



Curriculum for the foundation years in postgraduate education and training



Overview

- This curriculum sets out the educational content of the two-year Foundation Programme to be pursued by all newly-qualified doctors in the UK from August 2005. It has been devised as a UK-wide strategy supported by the Health Departments in all four home countries within the UK. A complementary document, the Operational Framework for Foundation Training, sets out the organisational arrangements for the Programme.
- The Competences to be acquired in both the first (F1) year and the second (F2) year of the Programme are laid out. In the F2 year, there will be a particular focus on acute care, so that all doctors finishing the Programme will be competent to provide initial care of the acutely ill patient. However, it is important to recognize that the management of chronic diseases makes up an increasingly large part of healthcare and the impact of chronic disease on acute illness presentation will also be stressed.
- The Programme will follow the educational principles of a 'spiral curriculum'. Learning will build on previous experiences, revisited at increasing levels of complexity and in different settings so that learning is broadened as the programme progresses.
- The standards and overall programme for the first year of the Foundation Programme (F1) have been set out by the General Medical Council (GMC) in 'The New Doctor' 2005. After successful completion of the F1 Programme, doctors will be recommended for full registration to the GMC.
- The overall responsibility for approving the Programme in the second year will lie with the Postgraduate Medical Education and Training Board (PMETB).
- At the end of the second year, the doctor should be competent to accept professional accountability for patient safety through clinical governance and be ready to start a programme of further specialist training.
- Trainees will be assessed at intervals throughout the Programme in the workplace. The methods of assessments are to be piloted and validated during 2005 so that they can be introduced for the first Foundation Programmes in August 2005.
- There will be a standard UK professional development portfolio for trainees to record progress through the Programme and to keep records of all assessments.
- Finally, this document sets out, as a syllabus, the core knowledge, skills and attitudes to be acquired by the end of the Programme. The list is not exclusive and there will be many learning opportunities within the Programme for trainees to acquire additional knowledge and skills over and above the core content defined here.

Curriculum for the foundation years in postgraduate education and training

Produced by:

The Foundation Programme Committee of the Academy of Medical Royal Colleges, in co-operation with Modernising Medical Careers in the Departments of Health.

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Foreword

This *Curriculum for the Foundation Years in Postgraduate Education and Training* is a milestone in the modernisation of healthcare in the UK. It heralds the introduction of a new approach to training medical graduates as they enter employment by bridging the transition between medical school and early postgraduate medical education. The *Curriculum* identifies the central importance of competence-based learning, underpinned by structured, observational assessments.

At the heart of the *Curriculum* is patient safety and care within the framework of clinical governance. The emphasis on developing medical practitioners who are patient-focused and accountable to the public for delivering safe medical care is fundamental to creating the medical workforce of the future. As a result, it focuses on both clinical skills – with particular emphasis on chronic disease management and the care of acutely ill patients – as well as the development of more generic skills such as communications and teamworking. In the past, these generic skills would not have been formally defined as part of the training curriculum. A new quality assurance process will reinforce this programme so that we can all be confident in the clinical skills, professional behaviour and future leadership ability of our doctors.

This *Curriculum* reflects a developmental and dynamic approach to postgraduate medical education. In this context, as Foundation training becomes embedded within the systems for delivering patient care, it needs to support both the educational needs of the developing workforce and the needs of the UK health services. Therefore, it will be subject to continuing review as the Foundation Programme develops.

The General Medical Council and the Postgraduate Medical Education and Training Board will need to be confident that it remains 'fit for purpose'; the Academy of Medical Royal Colleges will need to ensure that it remains relevant; the Postgraduate Deans will need to ensure its implementation is effected in a measured and realistic way; and trainees and trainers will need to embrace the ethos and principles established within it.

The *Curriculum* has no meaning or relevance if it is not set in the context of patient care. Its roots are in the service, not in the classroom. Our new doctors must be encouraged to immerse themselves in a clinical environment where this service is delivered.



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How To Use This Curriculum

This document should be read in conjunction with the 'Operational Framework for Foundation Training' which sets out the arrangements for the management of the training Programme. It covers matters such as the application procedure for Foundation training and how training will be supported in the Trusts and explains in full the role of educational supervisors, Programme directors/Foundation tutors and of the Postgraduate Deaneries who are responsible for managing the Programme.

The curriculum defines the knowledge, skills and attitudes that trainees should demonstrate they have attained. It is presented in specific sections as listed below. Parts 1 and 2 describe the development of the Foundation Programme; these sections contain material that may be relevant to members of the public, medical and other professionals not directly involved in the delivery of the curriculum. Parts 3, 4 and 5 go into a level of detail that will be most relevant to trainers and trainees directly involved in Foundation Programmes.

Part 1. Introduction

Background to the development of the Foundation Programme.

Part 2. Core Competences for the Foundation Years

These are the core competences in which all trainees will be formally assessed during the F1 and F2 years. The F1 competences correspond to those expected by the GMC: Appendix 1 shows how this has been achieved.

Part 3. Delivery of Training during the Foundation Years

The educational philosophy of the Programme is described here together with the learning opportunities available to trainees.

Part 4. Feedback and Assessment

This section describes the assessment tools that are being developed and validated for use in the Foundation Programme and sets out how and when they will be used. The tools include the mini Clinical Evaluation Exercise (mini-CEX), Multi-Source Feedback (mini-PAT, TAB), Direct Observation of Procedural Skills (DOPS) and Case-Based Discussion (CBD). Satisfactory results in the assessment during the F1 post will lead to full registration with the GMC. The end-point assessment in F2 will determine whether or not the trainee may proceed to further specialist training in the NHS. The assessment process and tools are not designed to rank the performance of trainees.

Acute care scenarios for assessment in the F2 year

This section lists a range of core acute presentations in which the trainee's performance can be assessed. These acute care scenarios can occur in any area of clinical practice though many of them will appear where acutely ill patients tend to present, i.e. in Accident and Emergency units and acute medical or surgical assessment units. Trainees are expected to take responsibility for ensuring they undergo an assessment in at least one of the acute care scenarios for each heading. The assessment may be in one of several forms e.g. mini-CEX, DOPS, CBD.



Part 5. The Foundation Programme Syllabus

The final section sets out the specific knowledge, skills and attitudes that trainees are expected to acquire by the end of the Foundation Programme. This section is broken down into headings under Generic Skills based on those set out in the GMC document '*Good Medical Practice*'; core skills for dealing with the acutely ill patient are also described.

Generic Skills

This section includes the topics of history taking, communication skills, teamworking, understanding safe and unsafe systems, the principles and practice of clinical governance, the appropriate use of information and evidence to underpin clinical decisions, skills in information technology, understanding of the need for medical evidence in legal proceedings and recognising and supporting the diverse needs of patients (i.e. in relation to their religion, disability, age, sexual orientation and other individual factors).

Acute Care Skills

Skills required for dealing with the acutely ill patient are listed with special reference to patient safety, specifically in areas of therapeutics, infection control and the use of blood products.

The curriculum is intended to guide professional development and, as such, it should be used to help prepare personal learning plans as part of the trainee's educational appraisal process.

The NHS is committed to equality and diversity for both patients and staff and this curriculum has been developed in line with best practice to reflect this. Equally, the various training and representative / professional bodies associated with medical education have responsibilities under both domestic and European equality legislation to act without discrimination in all its practices and arrangements.



Introduction



Introduction

Doctors, in common with all healthcare professionals have as their primary goal the care and well being of patients. This requires them to have a clear understanding of the best care and treatment options available, combined with the skills and professional judgement to implement these. Excellent communication skills, increased awareness of cultural and social backgrounds, the ability to work effectively in multidisciplinary teams, self-awareness and insight, leadership with a clear value-based ethical framework underpinned by a holistic and humane understanding, should all characterise the modern medical practitioner. Doctors in training must develop knowledge of the outcomes of his/her own care, the capacity to reflect on the relationship between personal performance and those outcomes and to learn from efforts to change. The shift in postgraduate medical education away from apprentice-style training to working and learning in teams, with shared responsibilities and accountabilities for patient safety and clinical governance is the hallmark of recent changes in medical education.

Key features of the Programme are set out below:

- Doctors in the Programme will take responsibility for their own learning and take advantage of all the learning opportunities presented within the day-to-day work of each attachment.
- Competence and performance will be objectively assessed throughout the Programme.
- The Programme will instill in doctors the need for continuous professional development and lifelong learning.
- Successful completion of the first year of the Foundation Programme will fulfill the criteria for full registration to the GMC.
- Successful completion of the second year will indicate that the doctor is professionally accountable for patient safety and ready to start a programme of further specialist training.

In August 2002, the Chief Medical Officer, Sir Liam Donaldson published '*Unfinished Business*', which described the two-year Foundation Programme; the first year roughly equating to the current pre-registration house officer year and the second year with the '*aim (to) imbue trainees with basic practical skills and competences in medicine and (to) include:*

- *clinical skills*
- *effective relationships with patients*
- *high standards in clinical governance and safety*
- *the use of evidence and data*
- *communication*
- *teamworking*
- *multi-professional practice*
- *time management*
- *decision-making*
- *effective understanding of the different settings in which medicine is practised.*



In 2003, a UK Strategy Group was set up to oversee **Modernising Medical Careers (MMC)**, a UK-wide initiative designed to explain, facilitate and develop the principles underpinning this major reform of postgraduate medical education and training. In April 2004 the UK Strategy Group published '*Modernising Medical Careers – The Next Steps*'. This publication clarified the Programme structure and content.

The underlying educational principles of Modernising Medical Careers were defined in the policy document and set the context for the Programme in accordance with the following principles:

- outcome-based educational process
- defined competence: clarity about the competences to be achieved during the Programme
- assessment of competence: objective assessment of competence and performance
- lifelong professional development.

These principles have been followed in drafting the curriculum and outcomes have been specified in terms of competences to be achieved.

Whilst encouraging a wide diversity in competences to be acquired during Foundation training, *The Next Steps* emphasised the diagnosis and management of the acutely ill patient as a key aim of the Programme, not simply in acute hospitals, but also in mental health and general practice settings. Clinical governance, patient safety, infection control, excellence in teamworking and the patient's personal experience are the five lynchpins for securing high quality clinical care. Foundation training aims to establish a new generation of doctors who, early in their careers, are imbued with the behaviours, attitudes and values required for excellent professional interactions with patients, their carers and families.

Some groups in society prefer 'supporters' to 'carers' and the modern doctor in certain parts of the UK will be increasingly dealing with 'advocates' rather than 'carers and families'. Thus, throughout the document, the term 'carers and families' should be regarded as including 'supporters' and 'advocates'.

Accreditation of Foundation Training

The General Medical Council (GMC) will remain the accreditation body for the first year of the Foundation Programme (F1), whilst the Postgraduate Medical Education and Training Board (PMETB) will have responsibility for accrediting the second (F2) year. The two bodies will work to ensure close alignment of the requirements for the two-year Programme. In January 2005, the GMC published a transitional edition of '*The New Doctor*' which incorporates the current requirements for the Pre-Registration House Officer year and is designed to set a pathway for developing the learning programme for the F1 year. By 2007, all the required learning objectives set out in this edition of '*The New Doctor*' will be fully incorporated into the Foundation Programme.



Introduction

Development of the Curriculum

A consensus group led by the Academy of Medical Royal Colleges has developed this curriculum. A consultation on a draft document was undertaken in late 2004, and the draft revised in the light of comments received.

In developing the curriculum, the group reviewed the current content of *'The New Doctor'* and then undertook further work to develop the competences, and the knowledge, skills and attitude frameworks for the Programme as a whole.

The Foundation Programme will enable new medical graduates to:

- Consolidate and develop their clinical skills, particularly with respect to acute medicine, enabling them to reliably identify and manage sick patients in whatever setting they present.
- Embed modern professional attitudes and behaviours in every aspect of clinical practice.
- Demonstrate the acquisition of competence in these areas through a reliable and robust system of assessment.
- Explore a range of career opportunities in different settings and areas of medicine.

The Competence Framework

This curriculum document describes the core competences that should be achieved during the Foundation years, and sets out, as a syllabus, the details of knowledge, skills and attitudes that should be achieved by the doctor at the end of the 2-year period. The document is structured such that an indication is given of competences that should be achieved within the first Foundation year as well as the competences that should be achieved by the end of the F2 year. The F1 competences take account of the competences described in *'The New Doctor'* (GMC 2005) and map across to these competences (see appendix 1).

Outcomes

On completing F1, a doctor will be able to recognise and deal successfully with most common or routine clinical and related non-clinical situations (as defined in *'The New Doctor'*). This will satisfy the requirements for full registration.

On completing F2, a doctor will perform consistently well and will have taken increasing responsibility for the care of patients. The doctor will accept professional accountability for patient care, and be ready to start a programme of specialist training.

The key feature of the second Foundation year is to consolidate and build on the competences acquired in the first year, but also to develop skills and expertise in managing acute illness and to focus on wider issues which impact on the quality of patient care and patient safety. At this stage of his/her career, the doctor is being prepared to understand the context in which the patient and clinician meet as well as the service context for the management of chronic disease.



Professional Development

Foundation training is designed to instill attitudes of lifelong learning in Foundation trainees in order to underpin continuing professional and career development. During the Foundation years, career decisions will be made. Linking this life-long learning with a professional attitude towards working practices will allow a medical career that is flexible and adaptable to the needs of patient care and the NHS.

The educational aims of the core curriculum are to develop generic skills, knowledge, competences and attitudes to provide the highest professional performance and conduct. Defining explicit standards will allow transparent and impartial assessment by informed trainers and observers. As assessment strategies and tools continue to evolve, the methods will be refined or replaced as appropriate.

The clinical setting in which assessment is made is vitally important. NHS Trusts and Boards will be responsible for ensuring an appropriate educational environment. Trainees must have opportunities to gain the necessary education and clinical experience which will enable them to achieve and demonstrate the required competences. Those who assess the acquisition of competences in Foundation trainees must be trained to do so and allowed sufficient protected time to undertake such assessments.

The curriculum puts quality of care and patient safety at the centre of clinical practice. The skills, attitudes, behaviours and values that constitute *Good Medical Practice* are most effective when practised within a structure that has patient safety, clinical governance and skilled patient care at its heart (Figure 1).



Figure 1: CLINICAL GOVERNANCE AND THE ACCOUNTABLE PRACTITIONER



Introduction

Careers Management

Effective career planning and career management support are an integral part of MMC. The advice that follows will be supplemented by a MMC national policy statement detailing the organisation of medical career management services at a national and local level, and will outline more clearly what doctors in training may expect from such services

Trainees are expected to be proactive in career planning and are encouraged to consider their possible career pathway when choosing F2 attachments, audit projects and research. Trainees should recognise that they may not be able to enter their first choice career option and should plan for this as necessary.

Careers information may be obtained from the Postgraduate Deaneries and Medical Royal Colleges (whose websites are good sources of information), and from publications which will be available in Postgraduate Medical Libraries (for example, 'BMJ Careers'). Information about higher specialist training in medicine is available from the Joint Committee on Higher Medical Training (www.jchmt.org.uk) and for surgical specialties from the Joint Committee on Higher Surgical Training (www.jchst.org). Contact details for the medical Royal Colleges and specialty training bodies can be found on the website of the Postgraduate Medical Education and Training Board (<http://www.pmetb.org.uk/pmetb/lists>).

Doctors who require generic personal advice should contact their local Director of Postgraduate Education, Foundation Programme Director, or Clinical Tutor. Postgraduate Deaneries will ensure that local advice will be available from individuals who have been provided with specific training for this role. College tutors within the hospital can provide advice on careers within their own specialty. In seeking careers advice the trainee should ensure that his or her portfolio is up to date as it will form the basis of any discussion about future careers.

Doctors who require guidance on training for general practice should contact the local GP Vocational Training Scheme (VTS) Course Organiser, GP Tutor, or Director of Postgraduate General Practice Education, who will be a member of the Postgraduate Dean's department.

