialty career options e.g. completion of taster period and reflection on the experience

Syllabus Section 2

SECTION 2: Communication, team-working and leadership

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

6. Communicates clearly in a variety of settings

Communication with patients/relatives/carers

F1

Introduces themselves to patient/carer/relative stating name and role
Communicates clearly, politely, considerately, with understanding and empathy
Ensures sufficient time and appropriate environment for communication

F2

Provides the necessary / desired information
Communicates increasingly complex information
Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition
Ensures that patients are able to express concerns and preferences, ask questions and make personal choices
Responds to patients' queries or concerns
Teaches communication skills to students and colleagues

Communication in challenging circumstances

F1

Uses appropriate styles of communication
Seeks/provides additional support in situations where patient's ability to communicate may be impaired
Breaks bad news compassionately and supportively

F2

Manages consultation/communication in time limited environments e.g. outpatients, emergency departments
Manages consultation/communication when English is not a patient's first language, including the appropriate use of an interpreter
Manages three-way consultations e.g. with an interpreter, using sign language, or with a child patient and their family/carers

Syllabus Section 2

Complaints

F1

Acts in an open and transparent way and notifies all appropriate persons including the patient when safety has (or potentially has) been compromised

Apologises for errors and takes steps to minimise impact

F2

Acts to prevent/mitigate and minimise distress in situations which might lead to complaint or dissatisfaction

Deals appropriately with angry/distressed/dissatisfied patients/carers and seeks assistance as appropriate

Patient records

F1 and F2

Maintains accurate, legible and contemporaneous patient records and ensures that entries are signed and dated in compliance with [“Standards for the structure and content of patient records Health and Social Care Information Centre / Academy of Medical Royal Colleges \(AoMRC\) 2013”](#)

Interface with other healthcare professionals

F1

Describes the structure and importance of the wider healthcare team
Works effectively within the healthcare team for the benefit of patient care

Makes clear, concise and timely written and oral referrals to other healthcare professionals within the hospital

Produces a timely, legible discharge summary that identifies principle diagnoses, key treatments/interventions, discharge medication and follow-up arrangements

F2

Demonstrates ability to make referrals across boundaries / through networks of care (primary, secondary, tertiary)

Writes accurate, timely, succinct and structured clinic letters and clinical summaries

Syllabus Section 2

SECTION 2: Communication, team-working and leadership

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

7. Works effectively as a team member

Continuity of care

F1

Gives structured handover to ensure safe continuing care of patients.
Makes adequate arrangements for cover e.g. handing over bleep during educational sessions.

F2

Allocates and prioritises tasks during handover.
Anticipates and identifies problems for the next clinical team/shift and takes pre-emptive action where required

Interaction with colleagues

F1

Acts as a member of the multidisciplinary professional team by supporting, respecting and being receptive to the views of other healthcare professionals
Works effectively with others towards a common goal e.g. accepts instructions and allocation of tasks from seniors at handovers and multidisciplinary team meetings
Contributes to multidisciplinary team (MDT) meetings e.g. by case presentation, making records

F2

Demonstrates initiative e.g. by recognising work pressures on others, providing support and organising / allocating work to optimise effectiveness within the clinical team

Syllabus Section 2

SECTION 2: Communication, team-working and leadership

Foundation Professional Descriptors Capabilities (Foundation Training Outcomes)

8. Demonstrates leadership skills

Leadership

F1

Leads within allocated roles e.g. when asked to organise medical students

Describes the organisational structures and chains of responsibility including principles of line management in medical and non-medical staff

Demonstrates leadership during routine tasks e.g. organising and performing core procedures

F2

Demonstrates extended leadership role within the team by making decisions and taking responsibility for managing increasingly complex situations across a greater range of clinical and non-clinical situations,

Supervises and supports team members, e.g. supervising F1 doctors, delegating tasks appropriately, directing patient review, organising handover

Syllabus Section 3

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

9. Recognises, assesses and initiates management of the acutely ill patient

Recognition of acute illness

F1 and F2

Responds promptly to notification of deterioration or concern regarding a patient's condition e.g. change in National Early Warning Score (NEWS)

Prioritises tasks according to clinical urgency and reviews patients in a timely manner

Recognises, manages and reports transfusion reactions, according to local and national guidelines

Assessment of the acutely unwell patient

F1

Recognises and promptly assesses the acutely ill, collapsed or unconscious patient using an Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach and:

- Correctly interprets clinical and non-invasive monitoring of vital signs*
- Informs senior colleague and requests assistance / review e.g. NEWS \geq 5

*Utilises normal age-related reference ranges for vital signs in infants and children

F2

Performs rapid, focused assessment of illness severity including physiological monitoring and also considering mental health aspects

Performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder, incapacity or incompetence

Immediate management of the acutely unwell patient

F1

Initiates prompt appropriate management to stabilise/prevent further deterioration in patients with common acute presentations (including mental health) and seeks timely senior help with the further management

Delivers immediate therapy (e.g. oxygen, fluid challenge, antibiotics) to an acutely ill patient

Identifies electrolyte imbalance and, with senior advice, delivers a safe and effective method of correction

Records and acts on changes in physiological status, anticipating and planning appropriate action to prevent deterioration in vital signs

Communicates with the patient, relatives and carers and ensures they are supported

Syllabus Section 3

F2

Reassesses acutely ill patients to monitor efficacy of interventions, including those aimed at managing acute mental illness and maintaining patient safety and the safety of others

Recognises when a patient should be moved to a higher level of care and seeks appropriate assistance with review and management

Communicates with relatives/friends/carers in acute situations and offers support

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

10. Recognises, assesses and manages patients with long term conditions

Management of long term conditions in the acutely unwell patient

F1

Recognises acute manifestations/exacerbations/ progression and new complications of long-term conditions and their causes

Recognises how acute illness or injury will interact with pre-existing chronic illness/disability

F2

Performs primary review of new referrals within the hospital or outpatient clinic

Cares for patients with long-term diseases during their in-patient stay, as outpatients and in the community

Reviews long-term drug regime and, with senior advice, considers modifying dosage, timing and treatment.

