5 - Evaluation of the Foundation Programme – Annex A

1. The GMC is pleased to submit written evidence to Medical Education England’s evaluation of the Foundation Programme. Our comments below reflect, and where necessary, build on, the oral evidence we gave on 10 March 2010.

2. This submission consists of a short covering paper responding to the five questions raised in the request for written evidence together with five annexes:
   
   a. The General Medical Council’s (GMC) role in regulating medical education and training (Annex A).
   
   b. Summary of key developments affecting the pre-registration year (now Foundation Year 1) from 1944 to date (Annex B).
   
   c. Analysis of requirements, recommendations and notable practice identified in GMC/PMETB quality assurance reports (Annex C).
   
   d. The note of a seminar of trainees held at the GMC in February which was facilitated by Lord Naren Patel (Annex D).
   
   e. Mapping of the Foundation Programme Curriculum to the GMC’s Good Medical Practice framework for appraisal and assessment (Annex E).

3. The GMC’s submission has the general endorsement of the Postgraduate Medical Education and Training Board (PMETB).

Question 1 - What were the original objectives of the Foundation Programme?

4. As has now come to be recognised, there does not appear to be a document that clearly and definitively articulates the detailed aims and objectives of the Foundation Programme, although a number of different documents set this out in broad terms, often as part of the overall Modernising Medical Careers programme.

5. The Chief Medical Officer for England’s report Unfinished Business (2002) first proposed a two year foundation programme, to include the pre-registration (PRHO) year when a doctor has provisional registration and a further year of training, and a greater emphasis on competency based assessment. Modernising Medical Careers (2003) accepted the proposal for a two year foundation programme, focused on gaining generic competencies relevant to any branch of medicine.
6. Other declared objectives of the Foundation Programme included ‘managing the acutely ill patient’ (*Modernising Medical Careers: Foundation Programmes, NHS Scotland and Operational Framework*, MMC 2005); a ‘planned programme of supervised clinical practice designed to provide a bridge between undergraduate and postgraduate medical training’ (*Operational Framework*, MMC 2005); ‘placements educationally co-ordinated within programmes’ (NHS Scotland); and ‘to display professional attitudes and behaviour in their clinical practice; demonstrate their competence in these areas through a thorough and reliable system of assessment; and have the opportunity to explore a range of career opportunities in different settings and in different areas of medicine’ (*Operational Framework 2005, revised 2007*).

7. The Foundation Programme was set up at the same time as a period of major change in the way the Pre-Registration House Officer (PRHO) year – now F1 - was regulated by the GMC.

8. Just prior to the publication of *Unfinished Business*, and separately, the GMC began a far-reaching review of the PRHO year. The outcome of the review was overwhelming support from those consulted to retain a specially protected and supervised period of training at this initial stage of a doctor’s career, prior to the grant of full registration, which would enable a new doctor to develop their knowledge, skills and professional behaviour. The review also recommended a move to setting outcomes that must be demonstrated and assessed during the year, and standards for training. This required change to the Medical Act 1983. The new regulatory framework came into effect on 1 August 2007 and – through *The New Doctor* – put *Good Medical Practice* and safe care for patients at the heart of the outcomes that had to be demonstrated in order to secure full registration with the GMC.

9. At this time we worked with the Academy of Medical Royal Colleges (AoMRC) and MMC ensuring the changes to the PRHO (F1) year were integrated into the operational framework and the new Foundation Programme curriculum. That ensured that the curriculum was consistent with *Good Medical Practice* so that doctors following the curriculum and successfully completing F1 would meet the outcomes set by the GMC.

10. The removal of the previous requirement to undertake a prescribed period of experience in medicine and surgery enabled F1 doctors to gain experience in a wide range of placements, as diverse as an emergency department, geriatric ward and general practice.

11. While the objectives of the F2 year were not explicitly set out, the second year builds on the experience developed in F1 and enables the new doctor to gain experience of more specialities to inform career choice. The F2 competences in the Foundation Programme curriculum are set at a higher level than those of an F1 doctor. The Foundation Programme standards in *The New Doctor* recognise that while the F2 doctor is fully registered, he or she must still practice under supervision.

12. Further detail on the development of the pre-registration year from 1953 through to *The New Doctor* in 2007 is set out in Annex B.
Question 2 - How successfully is the Foundation Programme delivering against those objectives?

13. The GMC has overseen the PRHO year, now F1, since provisional registration was introduced in 1953. Over this period we have issued guidance on undergraduate medical education and the first year of general training (which make up basic medical education) and visited universities, under whose governance basic medical education is completed, to monitor the implementation of our guidance. This gives us over 50 years’ experience of monitoring this period of training.