The Royal College of General Practitioners, in association with a number of specialist Colleges, has produced a series of publications describing the content of training in the medical disciplines relevant to general practice. These booklets are available from the RCGP. Further information can be found on the RCGP website www.rcgp.org.uk.

Revision of the Curriculum

This document is the first Foundation Programme curriculum. It should be regarded as a living document. It will be formally developed and refined by the Foundation committee of the Academy of Medical Royal Colleges in collaboration with the General Medical Council, the Chief Medical Officers, the Postgraduate Deans and educationalists. A second edition will be produced by August 2007, in the light of early experience of implementing the curriculum, in response to feedback and as opportunities to innovate are taken. The second edition will take full account of the developing requirements of the GMC and PMETB.

Section 1



Core Competences For Foundation Years



Section 1

Core competences for the foundation years

This part of the document outlines the core competences to be achieved during Foundation Programme training. It has been prepared on behalf of the Academy of Medical Royal Colleges. Its structure is based on the principles described by the GMC in *'Good Medical Practice'*.

- **Good clinical care**
Doctors must practise good standards of clinical care, practise within the limits of their ability, and make sure that patients are not put at unnecessary risk.
- **Maintaining *Good Medical Practice***
Doctors must keep up to date with developments in their field and maintain their clinical and non-clinical skills.
- **Partnership with patients**
Doctors must be able to develop, encourage and maintain successful professional relationships with their patients and widely understand the patients' expectations and experience of care; their practice should reflect such understanding.
- **Working with colleagues and in teams**
Doctors must work effectively with colleagues in medicine, other health-care professions and allied health-care workers. They must be able to work as effective team members.
- **Assuring and improving the quality of care**
Doctors must have a comprehensive understanding of good clinical governance within teams and health organizations to achieve a high standard of care. They must be able to play an effective part in ensuring, on a day-to-day basis that care is of good quality, safe and appropriate to the needs of the patients.
- **Teaching and training**
Doctors have teaching responsibilities to colleagues, patients and their relatives. They must develop the skills, attitudes and practices of a competent teacher.
- **Probity**
Doctors must be honest.
- **Health**
Doctors must not allow their own health or condition to put patients, colleagues or the public at risk. Doctors must maintain their health.

Section 1

Core competences for the foundation years



The competences described here for the F1 Programme should be acquired by all trainees by the end of their first year. They build on those set out in the GMC document '*The New Doctor – Transitional Edition 2005*'. Reference should be made to that document by those involved in managing the F1 Programme as it sets out the GMC's formal requirements for competences to be included in the training programmes by August 2007.

The F2 competences should be achieved by the end of the second Foundation year. They include specific competences in respect of managing acute illness. This is regarded as a key feature of the F2 curriculum; special attention should be paid by trainers and trainees to ensure that all trainees can develop the higher level competences in this domain, significantly greater than those which should be acquired during the F1 year.

This curriculum includes competences which go beyond traditional clinical skills, including the ability to practise safely, to adopt the principles of clinical governance, to be an effective team member or leader and to give priority to the patient's personal experience.

The layout of the next section includes numbered headings which describe an overall assessable core competence. The bullet points in each section give more detail and examples. During appraisals or assessments, trainees will be expected to discuss or demonstrate ability in each of the headline competences listed in bold in the next section. There is no expectation that a formal assessment of every detailed competence will be undertaken, rather the assessment will involve sampling from among the detailed competences. All trainees in the Foundation Programme will be expected to achieve satisfactory performance during their assessments in each of the domains listed in this document by the end of the F2 year. This will allow the educational supervisor to make a **global assessment** of the trainee's performance which will be submitted to the Postgraduate Dean to record satisfactory completion of the Foundation Programme.

Learning Portfolios

A standardized UK professional development portfolio will be provided for all Foundation trainees. The portfolio will be used to record clinical service activity, and to serve as a vehicle for personal reflection. It will also include a list of the competences so that trainees and educational supervisors can use the list as an aide-memoire and to guide discussion at appraisal interviews. The portfolio will also be used to record the results of ongoing assessments (see Part 4).

Section 1

Core competences for the foundation years

1.0 Good Clinical Care

1.1 History taking, Examination and record keeping skills

(i) History Taking

Routinely undertakes structured interviews ensuring that the patient's* concerns, expectations and understanding are identified and addressed

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| <ul style="list-style-type: none">• demonstrates clear history taking and communication with patients*• appreciates the importance of clinical, psychological, social and cultural factors particularly those relating to ethnicity, race, religion, sexual orientation, gender and disability• incorporates the patient's* concerns, expectations and understanding• takes history from patients with learning disabilities and those in whom English is not their main language | F1 level |
| <ul style="list-style-type: none">• demonstrates accomplished, concise and focused (targeted) history taking and communication, including in difficult circumstances• incorporates clinical, social, cultural, nutritional and psychological factors• gives clear information to patients*, encouraging questions• checks on patients'* understanding, concerns and expectations. | F2 level |

(ii) Conducts examinations of patients in a structured, purposeful manner and takes full account of the patient's dignity and autonomy

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|---|----------|
| <ul style="list-style-type: none">• explains the examination procedure, gains appropriate consent for the examination and minimises patient discomfort• can elicit individual clinical signs and adopts a co-ordinated approach to target detailed examination as suggested from the patient's symptoms, with attention to patient dignity• can perform a mental state assessment | F1 level |
| <ul style="list-style-type: none">• delivers a targeted examination and elicits signs appropriately• demonstrates examination techniques to others. | F2 level |

* (carers, families, supporters or advocates, and where appropriate, trained interpreters)

Section 1

Core competences for the foundation years



(iii) Understands and applies the principles of diagnosis and clinical reasoning that underlie clinical judgement and decision making

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|--|----------|
| <ul style="list-style-type: none"> establishes a differential diagnosis in the order of likelihood on the basis of information available establishes a principal or working diagnosis on the basis of history and initial examination identifies diagnoses which, whilst less likely, are too important to be missed constructs a management plan including investigations, treatments and requests/instructions to other health care professionals pursues further history, examination and investigation appropriately in the light of the differential diagnosis | F1 level |
| <ul style="list-style-type: none"> is familiar with the different epidemiology of patient presentations in primary and secondary care, and takes account of probabilities in ranking differential diagnoses on the basis of the differential diagnosis and clinical setting, makes a judgement about prioritisation of actions. | F2 level |

(iv) Understands and applies principles of therapeutics and safe prescribing

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|--|----------|
| <ul style="list-style-type: none"> takes an accurate drug history including self-medication and enquiry about allergic reactions prescribes drugs (including oxygen, fluids and blood products) appropriately, clearly and unambiguously with date and signature clearly visible seeks evidence about appropriateness and effectiveness of therapies in making prescribing decisions, including evidence which may be available in NICE and SIGN guidelines demonstrates awareness of possibility of drug interactions uses the BNF, pharmacy and computer-based prescribing decision support to access information about drug treatments including drug interactions works closely with pharmacists to ensure accurate, error-free prescribing able to monitor therapeutic effects and appropriately adjust treatments and dosages discusses drug treatment including unwanted effects with patients and, when appropriate, carers* demonstrates awareness of, and follows guidelines on safe use of blood and blood products understands and applies the principles of therapeutics in palliative care | F1 level |
| <ul style="list-style-type: none"> recognises the sources of medication error and ways to minimise it facilitates F1 trainees in taking a drug history, in obtaining prescribing information and in appropriate, clear and unambiguous prescribing practice understands the principles of safe prescribing for children and older people, homeless people and those with limited or no understanding of English, and in the context of pregnancy and hepatic or renal dysfunction routinely notifies drug monitoring agencies of possible significant adverse drug reactions. | F2 level |

*carers, relatives, supporters or advocates

Section 1

Core competences for the foundation years

(v) Understands and applies the principles of medical data and information management: keeps contemporary accurate, legible, signed and attributable notes

| | |
|--|----------|
| <ul style="list-style-type: none">• routinely records accurate, logical, comprehensive and pertinent accounts of history, examination, investigations and clinical decisions that are timed, dated and clearly attributable with the clear understanding that they may be read by the patient*• routinely records patients' progress including diagnoses, decision paths and management plans with details of input from other health care professionals• routinely records information given to patients, details of discussion with patients, and patients' views on investigative and therapeutic options• maintains knowledge of own patient care outcomes for the patients he/she has cared for• records discussions with carers*• effectively uses both written and computer-based information systems• adapts style of record-keeping to multidisciplinary case record where appropriate• updates clinical records appropriately | F1 level |
| <ul style="list-style-type: none">• structures letters clearly to communicate findings and outcome of episodes so that they can be read and understood by patients*• ensures that letters and discharge summaries are written and sent out in a timely efficient manner• understands the medico-legal importance of good record-keeping and conveys this to other trainees• demonstrates record keeping and intra/internet access skills to F1 trainees or students• understands the importance of security issues in respect of prescription forms. | F2 level |

* carers, relatives, supporters and advocates

1.2 Demonstrates appropriate time management and decision making

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| <ul style="list-style-type: none">• prioritises and re-prioritises workload appropriately• displays satisfactory decision making• demonstrates understanding of ensuring continuity of patient care | F1 level |
| <ul style="list-style-type: none">• delegates or calls for help in a timely fashion when he/she is falling behind• demonstrates appropriate decision making even when under pressure• is aware of work pressures of others and takes appropriate action. | F2 level |

Section 1

Core competences for the foundation years



1.3 Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety

(i) Always maintains the patient as the central focus of care

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|---|----------|
| <ul style="list-style-type: none">• recognises and internalises the philosophy that doctors do things with patients and not for them• allows patients time to talk, express concerns, ask questions and listens actively• seeks advice promptly when unable to answer a patient's query or concerns• directs patients and carers to other sources of information and advice (e.g. appropriate web sites, patient literature at appropriate reading levels, using inclusive language and images)• demonstrates an understanding of the social and cultural environment of patients and responds appropriately to cultural and communication needs and preferences (e.g. suggests translated information or materials in alternative formats, i.e. non-written forms, for people with sensory, developmental and/or cognitive impairments)• respects and upholds patients' rights to refuse treatment or take part in research• treats patients as people, not as a collection of pathologies or conditions• explores the social/family context of the patient's health needs and preferences, with respect and without judgement• takes particular care in dealing with vulnerable patients such as children, young people, the elderly, patients with learning disability or mental ill-health (ensures that they understand all clinical and administrative information) | F1 level |
| <ul style="list-style-type: none">• encourages and facilitates self-management by patients• helps patients to express preferences and make personal choices about treatment and care. | F2 level |



Section 1

Core competences for the foundation years

(ii) Makes patient safety a priority in own clinical practice

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| <ul style="list-style-type: none"> • can recognise clinical situations which are unsafe or could lead to harm, and takes appropriate action • is aware of areas of potential risk in his/her day-to-day practice and takes steps to minimise risk • delivers protocol-driven pre- and post-operative surgical care • demonstrates understanding of the range of adverse events in healthcare, their basis, and how they can be reduced • is sensitive to situations where patients are unhappy with aspects of care and seeks to remedy concerns with help from senior colleagues • understands common complications and side effects of treatments/procedures and describes these appropriately to patients | F1 level |
| <ul style="list-style-type: none"> • weighs risks and benefits for the patient before undertaking any investigation or procedure • identifies patients who are not responding as expected and takes appropriate and timely action • recognises personal limitations and seeks help at an early stage • does not operate beyond own competency • encourages F1 trainees in the appropriate response to patients with abnormal signs. | F2 level |

(iii) Understands the importance of good teamworking for patient safety

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| <ul style="list-style-type: none"> • enters discussions with colleagues and patients (carers) about treatment options including relative risks and benefits • demonstrates good handover practice and ensures continuity of care when going off duty • meticulously cross-checks instructions and actions with colleagues (e.g. medicines to be injected) • seeks and welcomes feedback from patients and colleagues on the quality of care and safety of care being delivered • communicates effectively with all team members to ensure shared understanding of patients' problems and to foster continuity of care | F1 level |
| <ul style="list-style-type: none"> • comments on implications for patient safety in clinical meetings • always speaks up if concerned about patient safety • is not deterred by deference to a colleague's seniority or standing from drawing attention to a risk, or potential risk to patients where appropriate • works effectively with other professional colleagues and management to create a culture where quality and safety improvement are part of routine practice. | F2 level |

Section 1

Core competences for the foundation years



(iv) Understands the principles of quality and safety improvement

| | |
|---|----------|
| <ul style="list-style-type: none"> • has knowledge of local clinical incident reporting systems • reports adverse events and near misses to local and, where appropriate, to national reporting systems • participates in clinical governance and audit meetings (see 2 iii) • understands care pathways and the process of care from the patient's perspective • understands the audit cycle and the need for measurement as part of quality improvement | F1 level |
| <ul style="list-style-type: none"> • understands the importance of organisational and system factors in promoting patient safety (and can draw parallels with other industries) • can analyse a patient safety incident and give examples of how future events could be avoided • identifies opportunities for quality improvement • if he/she has concerns about the standard of care or conduct of another practitioner, does not hesitate to raise them with a senior colleague. | F2 level |

(v) Understands the needs of patients who have been subject to medical harm or errors, and their families

| | |
|--|----------|
| <ul style="list-style-type: none"> • demonstrates evidence of knowledge of: <ul style="list-style-type: none"> – common reactions of patients/carers and staff to error and harm – principles of error disclosure – the need for explanation and apology | F1 level |
| <ul style="list-style-type: none"> • demonstrates evidence of knowledge of: <ul style="list-style-type: none"> – the principles and skills of effective apology – the long-term effects of medical error – local and other stages of complaints procedures – the role of the health service ombudsman. | F2 level |

Section 1

Core competences for the foundation years

1.4 Knows and applies the principles of infection control

| | |
|---|----------|
| <ul style="list-style-type: none">• understands and follows the principles of infection control• can describe the principles and sources of cross infection• scrupulously minimises the risk of transferring infection through personal behaviour (e.g. handwashing and/or use of alcohol rubs)• considers the risks of infection before undertaking any procedure• meticulous in following aseptic technique (e.g. in inserting catheters or lines or in assessing wound healing)• appropriately uses personal protective equipment (gloves, masks, eye protection etc.)• meticulous in following guidelines about disposal of 'sharps' and any material that is an infection hazard• understands the role of the Infection Control Team and how to interact with it• takes appropriate microbiological specimens in a timely fashion• knows and follows local guidelines/protocols for antibiotic prescribing• avoids posing risk to patients by personal health problems• ensures personal immunisations are up to date | F1 level |
| <ul style="list-style-type: none">• knows and follows local infection control strategies and participates when appropriate in local surveillance systems• challenges others who are not observing best practice in infection control• encourages other staff/students to make infection control a routine part of everyday work• explains to patients how to minimise infection risks. | F2 level |

1.5 Understands and can apply the principles of health promotion and public health

| | |
|--|----------|
| <ul style="list-style-type: none">• considers patients' health beliefs, attitudes and lifestyle• recognises and uses opportunities to prevent disease and promote health• recognises importance of occupations and social and economic factors in disease and possibilities for rehabilitation• explains to patients, as appropriate, the possible effects of lifestyle, including the effects of diet, nutrition, smoking, alcohol and drugs• understands the term 'notifiable disease' | F1 level |
| <ul style="list-style-type: none">• understands the concept of outbreak management within healthcare setting• understands how to help people to modify and reduce risks to health• understands the role of public health within the community• informs the competent authority of notifiable diseases. | F2 level |