Assesses and manages the impact of long term mental disorder on the presentation and course of acute physical illness, and vice versa

The frail patient

F1

Recognises frailty

Formulates individual patient management plan based on assessment of frailty as well as clinical need

Syllabus Section 3

F2

Prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics

Performs a comprehensive geriatric assessment (CGA) including consideration of dementia

Describes the impact of activities of daily living on long-term conditions (e.g. impact of a notifiable condition on driving) and provides information / discusses these with the patients and carers

Support for patients with long term conditions

F1

Evaluates patients' capacity to self-care, including mental health aspects

Organises physiotherapy and occupational therapy for inpatients with long-term mobility problems

F2

Encourages and assists patients to make realistic decisions about their care and helps them to construct and review advance/long-term care plans

Arranges appropriate assessment for specialist rehabilitation, care home placement and respite care

Nutrition

F1

Describes the prevalence of nutritional disorders in patients with long-term conditions

Routinely assesses patients' basic nutritional requirements

Performs basic nutritional screen including assessing growth in children

F2

Works with other healthcare professionals to address nutritional needs and communicate these during care planning

Recognises eating disorders, seeks senior input and refers to local specialist service

Formulates a plan for investigation and management of weight loss or weight gain

Syllabus Section 3

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan

History

F1

Obtains and presents accurate patient history, utilising all relevant sources of information including carers/family, doing so in a timely manner

F2

Obtains relevant history, including mental health and collateral history, in time limited and sometimes difficult circumstances

Physical and mental state examination

F1

Performs competent physical and mental state examination in a timely manner

Presents examination, including mental state, findings succinctly and accurately

Uses a chaperone, where appropriate

F2

Performs focused physical/mental state examination in time limited environments e.g. outpatients/ general practice/emergency department

Diagnosis

F1

Formulates appropriate physical/mental health differential diagnoses, based on history, examination and immediate investigations

Requests and interprets necessary investigations to confirm diagnosis

Confirms initial diagnosis with more senior doctor

Takes account of probabilities in ranking differential diagnoses

F2

Performs primary review of new referrals within the hospital or outpatient clinic

Reviews initial diagnoses and plans appropriate strategies for further investigation

Syllabus Section 3

Clinical management

F1

Formulates problem list and confirms management plan with more senior doctor and initiates management plan within limits of competence

Performs an accurate cognitive assessment to screen for dementia and delirium

F2

Refines problem lists and management plans and develops appropriate strategies for further investigation and management

Clinical review

F1

Undertakes regular reviews, amends differential diagnosis and expedites patient investigation and management in the light of developing symptoms and response to therapeutic interventions

F2

Reprioritises problems and refines strategies for investigation and management and leads regular review of treatment response to oversee patients' progress

Discharge planning

F1

Anticipates and ensures patients are prepared for discharge taking medical and social factors into account

Makes early referral within the multidisciplinary team and to community agencies

Communicates with primary care and other agencies

F2

Anticipates clinical evolution and starts planning discharge and on-going care from the time of admission

Liaises and communicates with the patient, family and carers and supporting teams to arrange appropriate follow up

Recognises and records when patients are medically, including mentally, fit for discharge

Discharge summaries

F1 and F2

Prescribes discharge medication in a timely fashion

Produces a clear, timely, legible discharge summary that identifies principle diagnoses, including mental health, key treatments/ interventions, discharge medication and follow-up arrangements

Syllabus Section 3

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

12. Requests relevant investigations and acts upon results

Investigations

F1

Requests/arranges investigations which are necessary to assist diagnosis and monitor treatment and are appropriate for patients' needs in accordance with local and national guidance

Ensures correct identification of patients when collecting and labelling samples

Ensures correct identification of patients when reviewing results and planning consequent management

Minimises risk of exposing a pregnant woman to radiation

F2

Minimises wasteful or inappropriate use of resources by helping and directing colleagues to order appropriate tests and investigations

Explains to patients the risks, possible outcomes and implications of investigation results and obtains informed consent

Interpretation of investigations

F1

Seeks, interprets, records and relays/acts on results of ECG, laboratory tests, basic radiographs and other investigations and explains these effectively to patients

F2

Increases the range and complexity of investigations which they can interpret and helps colleagues to interpret appropriate tests and investigations

Syllabus Section 3

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

13. Prescribes safely

Correct prescription

F1 and F2

Prescribes medicines, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance using correct documentation to ensure that patients receive the correct drug via the correct route at the correct frequency and at the correct time

Demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines including anticoagulation, insulin, chemotherapy and immunotherapy

Performs dosage calculations accurately and verifies that the dose calculated is of the right order

Reviews previous prescriptions and transfers/ transcribes accurately and appropriately

Describes the potential hazards related to different routes of drug administration (e.g. oral, intramuscular, intravenous, intrathecal)

Follows the guidance in Good Medical Practice in relation to self-prescribing and prescribing for friends and family

Within the hospital, prescribes controlled drugs using appropriate legal framework and describes the management and prescribing of controlled drugs in the community

Describes the importance of security issues in respect of prescriptions

Syllabus Section 3

Clinically effective prescription

F1 and F2

Prescribes and administers for common important indications including medicines required urgently in the management of medical emergencies e.g. sepsis, exacerbation of chronic obstructive pulmonary disease, pulmonary oedema, congestive cardiac failure, pain, thromboprophylaxis

Prescribes safely for different patient groups including frail elderly, children, women of child-bearing potential, pregnant women and those with hepato-renal dysfunction

Prescribes and administers oxygen, fluids and antimicrobials as appropriate e.g. in accordance with NICE guidance on antimicrobial and intravenous fluid therapy

Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate

Assesses the need for fluid replacement therapy and chooses and prescribes appropriate intravenous fluids and calculates the correct volume and flow rates

Prescribes and administers blood products safely in accordance with guidelines/protocols on safe cross matching and the use of blood and blood products

Discussion of medication with patients

F1 and F2

Discusses drug treatment and administration with patients/carers, including duration of treatment, unwanted effects and interactions

Obtains an accurate drug history, including allergy, self-medication, use of complementary healthcare products and enquiry about allergic and other adverse reactions

Guidance on prescription

F1 and F2

Prescribes using all available support including local and national formularies, pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that legal responsibility remains with the prescriber

Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance

Syllabus Section 3

Review of prescriptions

F1 and F2

Reviews prescriptions regularly for effectiveness and safety taking account of patient response, adverse reactions and drug level monitoring

Recognises and initiates action for common adverse effects of drugs and communicates these to patients, including potential effects on work and driving

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

14. Performs procedures safely

Core procedures are mandated by the GMC and trainees must be signed off a competent to perform them.