Curricula and structures

14. The development of a curriculum for the Foundation Programme, implemented across the UK, has put a greater emphasis on education and training during the first postgraduate years than in the past. Previously, universities had a duty to prescribe the content and list of competences to be achieved by their own graduates by the end of general clinical training. Consequently, the educational content of the PRHO year for graduates of different schools was not consistent. The New Doctor and the Foundation Programme curriculum have now set clearer, consistent content and learning outcomes for training. While we no longer specify the length of rotations, we consider that posts of four months duration, as is the usual pattern in the Foundation Programme, is probably preferable in educational terms (although this does pose practical challenges, including around induction).

15. We have also worked to ensure there is better integration across the crucial transition from undergraduate medical education to the F1 year. In developing Tomorrow’s Doctors (2009) we mapped the outcomes specified in it against those in The New Doctor, against the Foundation Programme curriculum. The curriculum has been mapped against the Good Medical Practice Framework for Appraisal and Assessment, but there may be scope to develop this further so that the framework is used for structuring portfolios across the continuum of education and training.

16. The structure supporting this period of training is now better resourced, organised and more consistent across the UK. The Operational Guide (now the Reference Guide) issued by the UK Foundation Programme Office (UKFPO) is reviewed by GMC to check that is consistent with the Standards for Training in the Foundation Programme in The New Doctor. The roles and responsibilities of educational and clinical supervisors are more clearly defined, although understanding and communication of the roles and responsibilities of educational and clinical supervisors could be improved. There are clearer processes for monitoring the progress of doctors and implementing remediation where necessary, escalated from clinical and educational supervisors, to Foundation Training Programme Directors to Foundation School Directors and Postgraduate Deans.

Assessment

17. Assessment for foundation doctors to ensure that the outcomes are met before they are allowed to gain full registration has been introduced and is more robust than previous processes. Decisions are no longer based merely on completing a period of prescribed experience. Final decisions about sign off still
need to be based on a rounded decision of the performance of a doctor, although these processes could be improved.

18. The most recent Reference Guide to the Foundation Programme is addressing this by setting out the requirements to review progress in F1 by educational supervisors, Foundation Training Programme Directors or panels and to make the recommendations to the Foundation School Director and Postgraduate Dean as to the attainment of F1 competences. The issue has also arisen as to exactly who is undertaking the assessments and whether they are trained or even experienced enough to carry out assessments. The revised Foundation Programme curriculum states that ‘most assessors should be supervising consultants, GP principals and doctors in training who are more senior than the foundation doctor, experienced nurses or allied health professional colleagues’.

19. The Certificate of Experience required by the GMC is signed by the medical school or their designated representative in a postgraduate deanery or foundation school, informed by review of the Attainment of F1 competences form and any supporting documentation. The UKFPO report for 2009 showed that in that year eight F1 doctors were reported to the GMC for fitness to practise reasons. However, around 150 doctors (some 2.4% of the 6,425 in F1) were not signed off for reasons including a need for remedial training, because they were absent for longer than the maximum permitted period of four weeks or because they had been dismissed (12 doctors) or had resigned. This data (including the number of doctors who were dismissed) suggests that there may be a need to clarify further the circumstances in which a referral is made to the GMC, and this is an issue the GMC is already exploring through the Postgraduate Board.

Quality assurance

20. Our assessment of the delivery of the Foundation Programme is informed by the Quality Assurance of the Foundation Programme (QAFP) process, with PMETB, which determines whether Postgraduate Deaneries are delivering Foundation Programme training against the Standards for Training for the Foundation Programme in The New Doctor. From a quality assurance perspective the two years of the Foundation Programme are seen as a whole. The full QAFP reports, which we publish on-line, provide a rich source of information.

21. There has been considerable progress in developing the framework of quality assurance for the Foundation Programme and standards for training, with alignment of the domains for the delivery of education and training from undergraduate to specialty including general practice training. One benefit of the quality assurance process is that the regulators have been able to intervene to support postgraduate deaneries in resolving problems.