Section 1

Core competences for the foundation years



1.6 Understands and applies the principles of medical ethics, and of relevant legal issues

(i) Understands and applies the principles of medical ethics

| | |
|--|----------|
| <ul style="list-style-type: none"> demonstrates basic knowledge of the main principles of medical ethics, including the principles of autonomy (or personal independence), justice, doing good, doing no harm and confidentiality uses and shares clinical information appropriately or seeks advice when uncertain | F1 level |
| <ul style="list-style-type: none"> appropriately modifies patients' management plans in accordance with the principles of patients' best interests, autonomy and rights creates an environment in which patients from diverse social and cultural backgrounds feel comfortable discussing their health beliefs and practices in the context of negotiating treatment options encourages students and F1 trainees in confidentiality issues. | F2 level |

(ii) Demonstrates understanding of, and practises appropriate procedures for valid consent

| | |
|--|----------|
| <ul style="list-style-type: none"> understands and can describe the principles of valid consent in the context of ethical and UK legal principles can describe the difference between consent, assent and capacity | F1 level |
| <ul style="list-style-type: none"> gives the patient* appropriate information in a manner he/she can understand to obtain valid consent refers consent requests to appropriate senior colleagues when appropriate checks that the patient* has understood the relevant information understands and can describe the uses and limitations of the mental health act in consent issues understands the issues of informed consent in primary care. | F2 level |

Section 1

Core competences for the foundation years

(iii) Understands the legal framework for medical practice

| | |
|--|----------|
| <ul style="list-style-type: none"> • knows about the legal framework that relates to medical practice and can apply this to day-to-day management of patients • is aware of the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care • understands the principles of confidentiality and follows appropriate guidance (e.g. from the GMC) • understands the role of medical evidence in the Coroner's court and other legal proceedings • understands and applies the principles of child protection procedures • is aware of the principles of the Data Protection Act 1998 • can issue sick notes and death certificates • understands the doctor's role in cremation procedures | F1 level |
| <ul style="list-style-type: none"> • understands the legal framework that relates to medical practice and utilises this knowledge to modify treatment plans, in collaboration with other professionals and patients • can discuss the implications of a living will or advance directive. | F2 level |

*carers, relatives supporters or advocates

2.0 Maintaining Good Medical Practice

(i) Learning: Regularly takes up learning opportunities and is a reflective self-directed learner

| | |
|---|----------|
| <ul style="list-style-type: none"> • routinely adopts a positive approach to learning • recognises errors and mistakes and makes a serious attempt to learn from them • maintains a professional development portfolio; records learning needs and reflections in the portfolio • can identify personal preferred learning style | F1 level |
| <ul style="list-style-type: none"> • utilises learning opportunities to maximum advantage • demonstrates educational planning to address relevant needs that arise during the course of clinical practice • demonstrates and applies self-directed learning skills • can appraise recent research and apply established findings from research • demonstrates extensive evidence of experiential learning. | F2 level |

Section 1

Core competences for the foundation years



(ii) Evidence base for medical practice: knows and follows organisational rules and guidelines and appraises evidence base of clinical practice

| | |
|--|----------|
| <ul style="list-style-type: none">• knows about local organisational practices and works within local guidelines and protocols• demonstrates critical ability in evaluating the evidence base for aspects of clinical practice• seeks out opportunities to discuss the evidence base of clinical care with colleagues• seeks guidance from colleagues when needing to practise outside local guidelines | F1 level |
| <ul style="list-style-type: none">• supports patients (carers) in making sense of the evidence base in terms of their personal circumstances• implements the available evidence base in most areas of clinical care with appropriate usage of NICE and SIGN guidelines• seeks out opportunities to discuss the evidence base of clinical decision-making with colleagues. | F2 level |

(iii) Describes how audit can improve personal performance

| | |
|---|----------|
| <ul style="list-style-type: none">• understands the audit cycle and recognises how it relates to the improvement of clinical standards | F1 level |
| <ul style="list-style-type: none">• has been actively involved in undertaking a clinical audit, and recognises how it relates to the improvement of clinical standards and addresses the clinical governance agenda• makes links explicitly to learning / professional development portfolios. | F2 level |



Section 1

Core competences for the foundation years

3.0 Relationships with Patients and Communication

(i) Demonstrates appropriate communications skills (see also 1.3i)

| | |
|--|-----------------|
| <ul style="list-style-type: none"> • is always courteous, polite and considerate to staff, patients, relatives and carers • demonstrates appropriate bedside manner • respects patients' (carers') views and sensitivities, shows appropriate level of emotional involvement in the patients (carers) and family • explains options clearly and openly • knows how to communicate with vulnerable patients and the dying, their carers and relatives when giving complicated or bad news • adopts behaviours likely to prevent a complaint occurring • records clearly what has been said to the patient* • seeks appropriate assistance when dealing with patients with special communication needs whether related to disability or language | F1 level |
| <ul style="list-style-type: none"> • frames all communication with patients* in the context of taking decisions and acting with the patient and not for them • demonstrates an ability to anticipate patients'* needs, explains clearly and checks understanding • chooses a suitable setting with necessary support to break bad news when it is appropriate to do so • provides or recommends relevant written/online information for patients* • deals appropriately with angry or dissatisfied patients/relatives. | F2 level |

*carers, relatives supporters or advocates



4.0 Working with Colleagues

(i) Demonstrates effective team work skills

| | |
|--|----------|
| <ul style="list-style-type: none"> • displays effective teamworking skills with understanding of personal role and ability to support a team leader • listens to other health care professionals and heeds their views • has a good understanding of the role of other team members in the clinical team and understands their competences and care philosophies • treats all members of the health care team with respect (including colleagues in medicine and other health-care professions, allied health and social care workers and non-health care professionals) whatever their professional qualifications, lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status | F1 level |
| <ul style="list-style-type: none"> • understands the setting of clinical work and the interactions that occur within it and shapes practice effectively in light of such understanding and insights • puts goals of the clinical team before personal agenda • can demonstrate leadership skills where appropriate but at the same time works effectively with others towards a common goal • encourages an atmosphere of open communication and appropriate directed communication within teams • can discuss the role of the voluntary sector in supporting patients, carers and families. | F2 level |

(ii) Effectively manages patients at the interface of different specialties including that of Primary Care, Imaging and Laboratory Specialties.

| | |
|---|----------|
| <ul style="list-style-type: none"> • demonstrates an understanding of the challenges of providing optimum care within the environment of primary care • arranges the referral/dissemination of discharge information on patients to appropriate primary care staff • arranges appropriate urgent instructions and chases results when necessary | F1 level |
| <ul style="list-style-type: none"> • consistently seeks to establish effective communication with colleagues in other disciplines • understands the process of referral from primary to secondary care • ensures the primary health care team is aware of the discharge of patients, especially those who may experience difficulty on their return to the community • understands the principles of providing optimum care within a community setting. | F2 level |

Section 1

Core competences for the foundation years

5.0 Teaching and Training

(i) Understands principles of educational method and undertakes teaching of medical trainees, and other health and social care workers

| | |
|--|----------|
| <ul style="list-style-type: none">• demonstrates an understanding of how adults learn• supports and facilitates the learning of other students and trainees• is willing and able to undertake teaching of students and other healthcare trainees in a one-to-one setting | F1 level |
| <ul style="list-style-type: none">• demonstrates appropriate preparation for teaching• is willing and able to undertake a presentation to a small group, using a variety of teaching materials• demonstrates a learner-centred approach. | F2 level |

6.0 Professional Behaviour and Probity

(i) Consistently behaves with a high degree of professionalism

| | |
|---|----------|
| <ul style="list-style-type: none">• recognises that the hallmark of the professional is the ability and habit of reflection on learning from practice (and changes in practice)• is sensitive to the feelings and needs of patients and relatives• places the needs of patients above his/her own convenience• recognises challenging or difficult situations and calls for help without causing upset or offence• only shares clinical information, whether spoken or written, with appropriate individuals or groups• knows and respects the rights of children, people in same-sex relationships, the elderly, people with physical, mental, learning or communication disabilities | F1 level |
| <ul style="list-style-type: none">• demonstrates an appropriate attitude with consistently high standards of preferred behaviour• fosters trust amongst others and promotes sensitivity to others' feelings and needs• coaches F1 trainees in these attitudes• demonstrates an awareness of the threat to autonomy of the patient from illness settings• understands the need for patient ownership of a successful treatment plan. | F2 level |

Section 1

Core competences for the foundation years



(ii) Maintains own health and demonstrates appropriate self-care

- takes responsibility for ensuring that personal health does not compromise that of colleagues or patients
- ensures own immunisations are up to date
- understands the importance of recognising that own performance may be affected by excessive stress or by early symptoms of illness and will seek appropriate help under such circumstances to protect patients.

F1 level & F2 level

7.0 Acute Care

(i) Promptly assesses the acutely ill or collapsed patient

- assesses conscious level, responsiveness
- ensures airway is supported and cleared
- observes respiratory pattern and rate, identifies inadequate ventilation
- assesses pulse rate, rhythm, volume
- measures blood pressure using automated methods or sphygmomanometer
- completes initial assessment within 2-3 minutes

F1 level

- makes a clinical assessment of adequacy of cardiac output and oxygen delivery
- capable of leading multi-disciplinary team
- helps others stay calm
- considers and ensures relatives [if present] are being supported.

F2 level

(ii) Identifies and responds to acutely abnormal physiology

- identifies and attempts to correct circulatory failure appropriately
- identifies oliguria, checks for common causes, intervenes appropriately
- administers oxygen safely, monitors efficacy
- attempts to ensure a clear airway
- calls for help early

F1 level

- interprets abnormal vital signs correctly in context
- anticipates and prevents deterioration in vital signs
- recognises patients at risk including those with chronic and co-morbid disease
- investigates causes of abnormal vital signs.

F2 level

Section 1

Core competences for the foundation years

(iii) Where appropriate, delivers a fluid challenge safely to an acutely ill patient

| | |
|---|----------|
| <ul style="list-style-type: none">• selects an appropriate fluid for intravenous resuscitation• sets up fluid administration giving-set correctly• administers fluid bolus(es), observes response, ensures continued administration with monitoring of effect to desired endpoints• identifies hypokalaemia and chooses a safe and effective method of potassium supplementation with monitoring of response | F1 level |
| <ul style="list-style-type: none">• reviews impact of fluid administration on organ system function• considers additional electrolyte replacement requirements• considers the restraints of volume in young people, based on weight. | F2 level |

(iv) Reassesses ill patients appropriately after initiation of treatment

| | |
|---|----------|
| <ul style="list-style-type: none">• implements a system of regular checking of unstable patients• calls for help if patient does not respond to initial measures• makes patient safety a priority | F1 level |
| <ul style="list-style-type: none">• provides clear guidance to colleagues about monitoring• supports nursing staff in designing and implementing monitoring or calling criteria• ensures communications to relatives, if not present, are carried out by someone competent to advise on progress. | F2 level |

(v) Requests senior or more experienced help when appropriate

| | |
|---|----------|
| <ul style="list-style-type: none">• analyses clinical problems, considers possible causes and solutions• calls for help or advice appropriately• demonstrates understanding of the team approach to care of the acutely ill | F1 level |
| <ul style="list-style-type: none">• prioritises problems• puts the patient first• demonstrates to seniors appropriate judgement in handling acute medical situations. | F2 level |

Section 1

Core competences for the foundation years



(vi) Undertakes a secondary survey to establish differential diagnosis

| | |
|--|----------|
| <ul style="list-style-type: none"> • demonstrates recognitions of the importance of iterative review • demonstrates competent history taking and clinical examination in acute clinical situations • arranges appropriate basic laboratory tests, interprets results • recognises that the acute illness may be an acute exacerbation of a chronic disease • identifies co-morbid diseases | F1 level |
| <ul style="list-style-type: none"> • undertakes focused further history taking in difficult circumstances and/or when patient unable to co-operate • rapidly identifies clinical signs, links them to the history to form a differential diagnosis • plans appropriate investigations to confirm or refute a diagnosis and considers alternative diagnostic scenarios as they emerge • recognises the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness. | F2 level |

(vii) Obtains an arterial blood gas sample safely, interprets results correctly

| | |
|---|----------|
| <ul style="list-style-type: none"> • takes an arterial sample in an adult safely using a heparinised syringe • describes common causes of abnormal values • interprets results in context • documents results clearly in the case record • takes appropriate initial action to correct abnormalities in acid-base balance and blood gas results • communicates significant acid base disturbances to others in the team | F1 level |
| <ul style="list-style-type: none"> • directs corrective measures appropriately. | F2 level |

Section 1

Core competences for the foundation years

(viii) Manages patients with impaired consciousness including convulsions

| | |
|---|----------|
| <ul style="list-style-type: none">• appreciates urgency of the situation• administers oxygen, protects airway in unconscious patient• places unconscious patient in recovery position• calls for help if fitting does not respond to immediate measures• follows local protocols reliably• seeks and corrects abnormalities of physiological signs, particularly hypoxaemia, hypotension, hypoglycaemia and electrolyte disturbances | F1 level |
| <ul style="list-style-type: none">• questions and discusses scientific content of protocols in use• warns patients about the legal implications regarding fitness to drive. | F2 level |

(ix) Safely and effectively uses common analgesic drugs

| | |
|---|----------|
| <ul style="list-style-type: none">• evaluates the patient in pain• makes patient comfort a priority• prescribes opioid and non-opioid analgesic drugs safely• re-evaluates the efficacy of analgesia in a timely manner• monitors patients for common side effects of analgesic drugs• safely uses anti-emetic drugs to treat or prevent nausea and vomiting• aware of the risk of addiction to pain-relieving medication | F1 level |
| <ul style="list-style-type: none">• considers the effect of hepatic and renal dysfunction on analgesic pharmacology• assesses the effect of prescribed analgesia in a timely manner• considers that analgesia may temporarily mask the severity of illness. | F2 level |

(x) Understands and applies the principles of managing a patient following self-harm

| | |
|---|----------|
| <ul style="list-style-type: none">• undertakes a focused history, including psychosocial causes requiring social services or police intervention• knows how to access Toxbase and does so when necessary• recognises the need for involvement of mental health or more experienced personnel• demonstrates tolerance and understanding• performs a mental state assessment• demonstrates an awareness of child protection concerns where appropriate | F1 level |
| <ul style="list-style-type: none">• protects and supports colleagues where appropriate• anticipates necessary steps to minimise risks to patient• initiates referral to mental health services where appropriate. | F2 level |

Section 1

Core competences for the foundation years



(xi) Understands and applies the principles of management of a patient with an acute confusional state or psychosis

| | |
|--|----------|
| <ul style="list-style-type: none"> • recognises diagnostic features of psychosis and acute confusional states • summons experienced help promptly • discusses safe administration of anti-psychotic drugs including the risks of sedation • knows the provisions of Mental Health Act and can apply them appropriately | F1 level |
| <ul style="list-style-type: none"> • protects patient, self and colleagues from harm • safely administers anti-psychotic drugs • considers underlying causes of acute confusional state or psychosis. | F2 level |

(xii) Ensures safe continuing care of patients on handover between shifts, on call staff or with 'hospital at night' team by meticulous attention to detail and reflection on performance

| | |
|---|----------|
| <ul style="list-style-type: none"> • accurately summarises the main points of patients' diagnoses, active problems, and management plans • provides clear information to colleagues • attends handovers punctually and accepts directions and allocation of tasks from seniors • focuses on teamwork and reflects on the team performance | F1 level |
| <ul style="list-style-type: none"> • supports colleagues in forward planning at handover • can and sometimes does organise handover, briefing and task allocation • anticipates potential problems for next shift and takes pre-emptive action. | F2 level |

(xiii) Considers appropriateness of interventions according to patients' wishes, severity of illness and chronic or co-morbid diseases

| | |
|--|----------|
| <ul style="list-style-type: none"> • efficiently extracts information from history and examination which would influence treatment decisions • seeks information from relatives if appropriate • discusses factors influencing the use of do-not-resuscitate decisions • has balanced view of benefits and harms of medical treatment | F1 level |
| <ul style="list-style-type: none"> • identifies patients for whom resuscitation or advanced care might be inappropriate and takes advice from senior colleagues • demonstrates sensitivity in the planning of complex ethical decisions • negotiates management plan with patient • respects patients' wishes when dealing with relatives. | F2 level |

Section 1

Core competences for the foundation years

(xiv) Has completed appropriate level of resuscitation training

| | |
|---|----------|
| <ul style="list-style-type: none">• successfully trained to the standard of Intermediate Life Support (ILS) | F1 level |
| <ul style="list-style-type: none">• successfully trained to the standard of Advanced Life Support (ALS). | F2 level |

(xv) Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately

| | |
|---|----------|
| <ul style="list-style-type: none">• understands the criteria for issuing orders, and the level of experience required to issue them• can discuss with colleagues, including nurses, and observes or participates in discussions with relatives• facilitates the regular review of DNAR decisions and understands actions required if decision is challenged | F1 level |
| <ul style="list-style-type: none">• discusses the DNAR criteria and their legal framework with colleagues, including nurses, and relatives• encourages regular review of the order and takes appropriate action if challenged• is aware of any conflict that may exist between patients and their relatives and of cultural and other factors that might be at work• describes the impact of chronic or co-morbid disease on patient outcomes. | F2 level |

(xvi) Requests and deals with common investigations appropriately


| | |
|---|----------|
| <ul style="list-style-type: none">• requests common investigations appropriately for patients' needs• discusses risks, possible outcomes and later results with patients* appropriately to level of expertise• recognises normal and abnormal results• prioritises importance of results and asks for help appropriately• ensures results are available in a timely fashion | F1 level |
| <ul style="list-style-type: none">• supports F1 trainees or students in making appropriate requests for, interpretation of, and action on normal and abnormal results, for common investigations• understands local systems and asks for help appropriately from the relevant individuals. | F2 level |

*carers, relatives supporters or advocates

Section 2



Delivery Of Training



Section 2

Delivery Of Training

How Training will be Organised

The philosophy of the Foundation Programme is that education will be based in the workplace. In each NHS Trust or Board, Programme Directors/Foundation Tutors and educational supervisors will be appointed to set up and manage the educational process. The structure of individual programmes will vary but it is anticipated that, in general, at least five or six different attachments will be offered. In the first year, the attachments will include general medicine and general surgery, and in the second year, at least one attachment will allow experience in acute care. Experience in general practice or in the community will be offered in many programmes.