Trainees may have the opportunity to perform many other procedures according to their clinical placements.

Trainees should only perform procedures independently or teach medical students core procedures when they have been sanctioned to do this by their supervisor.

Core procedures

F1

Performs competently the [core procedures](#) either in the workplace or on simulated patients

For each procedure, the foundation doctor should know the indications and contraindications and be able to

- Explain the procedure to patients, including possible complications, and gain valid informed consent
 - Prepare the required equipment, including a sterile field
 - Position the patient
 - Prescribe and/or administer appropriate analgesia in certain patients
 - Adequately prepare the skin using aseptic technique where relevant
 - Administer local anaesthetic correctly for the procedure
 - Recognise, record and be able to undertake emergency management of common complications
 - Safely dispose of equipment, including sharps
 - Document the procedure, including the labelling of samples and giving instructions for appropriate aftercare/monitoring
-

F2

Maintains and improves skills in the core procedures and develops skills in more challenging circumstances e.g. reliably able to perform venous cannulation in the majority of patients including during resuscitation

Syllabus Section 3

Other procedures

F1

Performs under supervision procedures linked to a specialty placement

F2

Teaches other healthcare workers procedures when skilled and sanctioned to do this

Increases the range of procedures they can perform relevant to specific clinical placements

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

15. Is trained and manages cardiac and respiratory arrest

F1

Initiates and responds to a crash call

Functions as a competent member of the team providing immediate life support

Is trained:

- To initiate and perform immediate adult life support comprising cardiopulmonary resuscitation, simple airway management and safe defibrillation
 - To provide basic paediatric life support (for doctors working with infants and children)
 - To use a defibrillator
 - To adapt resuscitation in certain situations e.g. in pregnant patients
-

F2

Demonstrates the initiation and performance of advanced life support including cardiopulmonary resuscitation, manual defibrillation and management of life threatening arrhythmias and is able to lead the resuscitation team where necessary

Demonstrates understanding of the ethics of transplantation and identifies potential donors to senior medical staff

Syllabus Section 3

Do not attempt cardiopulmonary resuscitation orders

F1

Demonstrates understanding of and respect for do not attempt cardiopulmonary resuscitation (DNACPR) decisions

F2

Discusses DNACPR with the multidisciplinary team, the patient, long-term carers (both medical and non-medical) and relatives and then records the outcome of that discussion

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

16. Demonstrates understanding of the principles of health promotion and illness prevention

F1 and F2

Explains to patients the possible effects of lifestyle, including the effects of diet, nutrition, inactivity, smoking, alcohol and substance abuse

Recognises the impact of wider determinants of health and advises on preventative measures with reference to local and national guidelines including:

- Smoking cessation and supportive measures
- Appropriate alcohol intake levels or drinking cessation
- Illicit drug use and referral to support services
- Biohazards
- Risks of UV and ionising radiation especially the harmful effects of sunlight
- Lack of exercise and physical/mental activity
- Weight management
- Employment
- Vaccination programmes
- Cancer screening e.g. breast, cervical, bowel

Recommends well man/women clinics

Syllabus Section 3

SECTION 3: Clinical care

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

17. Manages palliative and end of life care

End of Life Care

F1

Contributes as a member of the multidisciplinary team to delivering high quality end of life care that is in line with the individuals' needs and preferences

Recognises that a patient is likely to die in the next few hours or days and:

- Assesses whether this is reversible and, if so, whether this is in line with the patient's wishes
- Ensures that this is communicated clearly and with empathy to the patient (where appropriate) and those close to the patient
- Recognises the limitation of own competence and experience to make such an assessment and seeks senior advice
- Accesses palliative care services when desired

Recognises that palliative care requires attention to physical, psychological, emotional, social and spiritual aspects of the patient's experience, and those close to them. Helps patient to access this if required

F2

Participates in discussions regarding personalised care planning including symptom management and advance care plans with patients, family and carers

Discusses the patients' needs and preferences regarding care in the last days of life, including preferred place of care and death, treatment escalation plans, do not attempt cardiopulmonary resuscitation (DNACPR) decisions

Syllabus Section 3

Care after death

F1 and F2

Confirms death by conducting appropriate physical examination, documenting findings in the patient record

Behaves professionally and compassionately when confirming and pronouncing death

Follows the law and statutory codes of practice governing completion of Medical Certificate of Cause of Death (MCCD) and cremation certificates.

Completes MCCD when trained to do so and notes details reported on the MCCD in the patient record

Demonstrates understanding of circumstances requiring reporting death to coroner/procurator fiscal.

Reports death to coroner/procurator fiscal after discussion with a senior colleague

Discusses the benefits of post mortem examination and explains the process to relatives/carers

Completes relevant sections of cremation forms when trained to do this

Syllabus Section 4

SECTION 4: Safety & quality

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

18. Recognises and works within limits of personal competence

Personal competence

F1 and F2

Recognises and works within limits of competency

Calls for senior help and advice in a timely manner and communicates concerns/expected response clearly.