22. There is no doubt that implementation of the Foundation Programme is variable across the UK. While we have found some excellent aspects of delivery, in other areas we have had to impose significant requirements in order for the standards to be met. Moreover, taken together the QAFP reports have identified a number of issues and challenges that need to be addressed, notably in the areas of:
a.  **Clinical supervision**: where service demands impact in ways that can bring unacceptable risk to patients and the training experience of new doctors. In particular, we believe it is unacceptable that, as some QAFP reports have shown, F2s are the most senior doctor at night-time or that an F1's first shift begins at night-time. Foundation doctors must be properly prepared for, and supervised in, the environment of night-time working.

b.  **Communication of and understanding about the roles and competencies of F1 and F2 doctors**: it is essential that foundation doctors are not being asked to perform duties which they are not competent to do, or assigned to inappropriate rotas because of incorrect assumptions made regarding their level of experience and competence. This is particularly acute in F2 where there is often a lack of understanding of the role of an F2 doctor (Refer to Annex D for notes of a seminar for foundation doctors hosted by GMC);

c.  **Departmental induction for foundation doctors**: there is room for much improvement especially to ensure that induction is better synchronised with the pattern of three or four month foundation rotations.

d.  **Educational handover of foundation doctors between placements**: there needs to be much better sharing of information about foundation doctors’ educational progress with the educational supervisor.

e.  The **quality management of the Foundation Programme by deaneries**: in particular, there is scope to improve how the findings from quality management activity are turned into action plans for local education providers and monitored by the deanery.

f.  **Assessments**: there is a need for better training for assessors, better quality control of assessments and for the provision of more useful feedback to foundation doctors regarding their performance in assessments.

g.  The **training and review of educational supervisors**: this should include appraisal, appropriate training, and better monitoring of the training of educational supervisors.

23. Many of the quality assurance issues are perennial and have been identified by the GMC over the years, and prior to the Foundation Programme.

24. Annex B sets out some of the issues that the GMC has identified in previous visits to universities. Annex C summarises themes emerging from the QAFP visits to Postgraduate Deaneries.
Question 3 - What are the future needs of the service and trainees from the first two postgraduate years (PGY1 and PGY2)?

The legal and educational purpose of F1

25. The legal purpose of the first year of the Foundation Programme is to complete basic medical education leading to full registration with GMC. Our substantial review of the PRHO year between 2002-04 and the subsequent development of the outcomes for F1 and the Standards for Training for the Foundation Programme set out in The New Doctor 2007 has reaffirmed our view of the importance of the first year as a new doctor.

26. We are strongly of the view that there must be at least one year of general training to enable new doctors to gain first experience of responsibility for patients as professionals within a structured, supported and supervised programme, before they apply for specialty training. This is the period during which they must demonstrate a progression from the competence required of a medical student to future practice as a fully registered medical practitioner. This year of general training after medical school (F1) provides a new doctor with the opportunity to consolidate their general experience, develop further their professional behaviour and gain confidence within a structured programme.

The content of the Foundation Programme

27. Medical education and training should prepare doctors for changes facing society and healthcare systems in the 21st century, including changes in healthcare delivery and nature of disease, demand driven by demographics, rising expectations and the importance of partnership with patients (Lord Darzi, Next Stage Review, 2008). These considerations, among others, informed Tomorrow’s Doctors (2009).

28. The regulatory framework for programmes for provisionally registered doctors is flexible to enable the generic competences to be gained in a wide range of specialties. Provided the standards for training are met and the outcomes for F1 can be delivered, training could increasingly take place in general practice or community setting outside the structure of acute hospital based care. (The importance of training in general practice and community settings was recognised as far back as 1992 in the GMC Recommendations on General Clinical Training).

29. The focus of the Foundation Programme is principally on learning to manage the acutely ill patient in a hospital setting. But, increasingly, key issues for UK and other advanced healthcare systems are:

a. The management of patients with one or more chronic diseases or conditions.

b. The need, arising from a., for more care to be delivered in the community.
30. The Foundation Programme curriculum reviewed by the GMC and PMETB in October 2009 is a step in the right direction as it includes a competence on managing patients with chronic disease by involvement in careful discharge planning. Awareness of background chronic conditions is also required, for example in eliciting a history, prescribing and record keeping and correspondence. But it is difficult for foundation doctors to gain exposure to caring for patients with chronic illness and understanding the continuum of care across primary and secondary care when most of their placements are in hospital specialties. The number of foundation doctors gaining experience in general practice or community placements has not met original expectations of the Foundation Programme.

31. The GMC and PMETB placed a number of conditions on the Foundation Programme curriculum and assessment system, particularly in respect of the content of the curriculum, trainee supervision and patient involvement in the assessment system. We stipulated that greater integration between the curriculum and the Leadership Framework was needed and that the curriculum must clearly articulate the roles and responsibilities of both clinical and educational supervisors in the interests of supervision and safety. A commitment was also sought from the Academy to ensure they actively explore the use of patient feedback within the approved curriculum documentation.

32. The development of opportunities for all foundation doctors to have a community placement sometime over the two year Foundation Programme is a question that the health service should urgently consider. In our view every doctor needs to understand the challenge of delivering integrated care pathways, and experience of a community placement (whether in general practice or in specialist practice delivered in the community) as well as hospital based placements is increasingly fundamental to developing that understanding. It is also important to develop better awareness of the diagnostic specialties, to understand the limitations of investigations they request for their patients and of the importance of providing adequate clinical details to the diagnostic department.