Full details for the management of the Programme are to be found in the '*Operational Framework for Foundation Training*.'

The Portfolio

The local Postgraduate Deanery will provide every doctor entering the Foundation Programme with a copy of the national professional development portfolio for Foundation training. The portfolio will include a copy of the full list of the competences for the Foundation Programme. It is the responsibility of trainees to maintain the portfolio and to record significant events. The competency list will form the basis for personal review of progress throughout the Programme. These portfolios will be developed so that they can provide career-long reflection and learning.

Learning Models

The learning experience of the Foundation Programme will be workplace-based and trainee-centred. It is vital that doctors in the Programme take responsibility for their own learning and take advantage of all the learning opportunities presented within the day-to-day work of each attachment.

The concept of 'spiral curriculum'¹ will form the basis for the Foundation Programme. This model emphasises iterative revisiting of topics throughout the Programme.

- topics are revisited at numerous levels of difficulty
- new learning is related to previous learning
- the competence of trainees increases with each experience of revisiting the topic (or skill).

Figure 2 gives an example of how the model could be applied in learning about consent for upper gastro-intestinal endoscopy.

¹ Harden R, Stamper N (1999) What is a spiral curriculum? *Medical Teacher*, 21(2), 141-143

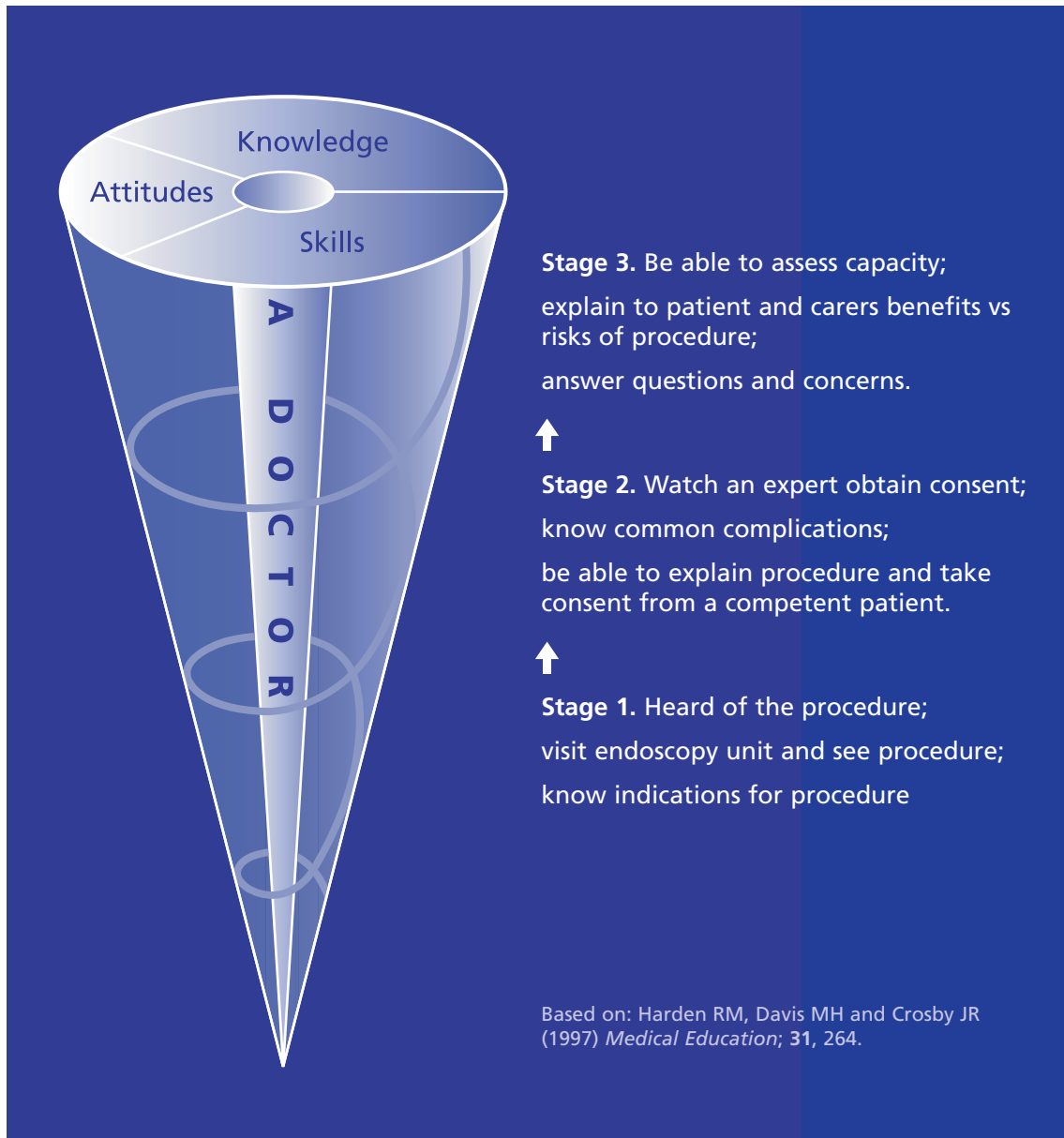


Figure. 2: EXAMPLE OF THE SPIRAL CURRICULUM: CONSENT FOR UPPER GASTRO-INTESTINAL ENDOSCOPY

Learning Opportunities in the Foundation Programme

Adults learn by

- reflecting and building upon their own experiences
- identifying what they have learnt and what they need to learn
- being involved in planning their education and training
- reflecting on the effectiveness of their learning and the nature of learning experiences
- observing role models.



Section 2 Delivery Of Training

For trainees to maximise their experiential learning opportunities it is important that they work in a **good learning environment**. This includes encouragement for **self-directed learning** as well as recognising the **learning potential in all aspects of day-to-day work** (e.g. what three things have I learnt from this ward round?) and generally adopting a positive attitude to education and training. Learning from peers should also be encouraged and training should be enjoyable and above all stimulating.

Nonetheless, it will be important that NHS Trust or Board managers, local Programme directors/Foundation Tutors and educational supervisors ensure that Foundation Programme trainees are exposed to the full spectrum of educational opportunities within an attachment and that these are not inappropriately constrained by the need to deliver a service.

Active involvement in **group discussion** is an important way for doctors to share their understanding and experiences. A good educational programme should not therefore consist solely of lectures but also include small group sessions with and without senior facilitation. A **supportive open atmosphere** should be cultivated and questions and challenges welcomed.

To enhance long term understanding, rather than the mere acquisition of short-term knowledge, trainees should be actively encouraged to record the outcome of key educational experiences in their portfolio or in electronic format.

The list of learning opportunities below offers guidance only; there are other opportunities for learning that are not listed here. A more extensive guide to learning opportunities in clinical training is available from the Conference of Postgraduate Deans of the UK² (COPMeD):

(A) Experiential learning opportunities

- ward-based learning including post take, business and teaching ward rounds
 - *Ward rounds should be led by a consultant or a senior trainee but should be co-ordinated by the trainee. Feedback on clinical and decision-making skills must be given and good patient care ensured by the senior members on the round. The ward round can also be used to direct future learning by highlighting areas where knowledge or understanding requires development.*
- debriefing by the general practitioner teacher following primary care consultation or visiting sessions
- supervised consultations in out-patient clinics, day hospitals, community visits or other settings
 - *Trainees should have the opportunity to assess both new and follow-up patients and discuss cases with the clinical supervisor to allow feedback on communication and diagnostic skills, as well as the ability to plan investigations.*
- in surgical and craft specialities, theatre or investigation sessions offer practical opportunities for the acquisition of skills and the understanding of clinically relevant anatomy.

² COPMeD (2002), *Liberating Learning*, <http://www.copmed.org.uk/Publications/LiberatingLearning/index.html>



(B) Small group learning opportunities

- case studies and presentations with small group discussions, particularly of difficult cases, including the topics of quality of care and patient safety, using the electronic classroom where available
- small group bedside teaching, for example concentrating on acquisition of clinical skills
- consultations with simulated patients and subsequent small group discussion
- video consultation, with subsequent small group discussion
- small group sessions of data interpretation focused on the learning needs of the trainees
- resuscitation skills review by a local resuscitation training officer including simulation with manikins
- active participation in protocol and guideline development meetings, journal clubs and research presentations
- involvement in audit meetings including information access and use of evidence in practice
- procedural skill training in a practical skills laboratory
- multi-professional case discussion/significant event audit to include quality assurance and risk assessment.

(C) One to one teaching

- review/case presentations with educational supervisor including selected notes, letters and summaries
- discussion between trainee and trainer about local protocols
- video consultation with subsequent individual discussion with trainer
- clinical application and development of practical skills.

(D) External courses

- lectures or courses, e.g. advanced life support course
- formal training in communication skills, e.g., use of simulated patients
- diversity training or its equivalent.

(E) Personal study

- personal study including CD-ROM and distance (electronic) learning
- personal reflection on video recordings
- practice examination questions and subsequent reading
- reading journals.



Section 2

Delivery Of Training

(F) Audit

- understanding the rationale and methodology
- trainees should be directly involved in the audit process by undertaking an audit during the Foundation years, usually in the second year and jointly with other trainees; this should be seen as a key part of the wider issues of clinical governance and risk management.

(G) Simulated clinical situations

- the rapid development of new technologies to simulate real-life clinical situations will open up new opportunities for team-based learning, particularly in dealing with unexpected clinical occurrences and in running patient safety 'drills'.

(H) Identification of role models

- trainees should identify good performance and high standards of behaviour in senior colleagues; these should be emulated and could be the subject of small group discussion on leadership skills.

Section 3



Feedback And Assessment



Section 3

Feedback And Assessment

Feedback

The philosophy underpinning feedback and assessment is important. Feedback and assessment strategies can sometimes give the unintended impression that the process of assessment is external to the doctor, whereas the internalisation of this assessment and subsequent reflection is the vital and essential purpose of the whole process.

All trainees in the Programme will be allocated an Educational Supervisor. The role of the supervisor is to ensure that the trainee's educational programme is appropriate for his or her needs, and to undertake supervision and appraisal sessions with the trainee. Supervisors will be specifically trained to undertake appraisal.

At the start of a placement the trainee should have an interview with the supervisor. At this interview the supervisor and trainee should jointly review the trainee's learning portfolio and the specific educational opportunities offered in this placement, and agree educational objectives for the attachment.

Towards the end of a placement, the trainee and supervisor will again meet for an appraisal discussion. The supervisor and the trainee will need to review the portfolio and also review the results of any assessments that have taken place during the placement. This interview is an opportunity for the appraiser to provide the trainee with feedback on his or her progress. The outcome of the appraisal discussion should be recorded in the trainee's portfolio.

When the Educational Supervisor is not the Clinical Supervisor, a robust system of communication between the Clinical and Educational Supervisors will be in place so that the appraiser is clear about how the trainee has been progressing during the attachment.

The appraisal is a 'formative' process and designed entirely for the benefit of the trainee. It is important that the discussion is open and deals not only with successes but also with areas where the trainee may have experienced difficulties.

Apart from the planned appraisal meetings, clinicians and colleagues will always be in a position to provide feedback to the trainee. Such feedback is most valuable when it is timely – i.e. soon after the event. Trainees will wish to know if they have performed well, or, if there is room for improvement, they will be helped to reflect on how they might do things differently on another occasion. It is also appropriate for the trainee to seek informal feedback from colleagues and seniors by asking specifically for it – 'How did I do on this?'

Feedback is of crucial importance to assist the trainee in maintaining progress and to help the trainee gauge how well he or she is developing the competences described in this document.

Assessment during the F1 year

Before August 2007, the GMC will continue to grant full registration to a PRHO or F1 trainee completing the following requirements:

1. 12 months in posts approved for PRHO training
2. three months in medicine and three months in surgery
3. training that leads to a Certificate of Experience. (The Certificate of Experience is available on the GMC's website at http://www.gmc.uk.org/legislation/certificates_of_experience.htm)

Section 3 Feedback And Assessment



The method of assessment will build on that formerly undertaken for PRHOs and will be based on assessment by Educational Supervisors. At the start of the F1 year, all trainees will be informed by the Deanery in which they are working of the exact method by which the assessment will be made. In many instances, the assessments will include one or more of the tools described below, such as multi-source feedback or direct observation of doctor-patient interaction. Whatever assessment tools are used, the results will inform the Educational Supervisor's report to the Deanery at the end of the F1 year. Satisfactory overall performance in the assessments and satisfactory reports from Educational Supervisors will be required for the trainee to be recommended to the GMC for full registration. Trainees will also be told of arrangements for any additional educational assistance that may be available if a trainee does not make satisfactory progress through the year.

Assessment during the F2 year

In the past, assessment in medicine has tended to focus on the assessment of knowledge. Knowledge is necessary but not sufficient to meet the requirements of *Good Medical Practice*. The assessment programme outlined here for the second Foundation year is specifically designed to measure a doctor's performance in a variety of settings.

The F2 assessment programme is intended to provide objective workplace-based assessments of progress of the trainee through the Programme. The assessments will be used by the Postgraduate Deanery to decide whether or not the trainee can be signed up as having satisfactorily completed the Programme, that is to say that the assessment programme as a whole is summative. However the assessments are also designed to be supportive.

Assessment will be trainee-led with timing of assessments and choice of assessors being determined by the trainee. It will however be important that assessments are completed within the overall timetable for the assessment programme; this will be made available to the trainees by the local Deanery. All trainees will be expected to keep evidence from the assessments in their portfolio. These results will form part of the basis of the discussions between the trainee and Educational Supervisor at appraisals.