Uses clinical guidelines and protocols, care pathways and bundles

Takes part in activities to maintain and develop competence e.g. seeking opportunities to do SLES and attending simulation training

Demonstrates evidence of reflection on practice and how this has led to personal development

SECTION 4: Safety & quality

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

19. Makes patient safety a priority in clinical practice

Patient safety

F1

Delivers healthcare within clinical governance frameworks under senior/consultant direction

Describes how the needs of the patient should not compromise personal safety or the safety of others

Discusses the limitations of clinical pathways and seeks advice regarding deviating from these in certain individual patient circumstances

Undertakes appropriate pre-theatre/procedure checks including World Health Organisations (WHO) safe surgery checklist

Describes the mechanisms to report:

- Never events
- Critical incidents/near misses

Shows evidence of reflection on a patient safety issue with thought about possible causes, including role of human factors and system error

Syllabus Section 4

F2

Describes the mechanisms to report:

- Device related adverse events
- Adverse drug reactions

to appropriate national centre and completes reports as required

Participates in/undertakes a project related to a patient safety issue (e.g. Quality Improvement), with recommendations for improving the reliability of care and, with senior support, takes steps to institute these

Discusses risk reduction strategies and principles of significant event analysis and contributes to the discussion/ analysis of adverse events, including potential to identify and prevent systematic error

Causes of impaired performance, error or suboptimal patient care

F1

Describes:

- The risks to patients if personal performance is compromised
- The effects of stress and fatigue on performance (personal or of others), with actions to minimise its impact, along with sources of help
- How medications, which they may be taking, can reduce personal performance
- Why health problems (personal or of others) must not compromise patient care or expose colleagues or patients to harm
- The need to report personal health problems in a timely manner and awareness of the support services available

Takes responsibility for personal health and performance, e.g. by reporting sickness absence in a timely manner and completing return to work documentation as required.

Notifies appropriate individuals, and arranges cover where applicable, for planned or unexpected absences.

Seeks support appropriately (e.g. GP, occupational health, support services) regarding health or emotional concerns that might impact personal performance

Syllabus Section 4

F2

Describes the role of human factors in medical errors and takes steps to minimise these

Describes ways of identifying poor performance in colleagues and how to support them

Patient identification

F1 and F2

Ensures patient safety by positive identification of the patient:

- At each encounter
- In case notes
- When prescribing/administering drugs
- On collecting specimens and when requesting and reviewing investigations
- Before consent for surgery/procedures

Uses appropriate 2 or 3 point checks (e.g.name, date of birth, hospital number, address) in accordance with local protocols and national guidance

Crosschecks identification immediately before procedures/administration of blood products/IV drugs

Usage of medical devices and information technology (IT)

(N.B. this excludes implantable devices)

F1 and F2

Demonstrates ability to operate common medical devices and interpret non-invasive monitoring correctly and safely after appropriate training

Accesses and uses IT systems including local computing systems appropriately

Demonstrates good information governance in use of electronic records

Syllabus Section 4

Infection control

F1 and F2

Demonstrates consistently high standard of practice in infection control techniques in patient contact and treatment including hand hygiene and use of personal protective equipment (PPE)

Demonstrates safe aseptic technique and correctly disposes of sharps and clinical waste

Demonstrates adherence to local guidelines/protocols for antibiotic prescribing

Requests screening for any disorder which could put other patients or staff at risk by cross contamination, e.g. Clostridium.Difficile

Takes an active role in outbreak management within healthcare settings (e.g. diarrhoea on a ward) and complies with procedures instituted by the infection control team

Informs the competent authority of notifiable diseases

Challenges and corrects poor practice in others who are not observing best practice in infection control

Recognises the need for immunisations and ensures own are up to date in accordance with local/national policy

Takes appropriate microbiological specimens in a timely fashion with safe technique

Recognises the risks to patients from transmission of blood-borne infection

Syllabus Section 4

SECTION 4: Safety & quality

Foundation Professional Capabilities (Foundation Training Outcomes) Descriptors

20. Contributes to quality improvement

Quality Improvement

F1

Shows evidence of involvement in quality improvement initiatives in healthcare

F2

Contributes significantly to at least one quality improvement project including:

- Data collection
- Analysis and/or presentation of findings
- Implementation of recommendations

Makes quality improvement link to learning/professional development in e-port

Healthcare resource management

F1 and F2

Demonstrates understanding of the organisational structure of the NHS and independent sector and their role in the wider health and social care landscape

Describes hospital and departmental management structure

Describes the processes of commissioning and funding, and that all healthcare professionals have a responsibility for stewardship of healthcare resources

Describes accountability of the NHS in its context as a publicly funded body, and the need to ensure the most effective and sustainable use of finite resources

Recognises the resource implications of personal actions and minimises unnecessary/wasteful use of resources e.g. repeat investigations, delayed discharge

Describes cost implications of common treatments in terms of money, equipment and human resources (e.g. generic prescribing, intravenous v oral antibiotics)

Information management

F1 and F2

Seeks, finds, appraises and acts on information related to medical practice including primary research evidence, reviews, guidelines and care bundles

Critically reviews research and, where appropriate, presents finding (e.g. journal club)

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Appendix A

Changes since 2012 and future development

Changes since 2012 (including minor curricular changes for 2014 and 2015) and future development

This planned revision of the foundation programme curriculum has been undertaken as an evolutionary process and has been performed with input and feedback from many stakeholders. During the revision, there has been dialogue between representatives from the Academy of Medical Royal Colleges (AoMRC) Foundation Programme Committee, UK Foundation Programme Office (UKFPO) and General Medical Council (GMC) to ensure that changes are deliverable and that the regulator is aware of the nature of the revisions to ensure that they are in keeping with regulatory requirements.

This revision continues to reflect suggestions made in [*Foundation for Excellence: An Evaluation of the Foundation Programme report \(2010\)*](#) in particular in relation to refinement of the assessment process.

As a prelude to the revision process, feedback on the foundation programme curriculum (FPC) was sought from a wide range of stakeholders (Appendix D) both by direct invitation (key stakeholders and organisations/ individuals who had previously expressed interest in the foundation programme curriculum (FPC)) and by general invitation through the [Academy of Medical Royal Colleges website](#). Extensive feedback was received, this was collated and emerging themes were identified. The curriculum working group reviewed the collated evidence and made revisions to the curriculum accordingly. There was a clear message of support for the changes made in 2012 and a request that changes introduced for 2016 should be evolutionary.

Impact of these changes to the curriculum

Although the 2016 curriculum will be a web-based document, the overall layout of the new curriculum will be instantly recognisable to those familiar with the 2012 curriculum. Existing users should be able to make a straightforward transition to use the 2016 curriculum.

