Evaluation of the Foundation Programme

Written Evidence submissions

Background to the evaluation

As part of its recommendations for workforce planning the Tooke report, "Aspiring to Excellence", identified a need for an arm’s-length body that could integrate regional and national perspectives on issues of health workforce planning. As part of the final report of the Next Stage Review (NSR), "A High Quality Workforce" recognised the importance of medical education and proposed the establishment of Medical Education England (MEE). MEE’s role is to advise Ministers on education, training and workforce planning for dentists, doctors, healthcare scientists and pharmacists, and on the quality of workforce planning for these groups at a national level, with the aim of supporting the drive for excellence in patient care.

The Tooke report itself was commissioned in response to the problems with the implementation of Modernising Medical Careers (MMC), an attempt to accelerate training and assure the fundamental abilities of the next generation of doctors.

The Foundation programme was introduced in 2005 with the intention of bridging the gap between medical school and graduation with a period of generalist training during which generic competencies could be accumulated.

The purpose of this work is to evaluate the Foundation Programme against the core questions below, and create a report that will ultimately form the basis of recommendations to the Secretary of State and DH on the future path of the Foundation programme.

We recognise that the European Working Time Directive (EWTD) and its impact on the medical workforce is of major concern to many stakeholders. As you will know, EWTD is the subject of a current review by MEE. Please focus submissions on the Foundation Programme itself with references to EWTD to the extent to which it impacts the Foundation Programme.

Written submissions

We ask that you respond with written evidence by email using the attached written evidence template in Microsoft Word. This template is also available on our website, www.mee.nhs.uk. If you wish to submit in another format please contact us on 0207 972 5304.

Electronic submissions should be emailed to meefoundationprogramme@dh.gsi.gov.uk

Please submit responses no later than Friday 26th March 2010. Responses received after this date will not be considered. You may be contacted after your submission to supply further evidence or clarification.

If you have any queries please contact Lee Robinson on 0207 972 5304.
Written Evidence Submission  
The evaluation of the Foundation Programme

Please respond to the following questions. Please use as much space as required and attach source documents if applicable. Give evidence/examples where possible and identify whether your comments are general or linked to a particular profession or specialty within that profession. When returning your response by email, please keep it in an unlocked and editable format (no PDF documents please).

All responses must be received by Friday 26th March 2010. The group will consider all evidence submitted, and will produce a final report in June 2010

1. About you  
Mandatory questions are marked *

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<th>If you are responding on behalf of an organisation</th>
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<tr>
<td>*Please provide your name:</td>
<td>Graham Saunders</td>
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<tr>
<td>*Please provide your job title:</td>
<td>Policy Advisor</td>
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| *Please provide the organisation’s name: | NHS Employers  
 Responding on behalf of  
The NHS Confederation  
The PCT Network and  
NHS Employers |

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<tr>
<td>*Please indicate whether you have undertaken or will undertake the Foundation Programme</td>
<td>Was F1 or F2 now beyond/Current F1 or F2/Current undergraduate/Trained pre-Foundation Programme/ N/A</td>
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Confidentiality

| *Do you consent for your name or the name of your organisation to appear in the index of responses in the group’s final report? Please delete as applicable: | Yes |
| *Do you consent for your response to be quoted in the group’s final report? Please delete as applicable: | Yes |
2. Consultation questions

| 1. | **What were the original objectives of the Foundation Programme?**  
Respondents may wish to consider both educational objectives and other objectives (e.g., service provision, workforce planning etc.) |
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<td>The original objectives of the Foundation Programme were to provide a structured programme in which medical graduates could gain a broad and generic grounding in the core competencies they would need to progress in their careers and which would be objectively assessed over the two years of the programme. They would do this by adding to the knowledge and skills obtained from medical school and on completion would have a solid base in assessing and managing the sick patient, managing chronic disease and an explicit understanding of the professional skills required to be a doctor. The programme also provides an opportunity for Foundation doctors to work in a number of specialties including general practice to help in their future career choice.</td>
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<td><strong>How successfully is the Foundation Programme delivering against those objectives?</strong></td>
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| | Employers support the current 2 year Foundation Programme. It enables trainees to gain experience in acute and non acute specialties as well as exposure in general practice and in public health settings. The objective assessments during the two foundation years using MSF, DOPS, Mini-CEX and CbD give employers a better assurance of the competence of the Foundation doctor during the Foundation years and therefore directly affect the quality and safety of the services they offer to patients.  

The competencies gained through foundation training equip the doctor to deal with the acutely ill and chronic patient and to take part in a Hospital@Night arrangement provided that some of the FY2 attachments include ‘out of hours experience’. This is likely to be a core requirement in the ST1 or CT1 post to which they progress.  