A suite of approved assessment tools will be available which have the common characteristic of seeking to capture what actually happens in practice. The programme will assess performance in relation to the domains of *Good Medical Practice* and the core competences of the F2 curriculum through sampling a range of common and important problems likely to be seen by all trainees in F2. A list of 'acute care scenarios' which can be used as the basis for assessment is included later in this section.

Ultimately, it is anticipated that the in-work assessments for each trainee will be collated and analysed across all of the clinical and generic skill domains, enabling the production of a summative global assessment for each individual F2 doctor. This will be returned to each Deanery and will enable the Deanery to sign off F2 doctors as having successfully achieved the competences required of the second Foundation year.

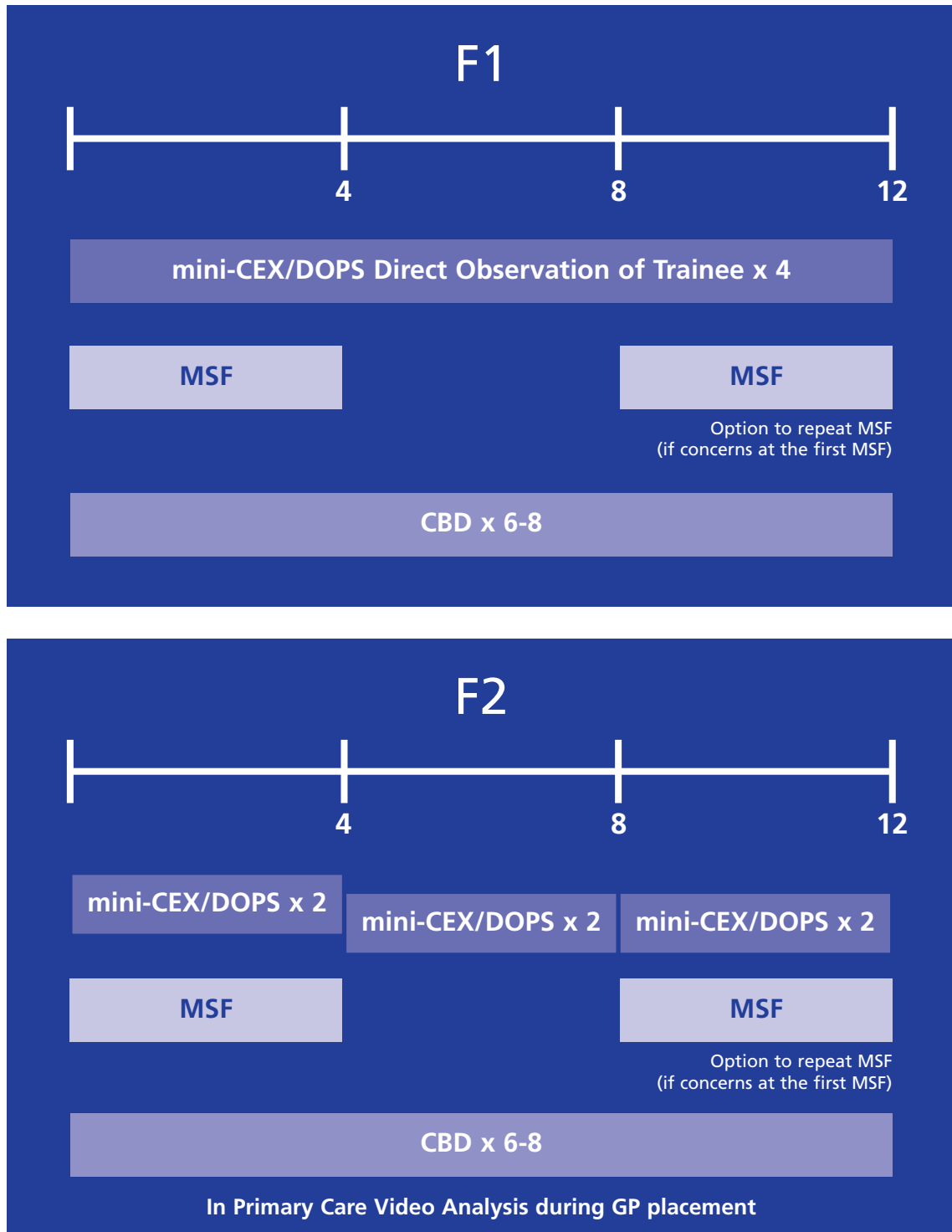
Most of the assessment tools described here are (in 2005) still in a developmental stage; some have been well researched whilst others will be further refined during piloting in 2005. It is however the intention of the Modernising Medical Careers Programme that all assessment tools should be tested for validity and reliability prior to formal introduction in the F2 year which commences in August 2006. The complete suite of assessment tools will be approved at UK level. The exact choice of assessment tools may vary slightly from one part of the UK to another, but all trainees will be notified in advance of the exact tools that are to be used.



Section 3 Feedback And Assessment

The examples that follow draw from pilot assessment programmes conducted in England and Wales in 2005; other assessment tools are also in development, e.g. critical incident analysis and formal assessment of learning portfolios.

Figure 3: EXAMPLE OF A SCHEDULE OF ASSESSMENT IN DEVELOPMENT FOR THE FOUNDATION PROGRAMME





A. Multi-Source Feedback (MSF)

Mini-PAT: Peer Assessment Tool or TAB: Team Assessment of Behaviour

Collated views from a range of co-workers (previously described as 360° assessment).

- the timing of administration of the MSF is shown in the figure. For each assessment, the trainee should nominate 12 raters for mini-PAT, 10 for TAB
- the majority of raters should be supervising consultants, GP principals, specialist registrars and experienced nursing or allied health professional (AHP) colleagues.

B. Direct Observation of Doctor – Patient Interactions

i. Mini Clinical Evaluation Exercise (mini-CEX)

Evaluation of an observed clinical encounter with developmental feedback provided immediately after the encounter.

- a minimum of 4 observed encounters suggested in F1 and 6 in F2. Mini-CEX is one form of observed clinical encounter
- different observer for each mini-CEX, where possible
- observers may be experienced SpRs, consultants or GP principals and should include the Educational Supervisor
- each mini-CEX represents a different clinical problem sampling each of the acute care categories listed on pages 46 and 47
- trainee chooses timing, problem and observer.

ii. Direct Observation of Procedural Skills (DOPS)

Structured check list for the assessment of practical procedures. DOPS is another doctor-patient observed encounter and could replace or parallel mini-CEX in some circumstances.

- one or two observed procedures suggested per placement in appropriate areas of work
- different observer for each encounter, where possible
- observers may be consultants, GPs, SpRs, suitable nurses or allied health professionals
- each DOPS should represent a different procedure sampling from the acute care skills listed later in this section, or a procedure specific to the attachment
- trainee chooses timing, procedure and observer.

C. Case Based Discussion (CBD)

Structured discussion of clinical cases managed by the trainee. It's particular strength is evaluation of clinical reasoning.

- comprises a structured discussion of real cases in which the trainee has been involved
- allows trainee's decision-making and reasoning to be explored in detail.



Section 3

Feedback And Assessment

Feasibility

It is recognised that meaningful assessment will involve committed time from those involved with the assessment process. In order to minimise the assessment burden, feasibility has been a prime consideration when designing the assessment methodology and implementation. A number of healthcare professionals can be involved so that the burden on any individual should be relatively small.

Training the Trainers

This programme requires a faculty capable of modelling these new ways of education and training. They need to be trained in the methodology and specific content of the assessment strategy. Training in feedback and appraisal skills is also necessary since the assessment process also includes a supportive element. Many of the faculty will already be part of the current healthcare workforce and may already have some training in these areas. Training packages, however, will be sufficiently flexible to train those already in the workforce and to support new entrants. Training will need to be accessible to several thousand clinicians, including medical staff (consultants and SpRs), senior nurses, midwives and allied health professionals. A variety of training packages will be made available, from e-learning to local or national workshops. In addition, the performance of individual assessors will be monitored over time.

Sampling and Mapping

The assessment tools each assess one or more domains. However the complete assessment programme in each Deanery will be designed to ensure that all domains are sampled, and that competency is assessed at the appropriate level. Figure 4 sets out the principles of mapping across the domains. However, it is not expected that every one of the detailed competences set out in Part 2 of this document will necessarily be assessed, but each domain will be sampled during the assessment process.

Educational Supervisor's Report

As all of the assessment tools are themselves being assessed in pilots, the results of these assessments will be drawn together in a formal structured Educational Supervisor's Report which will cover the overall performance of the trainee. This will form the basis of the Postgraduate Deans' recommendations of satisfactory completion of the Foundation Programme.

Lack of Progress in Assessments

It is anticipated that most Foundation trainees will be successful in achieving the F1 competences by the end of the first year of the Programme, and the F2 competences by the end of the second year. However, Deaneries will ensure that there are systems in place for those doctors who are having difficulties. Doctors in this situation may be identified by:

- their reluctance/failure to participate in educational processes
- reluctance/failure to engage fully in the assessment process
- concerns raised by educational supervisors
- serious incidents/events/complaints.

Section 3 Feedback And Assessment



Under such circumstances it is essential that these issues are raised in a timely fashion with the trainee concerned. The Educational Supervisor should seek early advice from the Programme Director, the Head of the Foundation School or the Deanery. Deaneries will have clear processes in place which will be known to the Foundation School faculty and the trainees. It is likely that further assessments will be necessary for the very small number of trainees who remain in difficulty despite supportive measures. Additional tests of competence or knowledge may be utilised as well as targeted case-based discussion. If the trainee does not make progress, focused or additional training may be required with further assessments. Usually, such additional training would last six months but may be for up to one year (whole-time equivalent). Ultimately, if there is further lack of progress at the end of remedial training, the Deanery may be unable to sign up the trainee for the specific component of training (either F1 or F2) and may consider referral of the doctor to the GMC for advice about their Registration.

If a trainee is ultimately not signed up for a part of the training Programme, the Deaneries will have an appeal process in place so that the decision can be reviewed upon request.

**Figure 4: ASSESSMENT FRAMEWORK
BEING PILOTED IN 2005**

| | | ENGLISH/WELSH NATIONAL F2 PILOT | | | | OTHER POSSIBLE TOOLS Evidence to be retained in portfolio, not centrally submitted | | | |
|--|--|------------------------------------|---------------|------|-----|--|-----------|-----|--------------|
| Domains of <i>Good Medical Practice</i> | | Mini-CEX | Mini-PAT, TAB | DOPS | CBD | Patient assessment | Portfolio | SLI | Video review |
| Good clinical care | Clinical care Acute care Decision making | | | | | | | | |
| Relationships with patients | Communication skills | | | | | | | | |
| Working with colleagues | Communication skills | | | | | | | | |
| Dealing with problems in professional practice | | | | | | | | | |
| Teaching, training, assessing, appraising | | | | | | | | | |
| Health and probity | Legal/ethics | | | | | | | | |
| Maintaining GMP | Time management Maintaining GMP | | | | | | | | |

Mini-CEX = Mini-Clinical Evaluation Exercise; Mini-PAT = Peer Assessment Tool; TAB = Team Assessment of Behaviour (Multi-Source Feedback); DOPS = Direct Observation of Procedural Skills; CBD = Case Based Discussion; SLI = Specific Learning Incident (Critical incident).

*Note: While professionalism encompasses all areas of practice, mini-CEX includes a specific evaluation of this within the clinical encounter.



Section 3

Feedback And Assessment

Acute Care Scenarios

Generic skills and acute care form the two main themes of Foundation Programmes. By assessing performance in the management of acute cases, the skills of acute care can be assessed (such as rapid assessment of airway, breathing and circulation) but also the generic skills which underpin that performance (such as teamwork, communication and identifying priorities). Foundation Programmes will focus on learning in the workplace and much of the assessment in Foundation Programmes will occur there. However other learning and assessment environments such as short courses and simulation may be used to supplement experience available in the workplace.

The trainee should select topics for the assessments from the 'menu' of clinical conditions/ presentations listed below. A range of assessment tools will be used to evaluate the acquisition of knowledge, skills and attitudes within a particular setting. The trainee and Educational Supervisor should ensure that over the course of the year at least one core problem from within each grouping is assessed.

The environment in which these conditions are managed will require similar core skills but the management options will be different. For example the management of chest pain in primary care and secondary care have similarities but significant differences. Foundation Programme doctors should demonstrate an awareness of how to manage acutely ill patients in different settings and sometimes against a background of chronic illness.

Acute presentations in any of the workplace settings that will be experienced in Foundation Programmes can be grouped in terms of patients who have:

- Airway problems
- Breathing problems
- Circulation problems
- Neurological problems
- Psychiatric /behavioural problems
- Pain

All doctors will be expected to:

- be aware of any existing national guidelines for the above conditions
- demonstrate the ability to manage a cardiac arrest by having evidence of performance to the standard of ILS or ALS
- understand how the above core presentations differ in the elderly and in children
- recognise vulnerable patients
- understand the principles of child protection.



The F2 doctor should be able to recognise and demonstrate their understanding of the management of the following.

Airway problems

- be able to recognise situations where the airway may be compromised
- perform simple airway manoeuvres (with adjuncts)
- know the indications for tracheal intubation
- be able to manage the core presentations of:
 - unconscious patient
 - anaphylaxis
 - stridor.

Breathing problems

- be able to assess breathing (rate, depth, symmetry, oxygen saturation)
- recognise that a high respiratory rate needs further evaluation
- be able to manage the core presentations of:
 - asthma
 - COPD
 - chest infection/pneumonia
 - pneumothorax
 - left ventricular failure
 - pulmonary embolism.

Circulation problems

- be able to assess the circulation (heart rate, blood pressure, perfusion)
- know when a fluid challenge is required
- be able to manage the core presentations of :
 - bleeding
 - severe sepsis
 - tachyarrhythmias
 - bradyarrhythmias
 - volume and electrolyte depletion from diarrhoea/vomiting
 - hypotension in acute coronary syndromes
 - oliguria.

Neurological problems

- in addition to the management of the unconscious patient (above), be able to manage the core presentations of:
 - collapse – ? cause
 - seizures
 - meningism
 - hypoglycaemia
 - acute onset of focal neurological signs.



Section 3

Feedback And Assessment

Psychiatric/behavioural problems

- demonstrate a basic understanding of the Mental Health Act
- show awareness of situations where the safety of the patient, self or others may be at risk
- be able to manage the core presentations of:
 - overdose/other self harm
 - violence/aggression
 - substance abuse
 - delirium
 - acute confusional state or psychosis.

Treating pain

- understand the analgesic ladder
- treat acute pain promptly, effectively and safely (using appropriate analgesia)
- understand that acute pain may present as a new event or in a setting of chronic pain e.g. palliative care patient
- be able to manage the core presentations of
 - chest pain
 - abdominal pain/acute abdomen
 - severe acute head injury
 - large joint pain
 - back pain
 - injuries.

Section 4



The Foundation Programme Syllabus



Section 4

The Foundation Programme Syllabus

Generic Skills in the Foundation Years

The GMC document '*Good Medical Practice*' emphasises skills common to all doctors. These core skills are acquired and developed during postgraduate education and training; they are applicable to all of the sub-disciplines within medical practice, both primary and secondary care. The Foundation Programme is the bridge between undergraduate education and specialty training.

The following guidance establishes the opportunities for learning, to reflect on clinical practice and to become self-critical in these vital areas. The learning objectives specified in this section set out the knowledge, skills and attitudes which should be acquired by the trainee by the end of the Foundation Programme and complement the competency framework in Part 2.

Aims

During the Foundation years, doctors will have the opportunity to sample a variety of clinical/laboratory based disciplines in order to:

- optimise their general skills
- acquire the knowledge, skills, competences and attitudes to provide high standard medical care to all patients
- inform career decisions
- prepare solid 'foundations' for future specialty training
- recognise the necessity for lifelong learning.

The formal assessments and process of educational supervision will confirm these outcomes.