Structural changes in the curriculum

The following noteworthy structural changes have been made:

- Reorganisation of the syllabic component to reflect better the ethos of Good Medical Practice 2013 and Promoting Excellence: Standards for medical education and training 15 July 2015

The 2016 syllabus comprises four sections compared to two sections in 2012.

Section 1: Professional behaviour and trust

Section 2: Communication, team working and leadership

Section 3: Clinical care

Section 4: Safety and quality

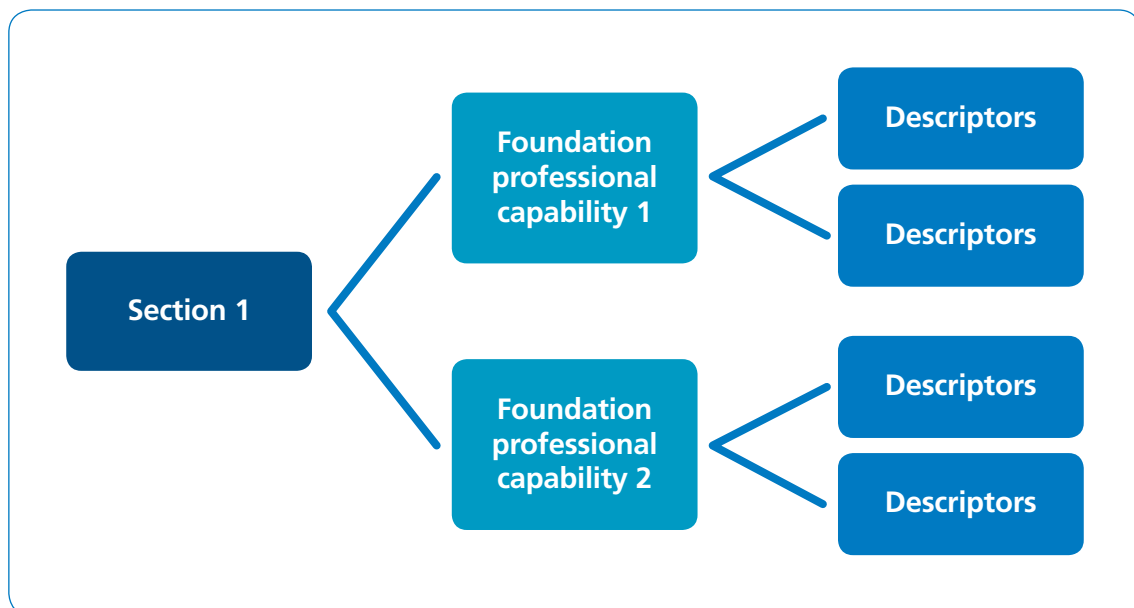
Appendix A

Changes since 2012 and future development

Curriculum outcomes have been reduced to 20, these are termed foundation professional capabilities. New high-level terms have been introduced to indicate the minimum level of performance expected from doctors in F1 and F2. Progression to the next stage of training at the end of F1 and F2 is dependent on the foundation doctor demonstrating that they have met or exceeded the **minimum levels of performance** required for sign off for each of the 20 foundation professional capabilities (foundation programme training outcomes). This continues the evolution to reduce the burden of assessment and to make the assessment process more meaningful which began in 2012.

'Descriptors' are provided these are general expectations and indicative examples of clinical and professional accomplishments related to the associated 'foundation professional capability'. Many of these 'descriptors' will be familiar having been derived from the outcomes used in the 2012 curriculum. The vast majority of outcomes have been retained but all have been reviewed to reflect feedback, ensure that they are contemporary and to reduce duplication.

Competences have been removed from the curriculum.



The syllabus hierarchy can be understood from the following schematic:

- Reorganisation and revision of the introductory sections and appendices. These have been reordered to improve accessibility at the suggestion of the foundation school directors. The explanatory sections relating to how to use the curriculum are clearer and reflect the changes introduced for 2016. All changes to the curriculum are explained in the introductory section and appendices

Appendix A

Changes since 2012 and future development

Assessment

The processes and timings assessment within the foundation programme have not changed and remain:

- The clinical supervisor's end of placement report
- The educational supervisor's end of placement report
- Team assessment of behaviour
- Evidence of proficiency in the GMC mandated procedures (F1 only)
- The educational supervisor's annual report
- The annual review of competence progression

The minimum level of performance expected from a trainee at the end of each year of training is clearly. The end of placement reports will indicate whether the foundation doctor's performance is on course to meet or exceeded the **minimum levels of performance** required for sign off for each of the 20 foundation professional capabilities (foundation programme training outcomes) by the ARCP process at the end of the year of training.

The educational and clinical supervisor's reports will now comment on performance at section level based on evidence of achievement for each of the 20 professional capabilities (foundation programme training outcomes). The report will indicate whether performance is on course to meet or exceeded the **minimum levels of performance** required for sign off for each of the 20 foundation professional capabilities. The clinical supervisor's judgment will continue to be informed by direct observation of the foundation doctor in the workplace, feedback from the placement supervision group, evidence of engagement with the learning processes defined in the curriculum and evidence of achievement of curriculum outcomes from the e-portfolio.

Foundation doctors will continue to demonstrate their achievements using a range of evidence including: reflection on clinical or professional experiences, evidence of formal training (certificates), participation in evidence based medicine (guidelines, posters, presentations) or quality improvement work.

The totality of engagement in populating the various domains in the e-portfolio will continue to be used as a method of assessment of the doctor's success in achieving the outcomes described in the curriculum.

The ratings used in the clinical and educational supervisor's reports have been revised and will be: no concern, minor concern, major concern. Comments in support of the judgement are mandatory. Whenever there is concern, specific comments must be made regarding any of professional capabilities (foundation programme training outcomes) where there are performance issues. Further detail based on the 'descriptors may also be referenced.

The educational and clinical supervisor report forms have been streamlined and the associated guidance documentation has been revised to reflect these changes.

Appendix A

Changes since 2012 and future development

Syllabus

There has been comprehensive review of the syllabus, which has been reorganised as described above.

Five important themes emerged from the stakeholder feedback: mental health, frailty, protection of vulnerable groups, mental capacity act, end of life care. Each of these areas of the syllabus has been comprehensively revised and strengthened.