Career planning

33. Career exploration and decisions by new doctors need to begin at medical school and continue through the Foundation Programme. Tomorrow’s Doctors (2009) requires that students have access to career advice, and opportunities to explore different careers in medicine (paragraph 125) and that medical schools must have a careers guidance strategy with generic resources including an outline of career paths in medicine and the postgraduate specialties (paragraph 134). There could be benefit in developing an agreed understanding about future direction of medical careers, such as the impact of the growth in self management by people with long-term conditions, integrated into career advice for medical students. This could involve, for example, information about the future shape of the workforce within the UK and in specific parts of the UK, together with factual information about competition ratios in the various specialties.

34. The new student assistantship period required by Tomorrow’s Doctors 2009 places an emphasis on practical experience in the undergraduate years. It may be that this period will in the future contribute to better and earlier career planning by bringing forward exposure to different settings and specialties.
Question 4 - How successfully is the Foundation Programme delivering against those future needs?

35. We address above what we believe are crucial challenges in respect of the content of the curriculum and career planning. A third significant area of concern is the transfer of information between medical school and the Foundation Programme.

36. The movement of medical graduates to take up F1 posts away from the geographic location of their medical school has been a feature of training for some time but has now increased to nearly 40%. This has been facilitated by the national recruitment process into the Foundation Programme which operates across the UK. The most recent edition of *The New Doctor* states that the legal responsibility for confirming the requirements of full registration for UK graduates remains with their medical school (paragraph 55) but provides that universities or the designated representative in postgraduate deaneries or foundation schools may certify that the outcomes for provisional registration have been met.

37. However, as more doctors apply to foundation schools outside their geographic area the issue of responsibility for the F1 year and whether the processes for signing off foundation doctors for full registration are robust is causing some concern. The Medical Schools Council (MSC) Transition Group, on which the GMC is represented, is considering this issue. It is also the subject of a recommendation in the draft report of the Patel review and it is clearly a matter that needs to be resolved with the agreement of those involved in this area.

38. The arrangements for transferring information from medical school to Foundation Schools about issues relating to individual doctors need to be better understood, more supportive of trainees while still protecting patients, provide employers with more confidence and be more systematic. This issue is also being considered by the MSC Transition Group.

39. *Tomorrow’s Doctors (2009)* says that medical schools should make arrangements so that graduates’ areas of relative weakness are fed into their Foundation Programme portfolios so they can be reviewed by the educational supervisor. This information should draw on assessments in relation to the outcomes and include graduating transcripts (paragraph 121). The UKFPO Reference Guide and the Transfer of Information process is developing better sharing of information between medical schools and subsequent stages of education and training but there is room to improve this, subject to any legal issues around consent for sharing information.

Question 5 - What changes are needed to ensure that PGY1 and PGY2 deliver against future needs?

40. From 1 April 2010, the GMC will be in a strong position to realise the benefits of the merger with PMETB, developing cohesion and improving quality assurance processes across the continuum of education and training.

41. It would be helpful if the recommendations of the MEE review took into account the following principles:
a. There should be a period of wide and general training at the beginning of a new doctor's career. The length of this training depends on a range of factors including links with undergraduate and speciality training, both of which are undergoing significant change.

b. Any changes to the Foundation Programme should not be made in isolation. They should be made in the context of the continuum of education, from undergraduate through to specialty, and general practice training.

c. Change must be based on a strong evidence base, taking account of experience since the pre-registration year was first introduced and the impact on the organisational framework that now supports this period of training. As yet we are not convinced the case has been made to move away from the current two-year Foundation Programme.

d. There is, however, room for much greater clarity regarding the complementary roles of F1 and F2 – and the overall aims of the Foundation Programme need to be clearly articulated and communicated, including throughout the NHS.

e. It would be helpful if the review identified other improvements that could be made. We would particularly support the development of improvements to the career advice provided to undergraduates and foundation doctors, linked to issues such as changing demographics and patterns of healthcare delivery.

f. The outcome of this review will have UK wide implications as the Foundation Programme is delivered in the four countries of the UK. Measures to take recommendations of the evaluation forward will need to include the devolved administrations as well as England in a process agreed by the four countries. The outcome of the evaluation will also need to take account of review of the EWTD.

g. The review may also have implications for the review of the EU Directive 2005/36/EC planned to take place in 2012.

42. Finally, given the far-reaching implications of this review, and the fact that the foundation years cannot be seen in isolation we believe there is a need to feed its findings into a wider review of medical education which would need to be conducted on a UK wide basis.

GMC
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