Learning opportunities.

During the F2 year, the trainee will work in settings which will allow the development of knowledge and skills that go beyond the core curriculum and have not been readily available within conventional medical training. For example, some trainees might undertake an academically-oriented placement with the opportunity for development of teaching skills and an understanding of medical research. Consideration should also be given to when and what type of diversity training is needed. Trainees will need to find out about specific learning opportunities afforded by the various Foundation attachments and recognise that entry into any attachment is competitive.

A learning 'contract' specifying learning objectives will be agreed with their Educational Supervisor at the start of Foundation posts.



Formal teaching

F1 Year

During the F1 year, there will be a programme of formal teaching sessions during protected time for all trainees. The topics for the formal teaching sessions will emphasise patient safety and accountability through clinical governance:

- understanding clinical governance and its accountability framework
- the evidence and frameworks required to ensure patient safety
- safe prescribing in clinical practice
- clinical accountability and risk management
- legal responsibilities in ensuring safe patient care
- effective time management, prioritisation and organisational skills
- recognising diversity and gaining cultural competence.

F2 Year

Trainees will undertake a supervised audit project in addition to formal teaching sessions. Trainees in the F2 year will be entitled to 10 days of study leave in order to:

- attend relevant courses
- sample career alternatives that were not available within their F2 rotation.

The formal teaching sessions and study leave will cover:

- decision making through communication with patients
- teamworking and communicating with colleagues
- understanding consent and explaining risk
- managing risk and complaints and learning from them
- ethics and law as part of clinical practice
- using evidence in the best interest of patients
- understanding how appraisal works to promote life-long learning and professional development
- taking responsibility for the future of the NHS: teaching others effectively.



Section 4

The Foundation Programme Syllabus

1.0 Good Clinical Care

1.1 History, examination, diagnosis, record keeping, safe prescribing and reflective practice

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to be able to take a history and examine patients, prescribe safely and keep an accurate and relevant medical record.

| | |
|-----------|--|
| Subject | (i) History taking |
| Knowledge | Symptom patterns Incidence patterns in primary care Alarm symptoms The appropriate use of open/closed questions |
| Skills | Able to elicit a relevant history Identify and synthesise problems Take a history in non-routine circumstances e.g.: <ul style="list-style-type: none"> • when English is not the patient's* first language • confused patients* • deaf patients* • patients* with psychiatric/psychological problems where there are doubts over the informant's reliability • patients* with learning disabilities • questions regarding sexual behaviour and orientation • children where parent is the informant • possible child abuse/neglect and elder abuse Confident use of signer, trained interpreter |
| Attitudes | Consider the impact of: <ul style="list-style-type: none"> • physical problems on psychological and social well-being • physical illness presenting with psychiatric symptoms • psychiatric illness presenting with physical symptoms • psychological/social distress on physical symptoms (somatisation) • family dynamics • poor nutrition |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'

Section 4

The Foundation Programme Syllabus



1.1 History, examination, diagnosis, record keeping, safe prescribing and reflective practice (cont'd)

| | |
|-----------|---|
| Subject | (ii) Examination |
| Knowledge | Patterns of clinical signs including mental state |
| Skills | <p>Explain examination procedure and minimise patient discomfort</p> <p>Elicit signs and use instruments appropriately</p> <p>Able to examine children of all ages</p> <p>Perform a mental state assessment</p> |
| Attitudes | <p>Consider:</p> <ul style="list-style-type: none"> • patient* dignity • the need for a chaperone <p>Willing to share expertise with other (less experienced) trainees</p> |
| Subject | (iii) Diagnosis and clinical decision-making |
| Knowledge | <p>Principles of clinical reasoning in medicine</p> <p>Impact on differential diagnosis of the different clinical settings of primary and secondary care</p> |
| Skills | <p>Ability to construct working differential diagnoses and target examination to aid this</p> <p>Rank differential diagnoses in order of probability</p> |
| Attitudes | Willing to reprioritise action in the light of evolving clinical situations |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'

Section 4

The Foundation Programme Syllabus

1.1 History, examination, diagnosis, record keeping, safe prescribing and reflective practice (cont'd)

| | |
|------------------|--|
| Subject | (iv) Safe prescribing |
| Knowledge | <p>Effects of disease on prescribing:</p> <ul style="list-style-type: none"> • hepatic • renal <p>Effects of patient factors on prescribing:</p> <ul style="list-style-type: none"> • age (i.e. children, elderly) • drug allergy • genetic susceptibility to adverse drug reactions • pregnancy • cultural/religious belief <p>Effects of drug interactions</p> <p>Metabolism by CYP450 isoenzymes</p> <p>Drugs that require therapeutic monitoring</p> <p>Common drug error situations</p> <p>Evidence-based and safe prescribing using NICE or SIGN guidelines</p> <p>Principles of safe prescribing of oxygen and blood products</p> <p>Factors that affect concordance</p> <p>Principles of safe prescribing for children and older people</p> |
| Skills | <p>Take an accurate drug history</p> <p>Use the BNF and other sources of information</p> <p>Write, sign and date a clear and unambiguous prescription</p> <p>Liaise with ward and community pharmacists</p> <p>Explain drug therapy to patient</p> <p>Prescribe common drugs safely to patients with hepatic or renal dysfunction</p> <p>Prescribe safely in pregnancy</p> <p>Notify drug monitoring systems of significant drug interaction problems or side-effects</p> <p>Monitor therapeutic effects and appropriately adjust treatments and dosages</p> <p>Prescribe oxygen and blood products safely</p> <p>Initiate management of carbon dioxide retention and transfusion reactions if they arise</p> |
| Attitudes | <p>Show appropriate attitudes to patients and their symptoms and be conscious of religious and other beliefs, notably in the area of blood products</p> <p>Clearly and openly explain treatments and side-effects of medication</p> <p>Respect patient autonomy</p> <p>Understand the security and safety issues regarding prescriptions</p> <p>Acknowledge and discuss the possibility of drug prescribing or administration error</p> |

Section 4

The Foundation Programme Syllabus



1.1 History, examination, diagnosis, record keeping, safe prescribing and reflective practice (cont'd)

| | |
|-----------|--|
| Subject | (v) Medical record keeping, letters etc. |
| Knowledge | <p>Structure of:</p> <ul style="list-style-type: none"> • medical notes • discharge letters • discharge summaries • outpatient letters • prescriptions <p>Role of medical records in generation of central data returns and audit</p> <p>Importance of good medical records as a sound basis for any subsequent legal action</p> <p>Understands that all notes will be read by the patient*</p> |
| Skills | <p>Record accurately and legibly in the medical notes (written or computer-based), including:</p> <ul style="list-style-type: none"> • history • examination • summary • problem list • differential diagnosis • initial investigation and management plan • investigation results and action taken • conversations e.g. between team members and patient*/relatives <p>Update medical records accurately on a regular basis</p> <p>Each entry to be timed, dated and the name of the individual to be clearly identifiable</p> <p>Appropriate IT skills</p> <p>Maintains knowledge of own patient care outcomes for the individual patients and the patient population he/she cares for</p> |
| Attitudes | <p>Strive to ensure that notes are accessible to all members of the team and patients* when appropriately requested</p> <p>Consider the importance of:</p> <ul style="list-style-type: none"> • timely recording of communications • effective use of the team and NHS resources • time • prompt and accurate communication between primary and secondary care <p>Understand the importance of clear definition of diagnosis and procedures for coding for central returns</p> <p>Keen to use/learn about new technology and update computer records appropriately</p> <p>Willing to keep records of own experience to facilitate learning by reflection</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



Section 4

The Foundation Programme Syllabus

1.2 Time management and decision making

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to manage time and clinical priorities effectively.

| | |
|-----------|--|
| Subject | (i) Time management |
| Knowledge | Which patients/tasks take priority Which patients/tasks need formal hand-over |
| Skills | Start with the most important tasks Work more efficiently as clinical skills develop Recognise when he/she is falling behind and re-prioritise and/or call for help Allow time for effective hand-over Awareness of time as a tool in patient management |
| Attitudes | Have realistic expectations of tasks to be completed by self and others Willingness to consult and work as part of a team |
| Subject | (ii) Decision making |
| Knowledge | Clinical priorities for investigation and management |
| Skills | Analyse and manage clinical problems Involve patients and other professionals Make appropriate decisions, communicate them and seek timely help as necessary |
| Attitudes | Be flexible and willing to change Be willing to consider who is the most appropriate decision-maker |



1.2 Time management and decision making (cont'd)

| | |
|------------------|---|
| Subject | (iii) Continuity of care |
| Knowledge | Relevance of continuity of care Understanding of personal and collective responsibility for patient welfare |
| Skills | Ensure satisfactory completion of reasonable tasks at the end of the shift/day with appropriate handover Produce accurate handover documentation Ensure forward planning, information giving and liaison with colleagues Make adequate arrangements to cover leave |
| Attitudes | Recognise the importance of: <ul style="list-style-type: none"> • punctuality • attention to detail • availability when on call |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



Section 4

The Foundation Programme Syllabus

1.3 Quality and patient safety

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to ensure safe, quality-assured care and to seek opportunities for quality improvement.

| | |
|-----------|--|
| Subject | (i) Quality and patient safety |
| Knowledge | <p>Complications and side effects of treatments</p> <p>The physical signs that suggest imminent or actual acute illness</p> <p>Principles of risk management</p> <p>Principles of Clinical Governance</p> <p>Principles of how processes of medical care affect outcomes (including examples)</p> <p>Content of the GMC's '<i>Good Medical Practice</i>'</p> <p>The nature of human error and the importance of systems factors in relation to Patient Safety</p> |
| Skills | <p>Recognise and manage common complications and side effects of treatments/ procedures for patients*</p> <p>Identify and respond appropriately to patients with abnormal signs</p> <p>Recognise personal limitation and seek help at an early stage; communicate effectively to ensure continuity of care</p> <p>Use local and national reporting systems for adverse events and patient safety incidents</p> <p>Identify potentially unsafe situations and present them to senior colleagues and the management team effectively and so as to promote change</p> <p>Follow protocols, e.g. for pre- and post-operative surgical care, identify when they are not adhered to and take appropriate action</p> <p>Identify poor performance and unsatisfactory conduct in a colleague or other healthcare professional and take appropriate action to ensure patients are protected</p> |
| Attitudes | <p>High level of safety awareness and safety consciousness at all times</p> <p>Seek to ensure (whenever appropriate) that patients are cared for in a way that he/she or his/her family would want to be cared for</p> <p>Always seeking opportunities to make care better</p> <p>Welcome feedback from patients* and professional colleagues</p> <p>Take every opportunity to learn effectively from things that go wrong</p> <p>Seek out role models and try to learn from and adopt the behaviours of the best clinical practitioners and the best clinical leaders</p> <p>Endeavour to understand what a patient would feel like and what their needs and wants are likely to be</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



1.3 Quality and patient safety (cont'd)

| | |
|------------------|---|
| Subject | (i) Quality and patient safety |
| Knowledge | <p>Principles of the analysis of adverse events and patient safety incidents as a means to making care safer</p> <p>Understanding of what it would feel like to be a patient and what patients' needs and wants are likely to be</p> <p>Awareness of the prevailing NHS best practice standards (including those published by NICE, SIGN or equivalent and in NSFs)</p> |
| Skills | <p>Use clinical information to assess the clinical performance of a service and benchmark it against best practice</p> <p>Use the principles of quality assurance and quality improvement to maintain a high standard of practice</p> <p>Identify signs of possible patient abuse and alert the appropriate colleagues and agencies in a timely fashion; maintain a strong and consistent focus on the needs of the patients*</p> <p>Work collaboratively with managers and professional colleagues and managers to promote a culture of high quality and safety as part of everyday activities</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



Section 4

The Foundation Programme Syllabus

1.4 Infection control

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to reduce the risk of cross-infection.

| | |
|-----------|--|
| Subject | (i) Infection control |
| Knowledge | <ul style="list-style-type: none"> Understanding of the importance of hand washing Principles of appropriate use of antibiotics Familiarity with local resistance patterns Understanding of appropriate use of isolation facilities and side rooms The scientific basis of the importance of aseptic technique in placing and managing intravenous lines Understanding of the impact on patient mortality and morbidity of iatrogenic infection |
| Skills | <ul style="list-style-type: none"> Apply standard universal precautions Use competent aseptic technique for IV cannulation, urinary catheterisation and other applicable procedures Use personal protective equipment appropriately Dispose of sharps safely Involve the Infection Control Team appropriately Take appropriate microbiological specimens in a timely fashion Avoid posing risk to patients by own health problems (see 6ii) |
| Attitudes | <ul style="list-style-type: none"> Consider risk of infection before undertaking any procedure Participate in surveillance system Make prevention of infection associated healthcare a routine part of everyday work Promote the principles of infection control and of limiting cross infection |

Section 4

The Foundation Programme Syllabus



1.5 Health promotion, patient education and public health

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to be able to educate patients* effectively.

| | |
|-----------|---|
| Subject | (i) Educating patients* about: <ul style="list-style-type: none"> • disease • investigations • therapy |
| Knowledge | Natural history of common diseases Investigation procedures including possible alternatives/choices Strategies to improve concordance with therapies |
| Skills | Give information to patients* clearly Encourage questions Negotiate individual treatment plans, encouraging ownerships and responsibility for action to be taken by the patient on deterioration or improvement |
| Attitudes | Consider involving patients* in developing mutually acceptable investigation and management plans Encourage patients* to access further information and patient* support groups |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



Section 4

The Foundation Programme Syllabus

1.5 Health promotion, patient education and public health (cont'd)

| | |
|-----------|---|
| Subject | (ii) Environmental and lifestyle risk factors |
| Knowledge | <p>Risk factors for disease including:</p> <ul style="list-style-type: none"> • diet • exercise • social deprivation • sexual behaviour and sexually transmitted infections • occupation • substance abuse • accidents and child abuse • genetic <p>Awareness of possible pregnancy complications in women of child-bearing age</p> |
| Skills | <p>Advise on lifestyle changes and check understanding</p> <p>Involve other health care workers, social workers and teachers as appropriate</p> <p>Assess an individual patient's risk factors</p> |
| Attitudes | <p>Have a non-judgemental approach</p> <p>Consider the social, familial and environmental circumstances of patients*</p> |
| Subject | (iii) Smoking |
| Knowledge | <p>Effects of smoking on health of smoker and others</p> <p>Implications of addiction</p> <p>Smoking cessation strategies</p> |
| Skills | <p>Identify 'ready to quit' smokers</p> <p>Advise on smoking cessation and supportive measures</p> |
| Attitudes | <p>Have a non-judgemental approach</p> <p>Consider the importance of support during smoking cessation</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



1.5 Health promotion, patient education and public health (cont'd)

| | |
|-----------|---|
| Subject | (iv) Alcohol |
| Knowledge | Effects of alcohol on health and psychosocial well-being Local support groups/agencies |
| Skills | Take an alcohol history Advise on appropriate drinking levels or drinking cessation |
| Attitudes | Have a non-judgemental approach Willingness to involve patient support groups |
| Subject | (v) Epidemiology and screening |
| Knowledge | Data collection methods and their limitations Principles of prevention, health surveillance and screening Notifiable diseases |
| Skills | Assess an individual patient's risk factors Encourage participation in appropriate disease prevention or screening programmes Inform the competent authority of notifiable diseases |
| Attitudes | Consider the: <ul style="list-style-type: none"> • positive and negative aspects of prevention • importance of patient* confidentiality |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



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1.6 Ethics and legal issues

Outcome: The trainee will demonstrate the knowledge and skills to cope with ethical and legal issues which occur during the management of patients with general medical problems.