Curriculum outcomes now relate more closely to those in [GMP and Promoting Excellence: Standards for medical education and training](#).

The 'descriptors' relating to each of the professional capabilities are grouped under headings which reflect the feedback and are grouped more logically. Several new headings have been introduced relating to the key themes. Headings relating to specific syndromes have been removed from the syllabus. This is in keeping with the foundation programme's stated aims to provide generic training to provide safe and effective care for patients with acute and long-term conditions irrespective of the clinical context.

Although there are only 20 foundation professional capabilities (foundation programme training outcomes) to be evidenced in the 2016 curriculum the detail and granularity within the descriptors has been maintained. Thus it will be simpler for trainees to provide evidence of how their performance meets expectations for each of the 20 professional capabilities (foundation programme training outcomes) and simpler for supervisors to review achievement to judge performance. Conversely the retention of detail will ensure that it is possible to document issues in the case of a foundation doctor who is not making expected progress.

Additional comments from 2012

In 2012, the AoMRC undertook to assess the feasibility of including a patient feedback tool in 2016. A study was undertaken by the Picker Institute, which indicated that at present it was not feasible to collect meaningful patient feedback. In consequence, patient feedback is not incorporated in the 2016 curriculum.

The AoMRC has also assessed the impact of the introduction of supervised learning events. The results demonstrated that there was still incomplete understanding of the SLE tools but that where they were understood they were preferred to the workplace based assessments which they replaced. The extensive feedback received, indicated satisfaction with the assessment system.

Future development of the curriculum

There are no major structural changes planned. The curriculum will continue to evolve as a result of feedback. The move to a web based curriculum for 2016 will simplify the introduction of any minor changes required for patient safety purposes as this will not necessitate reprinting the curriculum.

Next scheduled full revision of the curriculum

This is planned by 2021 at the latest but the 2016 curriculum will be reviewed and revised in line with General Medical Council regulatory requirements as necessary.

Appendix B

Ensuring quality in foundation programmes

The General Medical Council (GMC) is the competent authority in the United Kingdom with regard to European Union legislation for undergraduate and postgraduate medical education. Responsibility for the approval of the training provided in the foundation programme rests with the GMC as the regulator.

The foundation programme is regulated by the GMC, through its Postgraduate Board. The regulator has in place a robust quality assurance system, which is set out in the Quality Improvement Framework (QIF). Through the QIF, the GMC:

- Approves:
 - Foundation schools/deaneries responsible for foundation training
 - Local education providers delivering foundation training
 - The foundation curriculum assessment system and foundation programmes
- Maintains an evidence base of information from foundation schools/deaneries about foundation training, gathered through scheduled reports from foundation schools/deaneries every six months
- Carries out visits to quality assure foundation training as part of regional visits to foundation schools/deaneries
- Supports the development and improvement of local foundation programme education and training by ensuring that useful and innovative educational practices are shared (horizontal connections)
- Ensures that foundation training is aligned with undergraduate and postgraduate education (vertical connections).

i) Quality assurance – carried out by the regulatory authorities

Quality assurance encompasses all the policies, standards, systems and processes involved with ensuring maintenance and enhancement of the quality of postgraduate medical education in the UK. The regulator undertakes planned and systematic activities to provide public and patient confidence that postgraduate medical education satisfies given requirements for quality within the principles of good regulation.

ii) Quality management – carried out by the foundation school/postgraduate deanery

Quality management refers to the arrangements by which the foundation school/postgraduate deanery discharges its responsibility for the standards and quality of postgraduate medical education. The foundation schools/deanery must satisfy itself that local education and training providers are meeting the regulator's standards through robust reporting and monitoring mechanisms.

Appendix B

Ensuring quality in foundation programmes

iii) Quality control – carried out at local education provider (LEP) level

Quality control relates to the arrangements (procedures and organisation) within local education providers (health boards, NHS trusts and independent sector organisations) that ensure postgraduate medical foundation doctors receive education and training that meet local, national and professional standards.

These processes are interdependent. The regulator's Quality Assurance is a systematic educational audit of the deanery quality management systems; the latter must include review of local education providers (LEP) quality control measures. The regulator has set national standards for the delivery and outcomes of the foundation programme and deaneries are required to demonstrate through reports and visits that the standards have been met.

There are nine domains of activity described:

- Patient safety
- Quality assurance, review and evaluation
- Equality, diversity and opportunity
- Recruitment, selection and appointment
- Delivery of the curriculum including assessment
- Support and development of foundation doctors, trainers and local faculty
- Management of education and training
- Educational resources and capacity
- Outcomes

In each domain, the regulator has described who is responsible for its achievement, the standard(s) to be reached, and the criteria by which its achievement is judged. The standards set by the regulator are mandatory, but the processes by which deaneries quality manage, and LEP quality control, the programme provision are not specified.

Full information on the quality assurance of the foundation programme can be obtained from the [GMC website](#).

Examples of 'good practice' in the implementation of the curriculum can be found on the [UKFPO website](#).

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

The foundation programme curriculum has been mapped to the four domains of the Good Medical Practice, illustrating where the standards have been fulfilled in the curriculum syllabus.

DOMAIN 1 – Knowledge, skills and performance

Attributes	Generic standards	FP Curriculum Syllabus Reference to Curriculum outcomes 1–20
Develop and maintain your professional performance	<ul style="list-style-type: none"> You must be competent in all aspects of your work, including management, research and teaching 	4
	<ul style="list-style-type: none"> You must keep your knowledge and skills up to date 	4
	<ul style="list-style-type: none"> You must regularly take part in activities that maintain and develop your competence and performance 	4,5
	<ul style="list-style-type: none"> You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career 	4,5
	<ul style="list-style-type: none"> You must be familiar with guidelines and developments that affect your work 	1,2,3
	<ul style="list-style-type: none"> You must keep up to date with, and follow the law, our guidance and other regulations relevant to your work 	3
	<ul style="list-style-type: none"> You must take steps to monitor and improve the quality of your work 	4