| | |
|-----------|--|
| Subject | (i) Medical ethical principles and confidentiality |
| Knowledge | <ul style="list-style-type: none"> Principles of patients'* best interests, autonomy and rights Strategies to ensure confidentiality Functions of Caldicott Guardians Limits to confidentiality Data Protection Act provisions |
| Skills | <ul style="list-style-type: none"> Use and share all information appropriately Avoid discussing one patient in front of another Ensure privacy when discussing sensitive issues While respecting confidentiality, seek appropriate, timely advice where patient abuse is suspected |
| Attitudes | <ul style="list-style-type: none"> Respect the right to autonomy and confidentiality Be willing to modify management plans in accordance with the principles of patients' best interest, autonomy and rights |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



1.6 Ethics and legal issues (cont'd)

| | |
|-----------|---|
| Subject | (ii) Valid consent |
| Knowledge | <p>Process for gaining informed consent and the associated legal framework</p> <p>The difference between consent, assent and capacity</p> <p>Children's rights including Gillick competency</p> <p>Use and limitations of Mental Health Act in consent issues</p> <p>Adults with incapacity (Scotland)</p> <p>Implications of HIV testing</p> <p>Consent in Primary Care settings</p> |
| Skills | <p>Give appropriate information in a manner patients* understand and be able to obtain consent from patients*</p> <p>Refer some consent requests as appropriate to senior colleagues</p> <p>Deal with patients* who cannot give valid consent</p> <p>Exercise appropriate use of leaflets and written material</p> <p>Check that the patient* has understood the relevant information</p> |
| Attitudes | <p>Consider the patient's needs as an individual</p> <ul style="list-style-type: none"> • reading levels • materials in alternative formats e.g. Braille, audio cassettes, subtitled videos for people who cannot access visual information or those who cannot or find it difficult to use written materials (e.g. people with dyslexia) |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



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1.6 Ethics and legal issues (cont'd)

| | |
|------------------|--|
| Subject | <p>(iii) Legal framework for medical practice, particularly relating to:</p> <ul style="list-style-type: none"> • death certification • role of the Coroner/ Procurator Fiscal • mental illness • advance directives and living wills • DVLA • child protection • limits to healthcare resources |
| Knowledge | <p>Legal responsibilities for completing death certificates</p> <p>Types of deaths to be referred to the Coroner/Procurator Fiscal</p> <p>Situations where compulsory detention under a section of the Mental Health Act would be appropriate</p> <p>Conditions that patients should report to the DVLA and doctors' responsibilities if they fail to do so</p> <p>Child protection procedures, inter agency referral routes (e.g., police, Social Services) and when to involve them</p> <p>Legal framework surrounding justification of exposure to ionising radiation by referring practitioner</p> |
| Skills | <p>Complete death certificates</p> <p>Liaise with the Coroner/Procurator Fiscal</p> <p>Discuss whether the patient has an advance directive or living will and its current validity</p> <p>Share information in professional manner with inter-agency team members</p> <p>Minimise risk of exposing a pregnant woman to radiation</p> |
| Attitudes | <p>Show attention to detail and recognise pressures of time</p> <p>Respect living wills and advance directives whilst recognising their limitations</p> <p>Displays non-judgemental compassionate approach</p> |



2.0 Maintaining *Good Medical Practice*

2.1 Learning

Outcome: The trainee will demonstrate the knowledge, skills and attitudes required to commence self-directed life-long learning.

| | |
|-----------|--|
| Subject | (i) Life-long learning |
| Knowledge | Define continuing professional development Understand the role of appraisal Understand the role of assessment |
| Skills | Recognise and use learning opportunities Maximise the potential of self-directed personal study Compose and revise a personal learning plan in a professional development portfolio Demonstrate extensive evidence of experiential learning |
| Attitudes | Be: <ul style="list-style-type: none"> • personally motivated to learn • eager to learn • willing to learn from colleagues • willing to critically evaluate own work and make appropriate changes • willing to consider criticism |



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2.2 Evidence and guidelines

Outcome: The trainee will demonstrate knowledge, skills and attitudes to use evidence and guidelines to benefit patient care.

| | |
|-----------|---|
| Subject | (i) Evidence Based Medicine (EBM) |
| Knowledge | Principles of EBM Types of clinical trial Limitations of the existing evidence base Concepts of absolute and relative risk |
| Skills | Competent use of medical databases, the library and the internet Implement the available evidence base in most areas of clinical care Discuss relevance of available evidence with individual patients* |
| Attitudes | Keen to use evidence to support patient care |
| Subject | (ii) Guidelines |
| Knowledge | Advantages and limitations of guidelines and protocols Methods of determining best practice |
| Skills | Apply local guidelines/protocols in context |
| Attitudes | Consider individual patient needs when using guidelines and protocols |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'

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2.3 Audit

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to use audit to improve patient care.

| | |
|-----------|---|
| Subject | (i) Audit |
| Knowledge | The audit cycle Data sources for audit Understand data confidentiality |
| Skills | Can undertake an audit Manage change Make explicit links to professional development portfolio |
| Attitudes | Consider the relevance of audit to: <ul style="list-style-type: none">• benefit developing patient care• clinical governance• risk management |



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3.0 Relationship With Patients and Communication Skills

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to be able to communicate effectively with patients, relatives and colleagues in the circumstances outlined below.

| | |
|--------------|--|
| Circumstance | (i) Within a consultation |
| Knowledge | <p>How to structure the interview to identify the patients’*:</p> <ul style="list-style-type: none"> • concerns/problem list • expectations • understanding • acceptance <p>How to create an environment in which patients from different social and cultural backgrounds feel comfortable discussing their health beliefs and practices, particularly when it comes to negotiating different treatment options</p> |
| Skills | <p>Listen</p> <p>Use appropriate questioning techniques including open and closed questions</p> <p>Avoid jargon and use familiar language</p> <p>Use trained interpreters appropriately</p> <p>Give clear information and feedback to patients* and share information with relatives when appropriate</p> <p>Provide or recommend appropriate written information for patients* (see 1.6)</p> <p>Reassure all patients* where appropriate, including the ‘worried well’</p> <p>Telephone skills</p> |
| Attitudes | <p>Possess empathy and ability to form constructive therapeutic relationships with patients*</p> <p>Has a courteous, polite, professional and considerate manner</p> <p>Demonstrate an understanding of the importance of:</p> <ul style="list-style-type: none"> • being open with patients* and involving them in decisions • offering choices • respecting views of patients* • acting with patients, not for them • when to involve senior help |

* The term ‘patient’ should include, where appropriate, ‘patient and parent, guardian, carer, supporter or advocate.’



3.0 Relationship With Patients and Communication Skills (cont'd)

| | |
|-----------|--|
| Subject | (ii) Breaking bad news |
| Knowledge | <p>How to structure the interview and where it should take place</p> <p>Normal bereavement process and behaviour</p> <p>Awareness of organ donation procedure and role of local transplant co-ordinators</p> <p>Some understanding of the effect of cultural differences in end-of-life care and bereavement process</p> |
| Skills | <p>Choose an appropriate setting with the presence of individuals to support both the doctor and the patient.</p> <p>Avoid jargon and use clear, familiar language</p> <p>Encourage questions, and confirm understanding</p> <p>Avoid conveying unrealistic optimism and undue pessimism</p> |
| Attitudes | <p>Everything done with the patient not for the patient</p> <p>Act with empathy, honesty and sensitivity</p> <p>Respect cultural and religious diversity</p> |
| Subject | (iii) Complaints |
| Knowledge | <p>Awareness of the local complaints procedure</p> <p>Factors likely to lead to complaints by patients*, e.g. lack of communication, lack of apology for mistakes, dishonesty in dealing with patients*, inappropriate expectations by patients*</p> |
| Skills | <p>Adopt behaviour likely to prevent a complaint occurring</p> <p>Deal appropriately with dissatisfied patients/relatives</p> <p>Recognise when something has gone wrong and identify the appropriate staff to communicate this in an open manner</p> |
| Attitudes | <p>Act with honesty and sensitivity in a non-confrontational manner</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



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4.0 Working with Colleagues

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to work effectively with colleagues and in teams.

| | |
|------------------|---|
| Subject | (i) Communication with colleagues |
| Knowledge | How and when to communicate effectively with other members of the care team and with other medical colleagues especially at handovers |
| Skills | <p>Communicate patients'* anxieties and issues of concern</p> <p>Listen to other health care professionals and heed their views</p> <p>Be flexible and prepared to change in the face of valid argument, but is capable of supplying own view when supported by appropriate evidence</p> |
| Attitudes | <p>Understands:</p> <ul style="list-style-type: none"> • who needs to know what information • others' perspectives in contributing to management decisions <p>Appreciates the perspective of different disciplines both medical and non-medical</p> <p>Respects everyone doctors work with, whatever their professional qualifications, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age or social or economic background</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'

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4.0 Working with Colleagues (cont'd)

| | |
|-----------|---|
| Subject | <p>(ii) Interface with different specialties, and with other professionals including</p> <ul style="list-style-type: none"> • members of a team • hospital and GP • hospital and other agencies e.g. social services • laboratory and imaging services |
| Knowledge | <p>Roles and responsibilities of team members and other professionals in patient care</p> <p>How teams work effectively</p> <p>How clinical information is conveyed from primary to secondary care on admission and in the reverse direction on discharge</p> <p>The principles of care in a community setting</p> |
| Skills | <p>Seek to involve other professionals in the management of patients and their illnesses where appropriate</p> <p>Delegate, show leadership and supervise safely</p> <p>Handover safely</p> <p>Seek advice if unsure</p> <p>Be polite and responsive to telephone requests</p> <p>Make polite and reasonable telephone, and personally delivered requests to laboratory and imaging staff</p> <p>Provide appropriate and adequate information when requesting investigations on computer systems or on paper forms</p> <p>Chase investigation results when appropriate</p> <p>Describe the essential components of a referral from primary to secondary care</p> <p>Demonstrate dissemination of discharge information from secondary care to the primary care team</p> |
| Attitudes | <p>Be tolerant, flexible and respectful of other professional viewpoints and recognise good advice</p> <p>Be conscientious and behave with honesty</p> <p>Recognise own limitations</p> <p>Understands:</p> <ul style="list-style-type: none"> • the challenges of providing optimum care within the undifferentiated environment of primary care • the process of admission from primary to secondary care <p>Sympathetic to the pressure on colleagues in other areas of work</p> |



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4.0 Working with Colleagues (cont'd)

| | |
|-----------|---|
| Subject | (iii) Relevance of outside bodies |
| Knowledge | The relevance to professional life of: <ul style="list-style-type: none">• The Royal Colleges• GMC• Postgraduate Dean• Defence organisations• BMA• PMETB |
| Skills | Recognise situations when appropriate to involve these bodies/individuals |
| Attitudes | Accept professional regulation Willingness to become involved in appropriate professional representation (e.g. as local trainee representative in meetings with clinical directors and management) |

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5.0 Teaching and Training

Outcome: The trainee will demonstrate the knowledge, skills and attitudes to undertake a teaching role.

| | |
|-----------|---|
| Subject | (i) Teaching |
| Knowledge | How adults learn Learner-centred approach |
| Skills | Can set educational objectives, can identify learning needs and apply teaching methods appropriately Use opportunities for teaching Communicate and share information one-to-one and in small groups Can give as well as seek feedback |
| Attitudes | Demonstrate willingness, enthusiasm and patience to teach |
| Subject | (ii) Presentations |
| Knowledge | Features of an effective presentation |
| Skills | Give presentations to small groups e.g. journal club Able to present material in a logical and concise fashion Present material in different presentation media |
| Attitudes | Be confident and not intimidated when presenting Embrace new technology |



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6.0 Professional Behaviour; Health

Outcome: The trainee will have developed the knowledge, skills and attitudes to act in a professional manner at all times.

| | |
|------------------|--|
| Subject | (i) Doctor-patient relationship |
| Knowledge | <p>Aspects of an effective professional relationship</p> <p>The professional ability and habit of reflection on learning from practice and experience</p> |
| Skills | <p>Use a professional and appropriate manner and phraseology in all verbal communications and in medical records</p> <p>Ensure all discussion/examination is relevant</p> <p>Deal with inappropriate behaviour in patients* e.g. aggression, violence, sexual harassment</p> <p>Respects the rights of children, the elderly, people with physical, mental, learning or communication disabilities</p> |
| Attitudes | <p>Adopt a non-discriminatory attitude to all patients* and recognise their needs as individuals</p> <p>Broad willingness to place need of patients above own convenience without compromising the safety of self or others</p> <p>Be aware of patients' expectations around personal presentation of individual doctors</p> <p>Behave with honesty and probity</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



6.0 Professional Behaviour; Health (cont'd)

| | |
|------------------|--|
| Subject | (ii) Health and handling stress |
| Knowledge | <p>The risks posed to patients if own performance is compromised by health problems</p> <p>Risks to patients from transmission of blood-borne infection</p> <p>The effects of stress on performance</p> <p>Knowledge of support facilities</p> |
| Skills | <p>Willing to seek advice from own medical practitioner or occupational health physician in appropriate circumstances; urgently if necessary</p> <p>Willing to identify stress in self and look for supports as well as offering support to others who may be stressed</p> <p>Develop coping mechanisms for stress and ability to seek help if appropriate</p> |
| Attitudes | <p>Be up to date with own immunisations</p> <p>Aware of potential risk posed to patients* by own health status</p> <p>Does not allow own health status to put patients* at risk of infection</p> <p>Recognise the manifestations of stress in self and others</p> |

* The term 'patient' should include, where appropriate, 'patient and parent, guardian, carer, supporter or advocate.'



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7.0 Core Skills in Relation to Acute Illness

This section of the curriculum outlines areas in which all junior doctors should acquire clinical experience and receive training. It, therefore, forms a fundamental component of the Foundation syllabus.

The objectives cover problems that are cross-specialty, as well as common problems encountered in emergency patients and acute problems in patients with chronic disease.

It is expected that on **completion** of the two years all trainees should be competent and feel confident in the areas outlined, appropriate to the specialties covered. In addition, trainees will be expected to demonstrate how individual competences can be combined to provide appropriate and timely care within the clinical settings of primary and secondary care.

It is recognised that the application of skills and knowledge will vary according to the site in which care is provided. General Practice will offer an opportunity to provide care for acutely ill patients in a very different setting from secondary care. The manner of presentation of such patients is different in primary care, and illnesses are seen at a much earlier stage in their development. Their management in this setting requires differing skills both in clinical method and risk assessment. Primary care offers a unique perspective on the way in which secondary care specialties work. Trainees will be able to follow their patients on their paths through the service, both in hospital and the community, from the presentation of acute illness, through investigation, diagnosis and management, to recovery or rehabilitation. Throughout the attachment, the Foundation doctor should consider and reflect on the impact on each patient of the hospital and General Practice environment, plus the interface between them and the impact of disease on the patient's life within his or her own environment. Primary care will also allow more emphasis on the development of acute illness in the presence of chronic disease.

Trainees working with children must recognise that the trajectory of illness is generally different from that in adults, and the signs of critical illness often subtle or vague in the early stages.

This is a minimum standard and is not meant to constrain learning to just these areas.

7.1 Management of acutely ill patients

Outcome: The trainee will demonstrate the knowledge and skills to be able to assess and initiate management of patients presenting as emergencies with the problems outlined below.

Attitudes throughout this section are as described in the previous Generic Skills section. For each scenario, trainees should in particular gain knowledge, competences and skills to recognise the critically ill and:

- immediately assess and resuscitate if necessary
- formulate a differential diagnosis and refer as appropriate
- select relevant investigations and accurately interpret reports/results
- communicate the diagnosis and prognosis – see generic skills
- reassess as appropriate
- identify the effects of chronic disease/co-morbidity on the presentation and management of acute illness.

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| | |
|-----------|--|
| Subject | Management of acutely ill patients |
| Knowledge | <p>Common presenting symptoms and signs of acute illness including breathlessness, hypoxaemia, hypotension, oliguria, chest or abdominal pain, nausea, vomiting, headache, and confusion or coma</p> <p>Frequently occurring causes of the above</p> <p>Causes of acute abdominal pain, including surgical, gastrointestinal, gynaecological/urological, cardiac/vascular, and neurogenic</p> <p>Clinical interpretation of acutely abnormal physiology with a clear understanding of the boundaries of normality</p> <p>Common derangements of arterial blood gases</p> <p>Causes of impaired level of consciousness including fits and faints</p> <p>Common acute presentations of chronic illness and the modifying effects of chronic disease or its treatment on acute presentations</p> <p>How co-morbidity affects decision making in the management of acute illness</p> |
| Skills | <p>Identify, assess, and initiate treatment in critically ill patients appropriate to the site of care (e.g. hospital, home, GP surgery)</p> <p>Promptly assess the airway, breathing and circulation in the collapsed patient</p> <p>Document acutely abnormal physiology</p> <p>Establish venous access with attention to infection control measures</p> <p>Deliver a fluid challenge safely to acutely ill patients to optimise cardiac output</p> <p>Reassess acutely ill patients within an appropriate period following initiation of treatment</p> <p>Undertake a focused history and examination to establish a differential diagnosis including difficult circumstances</p> <p>Select appropriate initial investigations to explore the differential diagnosis</p> |



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| | |
|-----------|---|
| Subject | Management of acutely ill patients |
| Knowledge | <p>Safe oxygen therapy</p> <p>Safe use of analgesic drugs; routes and methods of administration</p> <p>Acute and acute-on-chronic confusional states including acute psychosis: causes, assessment and initial management</p> <p>Deliberate self-harm: modes of presentation, causation, initial treatment for most common forms of self-poisoning, psychological and mental health team support</p> <p>Causes of acute visual impairment</p> |
| Skills | <p>Request senior or more experienced help when appropriate</p> <p>Succinctly present the relevant clinical details of an acutely ill patient to a senior doctor</p> <p>Communicate effectively with other specialties when appropriate</p> <p>Ensure own safety and that of team members as well as the patient when dealing with disturbed patients</p> <p>Assess level of consciousness</p> <p>Manage patients with impaired consciousness including fits and faints</p> <p>Determine need for 'nil by mouth' status</p> <p>Insert a naso-gastric tube</p> <p>Identify concurrent comorbid diseases and their relevance to the acute illness</p> <p>Select, prescribe and monitor safe and effective analgesia for patients with acute pain and acute pain in a chronic pain setting</p> |



7.2 Resuscitation

Outcome: The trainee will demonstrate the knowledge, competences and skills to be able to recognise critically ill patients, take part in advanced life support, feel confident to initiate resuscitation, lead the team where necessary and use the local protocol for deciding when not to resuscitate patients.

| | |
|-----------|--|
| Subject | (i) Resuscitation |
| Knowledge | Resuscitation protocols to Immediate Life Support level (F1) Resuscitation protocols to Advanced Life Support level (by end of Foundation years) |
| Skills | Successfully trained to the level of ALS (Advanced Life Support) Demonstrate leadership skills within the framework Initiate resuscitation of the patient who has sustained a cardio respiratory arrest Practise safe defibrillation |
| Subject | (ii) Do not attempt resuscitation orders (DNAR) |
| Knowledge | Local and national protocols for DNAR orders Legal and ethical considerations |
| Skills | Discuss DNAR criteria with colleagues, patients and relatives Encourage regular review of DNAR orders Support patients and families Respect living wills and advance directives Act with empathy and sensitivity Breaking bad news, appropriately Recognise that a patient is dying i.e. in the final stages of a terminal illness |



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7.3 Management of the 'take'

Outcome: The trainee will demonstrate the knowledge, competences and skills to be able to function safely in an acute 'take' team.

| | |
|-----------|---|
| Subject | 'Take' management |
| Knowledge | Indications for urgent investigation and therapy Skills and capabilities of members of the on-take team When and from whom to seek help in appropriate circumstances |
| Skills | Able to prioritise Interact effectively with other health care professionals Keep patients and relatives informed Receive and make referrals appropriately Cope with stress Delegate effectively and safely Keep an accurate patient list Handover safely with appropriate documentation |



7.4 Discharge planning

Outcome: The trainee will demonstrate the knowledge and skills to be able to plan discharge for patients starting from the point of admission, taking the effects of any chronic disease into account.

| | |
|-----------|--|
| Subject | Discharge planning |
| Knowledge | <p>Impact of short- and long-term physical problems on activities of daily living</p> <p>Effect of chronic disease on rehabilitation potential</p> <p>Roles and skills of members of the multidisciplinary team including nurses, Occupational Therapists, physiotherapists, discharge co-ordinators and social workers</p> <p>Impact of unnecessary hospitalisation</p> <p>Available support in primary care</p> |
| Skills | <p>Recognise when in-patient care is not required</p> <p>Start planning discharge from the time of admission.</p> <p>Actively participate in discharge planning meetings</p> <p>Liaise and communicate with patient, family and primary care</p> <p>Find out about family dynamics and socio-economic factors influencing success of discharge</p> <p>Ensure the primary care team are aware of the discharge of patients with appropriate, timely information</p> |



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7.5 Selection and interpretation of investigations

The Foundation Programme years are a phase of increasing clinical responsibility. A key element of this is the ability of doctors to select appropriate investigations and interpret the reports.

Training in selection, requesting and interpretation of results of some investigations may have taken place as an undergraduate, however, it is important that these skills are developed and widened. It is also vital that trainees learn to critically evaluate when investigations are **not** required and are not cost effective. The balance will vary according to the site in which clinical care is conducted. Investigations valid in a hospital setting may be impractical in General Practice. Where national and local guidelines on selection of investigations exist, they should be used. For example, the Royal College of Radiologists' document '*Making best use of a Department of Clinical Radiology*' gives helpful guidance to doctors requesting imaging and trainee doctors should be familiar with this.

The investigations listed are those that are very frequently requested on acutely ill patients with detailed objectives, skills and knowledge.

As in the core skills section the objectives listed below apply to **all** trainees **on completion** of the two years.

Again this is a minimum standard and not meant to be restrictive.

Aims:

To produce doctors who are competent and confident in selecting, requesting and interpreting reports of commonly used investigations required for the diagnosis and management of patients who present as emergencies or who are potentially acutely or critically ill.

Outcomes:

For each of the investigations listed in this section trainees should be able to:

- explain the nature of the investigation to patients
- explain why it is required
- explain the implications of possible results and actual results when available
- gain informed consent.

Trainees should also learn to:

- recognise the need for an investigation result to impact on management
- avoid unnecessary investigations
- recognise that investigation reports often require the professional opinion of an individual who therefore needs relevant information on the request form
- recognise that reports may need review in the light of changing circumstances
- act on the results in a timely and appropriate fashion
- prioritise the importance of results and ask for help appropriately
- chase results when they have not arrived in a timely fashion.

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Investigations commonly requested for acutely ill patients

Outcome: The trainee will demonstrate the knowledge and skills to be able to select, appropriately request and accurately interpret reports of the frequently used investigations listed below. For all investigations it is vital that trainees recognise abnormalities which require immediate action.

| | |
|---------------|--|
| Investigation | <ul style="list-style-type: none"> Full blood count Urea and electrolytes Blood glucose Cardiac markers Liver function tests Amylase Calcium and phosphate Coagulation studies Arterial blood gases Inflammatory markers |
| Knowledge | <ul style="list-style-type: none"> Circumstances requiring urgent results Significance of major abnormalities and general irrelevance of minor variations from 'normal' values When to initiate pregnancy testing Inflammatory markers |
| Skills | <ul style="list-style-type: none"> Use results reporting system Record and tabulate where appropriate Interpret results and when to request further specialist advice when appropriate |
| Investigation | <ul style="list-style-type: none"> 12 lead ECG |
| Knowledge | <ul style="list-style-type: none"> Normal ECG patterns Patterns for common abnormalities |
| Skills | <ul style="list-style-type: none"> Use of ECG machines including how to connect limb and chest leads Recognise: <ul style="list-style-type: none"> • common abnormalities • normal variants • abnormally connected leads • when to repeat |



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| | |
|----------------------|--|
| Investigation | Peak Flow, Spirometry |
| Knowledge | Normal patterns Patterns of common abnormality |
| Skills | Use of peak flow and spirometer devices Recognise common abnormalities Give instructions to patients and colleagues about when to call for help |
| Investigation | Chest X-ray Abdominal X-ray Trauma radiography Ultrasound, CT and MRI |
| Knowledge | Circumstances requiring: <ul style="list-style-type: none"> • urgent requests • particular views Normal findings of chest and abdominal X-ray Imaging appearances of common abnormalities on chest and abdominal X-rays Recognition of the risks of radiation including risks in pregnancy |
| Skills | Communicate well with radiologists, radiographers and other staff Recognise the need for radiological advice Recognise common abnormalities Identify when ultrasound, CT or MRI might be required |



Investigations commonly requested for acutely ill patients (cont'd)

| | |
|---------------|--|
| Investigation | Microbiological samples |
| Knowledge | Type of samples and collection method required |
| Skills | Interpret results |

8.0 Practical Procedures

Training in some practical procedures will have taken place in the undergraduate years and/or in the F1 year but it is important that skills are developed and widened in the second year so that trainees become competent and feel confident to perform commonly required practical procedures.

Aim

To produce doctors who are competent and confident to perform common practical procedures required for diagnosis and management of patients who present acutely.

Outcomes (General knowledge and skills)

For each procedure doctors should know the indications and contraindications and be able to:

- explain the procedure to the patient including possible complications, and gain informed consent for procedures carried out by the trainee
- prepare the required equipment including a sterile field
- position the patient and give premed/sedation as required, involving the anaesthetist where appropriate
- adequately prepare the skin including local anaesthetic
- arrange appropriate aftercare/monitoring
- safely dispose of equipment including sharps
- document the procedure, including labelling of samples and instructions for monitoring post-procedure
- record complications
- recognise and be able to undertake emergency management of common complications.

At all times doctors should recognise the limits of their competency and should seek advice and help where appropriate.



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Procedures that F1 trainee should be competent and confident to perform:

- venepuncture and IV cannulation
- use of local anaesthetics
- arterial puncture in an adult
- blood cultures from peripheral and central sites
- injection – subcutaneous, intradermal, intramuscular and intravenous
- prepare and administer IV medications
- intravenous infusions including the prescription of fluids, blood and blood products
- perform and interpret an ECG
- perform and interpret spirometry and peak flow
- urethral catheterisation
- airway care including simple adjuncts
- nasogastric tube insertion.

F2 Trainees

During the F2 year, trainees are expected to maintain and improve their skills in the procedures listed above so that by the end of the F2 year they should be able to pass on their skills to others and assist others when procedures are difficult.

There will also be opportunities for trainees to extend the range of practical procedures they can perform. Each specialty will specify a range of procedures relevant to that specialty in which the trainees will be expected to become proficient e.g.,

- aspiration of pleural fluid or air
- skin suturing
- lumbar puncture
- insertion of a central venous pressure line
- aspiration of joint effusion.

Methods of learning

In general, training in practical procedures should include:

- reading up on the theory or studying virtual training packages on the internet or CD-ROM
- where available using a skills laboratory
- observing first hand
- being themselves observed performing the procedure by a competent practitioner who has recent relevant experience of the procedure.



Appendices

Appendix 1

Correlations between the domains used to describe the content of training in the GMC publication '*The New Doctor*' (2005) and those of the Foundation Curriculum (F1 year)

Appendix 2

Membership of F2 Curriculum Committee of Academy of Medical Royal Colleges

Appendix 3

Membership of F2 Assessment Working Party of London Deanery

Appendix 4

Group responsible for final amendment and editing of the Curriculum



Appendix 1

Appendix 1: Correlations between the domains used to describe the content of training in the GMC publication 'The New Doctor' (2005) and those of the Foundation Curriculum (F1 year)

| Foundation Curriculum | History Taking, Examination and Record-keeping | Time Management and Decision Making | Maintaining Good Quality Care and Patient Safety | Principles of Infection Control | Health Promotion and Public Health | Maintaining Good Medical Practice | Relationships with patients and communications | Working with Colleagues | Teaching and Training | Professional Behaviour and Probity | Acute Care |
|-------------------------------------|--|-------------------------------------|--|---------------------------------|------------------------------------|-----------------------------------|--|-------------------------|-----------------------|------------------------------------|------------|
| GMC 'The New Doctor' 2005 | | | | | | | | | | | |
| The Scientific Basis of Practice | | | | | | | | | | | |
| Diagnosis and Treatment | | | | | | | | | | | |
| Clinical and Procedural Skills | | | | | | | | | | | |
| Communication Skills | | | | | | | | | | | |
| Teaching and Learning Skills | | | | | | | | | | | |
| Personal and Professional Skills | | | | | | | | | | | |
| The Changing Patterns of Healthcare | | | | | | | | | | | |
| Legal and Ethical Issues | | | | | | | | | | | |
| Disability and Rehabilitation | | | | | | | | | | | |
| The Health of the Public | | | | | | | | | | | |
| The Individual in Today's Society | | | | | | | | | | | |



Appendix 2. Membership of F2 Curriculum Committee of Academy of Medical Royal Colleges

| Name | Affiliation |
|---|---|
| DR JANET ANDERSON | RCPCH |
| DR JULIAN BION | Intercollegiate Board for Training in Intensive Care Medicine |
| DR JEREMY BOLTON | RCPsych. |
| MRS LINDA DE COSSART | RCS England |
| PROF ALAN CROCKARD | Modernising Medical Careers (MMC) |
| PROF NEIL DOUGLAS | RCP Edinburgh/AoMRC |
| DR CHARLES GILLBE | RC Anaesthetists |
| PROF DAVID HASLAM | PMETB |
| DR ARTHUR HIBBLE | Director of PGGPE (COGPED) |
| DR DAVID KESSEL | RC Radiologists |
| DR ALASTAIR MCGOWAN | President Faculty of A&E Medicine Also: MMC |
| PROF PHILIP MURRAY | RC Ophthalmologists |
| DR ED NEVILLE (Committee Chair) | RCP London |
| DR MARGARET ROBERTS | RCPS Glasgow |
| PROF FRANK SMITH (alternative to DR HIBBLE as COGPED rep) | Director of PGGPE (COGPED) |
| DR DAVID SOWDEN | PG Dean for Trent |
| DR ANTHONY STARCZEWSKI | Associate Dean for SHOs – Wales |
| MRS WINNIE WADE | RCP London (Educationalist) |
| DR MIKE WATSON | RCP Edinburgh |
| MR CHARLES WRIGHT | RCOG |

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Appendix 3. Membership of F2 Assessment Working Party of London Deanery

| Name | Affiliation |
|-------------------------------|-----------------------------------|
| DR HELENA DAVIES | Sheffield Children's Hospital |
| PROF SHELLEY HEARD | London Deanery |
| DR BRENDAN HICKS | KSS Deanery |
| DR ANDREW LONG | NACT |
| DR ROSIE LUSZNAT | Wessex Deanery |
| PROF PAULINE MCAVOY | NCAA |
| DR ALASTAIR MCGOWAN | MMC |
| DR ED NEVILLE | Academy Of Medical Royal Colleges |
| PROF ELISABETH PAICE | London Deanery |
| PROF DAME LESLEY SOUTHGATE | London Deanery/ PMETB |
| DR PATSY STARK | University Of Sheffield |
| MRS WINNIE WADE | RCP London |

Appendix 4. Group Responsible for Editing the Curriculum

Following a period of public consultation in the autumn of 2004, final amendment and editing of the Foundation Curriculum was undertaken by Dr Ed Neville and Prof. Simon Smail, Dean of Postgraduate Medical and Dental Education, Wales, with the assistance of members of the F2 curriculum committee, the MMC team at the Department of Health and Dr Helen Baker, MMC manager for the Welsh PG Deanery.

Produced by:

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