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

Apply knowledge and experience to practice	• You must recognise and work within the limits of your competence	18
	• You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:	2, 9, 10, 11, 12, 13, 14 and 15
	a) Adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient	
	b) Promptly provide or arrange suitable advice, investigations or treatment where necessary	
	• Refer a patient to another practitioner when this serves the patient's needs	
	• In providing clinical care you must:	
	a) Prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs	
	b) Provide effective treatments based on the best available evidence	
	c) Take all possible steps to alleviate pain and distress whether or not a cure may be possible	
	d) Consult colleagues where appropriate	
	e) Respect the patient's right to seek a second opinion	
	f) Check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications	
	g) Wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship	
	• You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research	3
	• You must make good use of the resources available to you	20
Record your work clearly, accurately and legibly	• Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards	6
	• You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements	2, 3

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

Clinical records should include:	6
<ul style="list-style-type: none"> a) Relevant clinical findings b) The decisions made and actions agreed, and who is making the decisions and agreeing the actions c) The information given to patients d) Any drugs prescribed or other investigation or treatment e) Who is making the record and when 	

DOMAIN 2 – Safety and quality

Attributes	Generic standards	FP Curriculum Syllabus Reference
Contribute to and comply with systems to protect patients	<ul style="list-style-type: none"> • You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes: <ul style="list-style-type: none"> a) Taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary b) Regularly reflecting on your standards of practice and the care you provide c) Reviewing patient feedback where it is available 	4, 18, 19
	<ul style="list-style-type: none"> • To help keep patients safe you must: <ul style="list-style-type: none"> a) Contribute to confidential inquiries b) Contribute to adverse event recognition c) Report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk d) Report suspected adverse drug reactions e) Respond to requests from organisations monitoring public health. When providing information for these purposes you should still respect patients' confidentiality 	3, 19

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

Respond to risks to safety	<ul style="list-style-type: none"> You must promote and encourage a culture that allows all staff to raise concerns openly and safely You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised <ul style="list-style-type: none"> a) If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away b) If patients are at risk because of inadequate premises, equipment* or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with our guidance and your workplace policy. You should also make a record of the steps you have taken c) If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken 	6, 7, 9, 19
	<ul style="list-style-type: none"> You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care 	18
	<ul style="list-style-type: none"> Whether or not you have vulnerable* adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied 	3, 19
Protect patients and colleagues from any risk posed by your health	<ul style="list-style-type: none"> If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients 	1, 19
	<ul style="list-style-type: none"> You should be immunised against common serious communicable diseases (unless otherwise contraindicated) 	19
	<ul style="list-style-type: none"> You should be registered with a general practitioner outside your family 	19

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

DOMAIN 3 – Communication, partnership and teamwork

Attributes	Generic standards	FP Curriculum Syllabus Reference
Communicate effectively	• You must listen to patients, take account of their views, and respond honestly to their questions	6, 2, 3
	• You must give patients* the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs	6, 2, 3
	• You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support	6, 2, 3
	• When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support	2
Work collaboratively with colleagues to maintain or improve patient care	• You must work collaboratively with colleagues, respecting their skills and contributions	7
	• You must treat colleagues fairly and with respect.	3, 7
	• You must be aware of how your behaviour may influence others within and outside the team	1, 7
	• Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements	19
Teaching, training, supporting and assessing	• You should be prepared to contribute to teaching and training doctors and students	4
	• You must make sure that all staff you manage have appropriate supervision	1
	• You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to your colleagues' competence, performance and conduct	4
	• You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals	4, 6, 7, 8

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

	<ul style="list-style-type: none"> You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times 	19
Continuity and coordination of care	<ul style="list-style-type: none"> You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must: <ol style="list-style-type: none"> Share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers Check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons 	18, 20, 6, 7
	<ul style="list-style-type: none"> When you do not provide your patients' care yourself, for example, when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient. 	18
	<ul style="list-style-type: none"> You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times 	19
Establish and maintain partnerships with patients	<ul style="list-style-type: none"> You must be polite and considerate 	1
	<ul style="list-style-type: none"> You must treat patients as individuals and respect their dignity and privacy 	2
	<ul style="list-style-type: none"> You must treat patients fairly and with respect whatever their life choices and beliefs 	1, 2
	<ul style="list-style-type: none"> You must work in partnership with patients, sharing with them the information they will need to make decisions about their care, including: <ol style="list-style-type: none"> Their condition, its likely progression and the options for treatment, including associated risks and uncertainties The progress of their care, and your role and responsibilities in the team Who is responsible for each aspect of patient care, and how information is shared within teams and among those who will be providing their care Any other information patients need if they are asked to agree to be involved in teaching or research 	2, 6, 9, 10, 11, 19

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

<ul style="list-style-type: none"> You must treat information about patients as confidential. This includes after a patient has died. You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include: <ul style="list-style-type: none"> a) Advising patients on the effects of their life choices and lifestyle on their health and well-being b) Supporting patients to make lifestyle changes where appropriate 	3, 16, 17
<ul style="list-style-type: none"> You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role. 	1, 6, 18

DOMAIN 4 – Maintaining trust

Attributes	Generic standards	FP Curriculum Syllabus Reference
Show respect for patients	<ul style="list-style-type: none"> You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them 	1, 2
	<ul style="list-style-type: none"> You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress 	1, 3
	<ul style="list-style-type: none"> You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should: <ul style="list-style-type: none"> a) Put matters right (if that is possible) b) Offer an apology c) Explain fully and promptly what has happened and the likely short-term and long-term effects 	6

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

Treat patients and colleagues fairly and without	<ul style="list-style-type: none"> You must give priority to patients on the basis of their clinical need if these decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety, dignity or comfort may be seriously compromised, you must follow the GMC guidance 	9
	<ul style="list-style-type: none"> The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions or lifestyle have contributed to their condition 	1, 9
	<ul style="list-style-type: none"> You must not deny treatment to patients because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making other suitable alternative arrangements for providing treatment 	2, 3
	<ul style="list-style-type: none"> You must not unfairly discriminate against patients or colleagues by allowing your personal views to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the GMC guidance if the behaviour amounts to abuse or denial of a patient's or colleague's rights 	1
	<ul style="list-style-type: none"> You must consider and respond to the needs of disabled patients and should make reasonable adjustments to your practice so they can receive care to meet their needs 	3, 10
	<ul style="list-style-type: none"> You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange 	6

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

	<ul style="list-style-type: none"> You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange 	6
	<ul style="list-style-type: none"> You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient 	2, 3
	<ul style="list-style-type: none"> You must make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided in the UK 	3
	<ul style="list-style-type: none"> If someone you have contact with in your professional role asks for your registered name and/or GMC reference number, you must give this information to them 	3
Act with honesty and integrity	Honesty	
	<ul style="list-style-type: none"> You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession 	2
	<ul style="list-style-type: none"> You must always be honest about your experience, qualifications and current role 	18
	<ul style="list-style-type: none"> You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance 	1, 20
	Communicating information	
	<ul style="list-style-type: none"> You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate 	6, 18
	<ul style="list-style-type: none"> When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available 	1, 6
	<ul style="list-style-type: none"> When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge 	1, 6, 18

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

	<ul style="list-style-type: none"> You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading <ul style="list-style-type: none"> a) You must take reasonable steps to check the information is correct b) You must not deliberately leave out relevant information 	1, 6, 18
Openness and legal or disciplinary proceedings	Communicating information	
	<ul style="list-style-type: none"> You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading <ul style="list-style-type: none"> a) You must take reasonable steps to check the information b) You must not deliberately leave out relevant information 	1, 3
	<ul style="list-style-type: none"> You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in <i>Confidentiality</i> (2009) 	3
	<ul style="list-style-type: none"> You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness 	1, 3, 18
	<ul style="list-style-type: none"> You must tell us without delay if, anywhere in the world: <ul style="list-style-type: none"> a) You have accepted a caution from the police or been criticised by an official inquiry b) You have been charged with or found guilty of a criminal offence c) Another professional body has made a finding against your registration as a result of fitness to practise procedures 	1
	<ul style="list-style-type: none"> If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently 	1

Appendix C

Mapping the Foundation Programme Curriculum 2016 to GMC standards

Honesty in financial dealings

- | | |
|--|-----------|
| • You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals | 1 |
| • You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients | 1, 13, 14 |
| • If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making | 2, 18 |
| • You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements | 3 |
-

Appendix D

Curriculum development and list of contributors

This planned revision of the foundation programme curriculum (FPC) has been undertaken as an evolutionary process and has been performed with input and feedback from many stakeholders. During the revision there has been dialogue between representatives from the Academy of Medical Royal Colleges Foundation Programme Committee (AFPC), UK Foundation Programme Office (UKFPO) and General Medical Council (GMC) to ensure that changes are deliverable and that the regulator is aware of the nature of the revisions to ensure that they are in keeping with regulatory requirements.

This revision continues to reflect suggestions made in Foundation for Excellence: An Evaluation of the Foundation Programme report (2010) in particular in relation to the assessment process.

As a prelude to the revision process, feedback on the foundation programme curriculum (FPC) was sought from a wide range of stakeholders both by direct invitation (key stakeholders and organisations/individuals who had previously expressed interest in the FPC) and by general invitation through the Academy of Medical Royal Colleges website. Extensive feedback was received, this was collated and emerging themes were identified. The curriculum working group reviewed the collated evidence and made revisions to the curriculum accordingly. There was a clear message of support for the changes made in 2012 and a request that changes introduced for 2016 should be evolutionary.

Based on the recommendations of the working groups, the AFPC assembled the draft foundation programme curriculum (the curriculum) which was sent for stakeholder review in 2015. After assimilation of these comments the revised draft was agreed by the AFPC and thereafter sent to the regulators for approval.

Undergraduate and postgraduate trainers, as well as organisers of training, were included in these consultations. The opinion of foundation doctors was sought from the Academy Trainee Doctors' Group, the British Medical Association Junior Doctors Executive Committee, the BMA Medical Students Committee and the UKFPO Foundation Doctors' Board.

The Academy of Medical Royal Colleges Foundation Programme Committee will continue to review and evaluate the curriculum. A further rewrite is scheduled to take place in 2021. Evaluation of the curriculum will be included in each Health Education England local office/deanery quality management process and the QAFP mechanism will monitor this.

Appendix D

Curriculum development and list of contributors

Assessment in foundation

Dr Ed Neville (Chair), Dr Alan Connacher, AFPC/RCPE; Dr David Kessel, AoMRC Foundation Programme Committee/Royal College of Radiologists; Ms Susan Redward, General Medical Council; Dr Andrew Whitehouse, Associate Postgraduate Dean and Head of Foundation Programmes, HEWM Foundation School Director; Ms Stacey Forde, UKFPO, Dr Clare Van Hamel, UKFPO; Andrew Todd, Royal College of Physicians and Surgeons of Glasgow; Aileen Sced, Associate Dean HE Wessex; Jon Scott, Foundation School Director; Ms Johanne Penney, AoMRC; Bridget Langham, Foundation School Director ; Charlie Williams, Foundation Doctor; Eleanor Turner-Moss, Foundation Doctor and Nirja Joshi, Foundation Doctor.

Syllabus

Dr David Kessel (Chair), Dr Alan Connacher, AFPC/RCPE; Dr Helen Cugnoni, College of Emergency Medicine; Ms Johanne Penney, AoMRC; Dr John Lowe, Royal College of Psychiatrists/AoMRC Foundation Programme Committee; Ms Susan Redward, General Medical Council; Dr Emma Young, College of Emergency Medicine; Mike Masding, Head of Foundation School; Dr Rosemary Howell, Royal College of Obstetrics and Gynaecology; Dr Clare Van Hamel, UKFPO; Dr Helen Cugnoni, College of Emergency Medicine ; Dr Emma Young, College of Emergency Medicine; Stacey Forde, UKFPO; Simon Maxwell, Medical Schools Council; Jon Scott, Foundation School Director; Anthony Choules, Foundation School Director; Dr Charlie Williams, Foundation Doctor; Dr Eleanor Turner-Moss, Foundation Doctor; Nirja Joshi, Foundation Doctor; John Lowe, RCPsych and Matthew Walters, Scottish Deans Medical Education Group.