The programme also equips doctors to apply for core or run through further training. There is a view that there is more variability in the practical competence of FY1 doctors when compared with previous PRHOs but that the 2 year foundation programme takes almost all doctors to the level of competence to allow them to proceed to the next step in their training.  

Overall we believe the Foundation Programme has helped deliver a better standard of training and as a consequence better trained doctors. There is room for improvement, and if best practice could be shared and adopted in all foundation schools this would benefit both the trainees and the future service. |
| 3. | **What are the future needs of the service and trainees from the first two post-graduate years (PGY1 and PGY2)?**  
Respondents may wish to consider both educational objectives and other objectives (e.g., service provision, workforce planning, etc.) |
| | We know from employers that they would prefer 6 month rather than 4 month attachments as the service benefit from each attachment comes towards the end of the attachment (for example the last month with a 4 month attachment and the last 3 months with a 6 month attachment). |
However the educational competencies can be achieved within a 4 month attachment and the advantage of a 4 month attachment is that doctors have had the experience in 4 specialties when applying for core or run-through training rather than 3 specialties as would be the case with 6 month attachments. One of the consequences for trainees if attachments are extended is that they may spend extended periods in specialties they have decided they no longer wish to pursue long term. We have been told of occasions where doctors have changed their career plans after an attachment and in particular choosing general practice after a GP attachment.

We recognise that whatever form the attachments take, structured supervision for the trainee is essential.

Implicitly one of the objectives of the first two postgraduate years is to prepare the doctor for further training in a specific specialty. Employers would like to see more consistency about whether membership examinations should or should not be seen as an optional part of the second Foundation year.

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<th>4.</th>
<th>How successfully is the Foundation Programme delivering against those future needs?</th>
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In principle the two year Foundation Programme as currently structured meets these future needs. Any modifications are minor and are more about delivery rather than principle. For example

- We need to see that the best training methods are adopted in all Foundation Schools
- We need to make sure that there good feedback from educational supervisors during the foundation years for all trainees
- We need to provide better information to trainees on career options, competition ratios, the nature of different specialties and the likely future employment opportunities to help them with a career choice
- We need to make sure that properly supervised training and learning takes place during the extended working day and not just for 9.00 a.m. to 5.00 p.m. on weekdays to compensate for the reduction in working hours arising from EWTD
- We need to make sure that all F2 doctors get out of hours and overnight experience in an acute specialty
5. **What changes are needed to ensure that PGY1 and PGY2 deliver against future needs?**

Respondents may wish to consider changes to the purpose, curricula, length, rotational structure, assessments, educational environment, selection processes, governance, career advice, and implications for training both pre-and post PGY1 and PGY2.

We have been told by employers that there is no desire to reduce foundation training to a one year programme, to do so would have a detrimental effect on service delivery and training. Selection for further training starting in December of FY2 allows the selection process to be based much more on the doctors clinical and employment experience in a way which would not be possible with a 1 year Foundation Programme where the selection process would have to rely heavily on experience at medical school as the doctor would have less than 6 months ‘employed experience’. As previously mentioned, at the end of the 2 year programme doctors can deal with the acutely ill and chronic patient and take part in a Hospital@Night arrangement in a way that a 1 year programme would not enable them to do.

A suggestion that you might like to consider is that of an optional 3rd Foundation year for those doctors who would like to broaden their experience in some further specialties before deciding on their specialty or route for further training. This avoids a doctor starting on a structured training programme which under the current arrangements would carry no credit if they wish after one or two years to change to a different programme.

More detailed issues which the review might wish to consider are

- The view that the new curriculum is much clearer and that the number of assessments has been reduced. The emphasis is now more on excellence, with formative assessments to help individuals develop. Log books are being introduced to encourage reflective practice. All these are seen as good developments.

- The view that medical graduates need to better understand the requirements of a self-directed learner in a Postgraduate programme (this is really a requirement on Medical Schools and those leading the Foundation Programme).

Our view is that Specialty Registrars and SAS doctors as well as consultants who supervise Foundation doctors need a greater understanding of how to maximise learning opportunities, and giving structured feedback to trainees.

6. **Any other points you wish to raise?**

Employers support national recruitment for Foundation with applicants able to exercise choice in the location of their Foundation School. We note that in 2009 nearly 40% of UK medical school graduates did not start foundation training in the foundation school associated with the medical school from which they graduated and that over 90% of applicants are allocated their first choice foundation school. The merger of the GMC and PMETB provides the opportunity to put the Foundation Programme into a single regulatory system – postgraduate medical education. There is no logic in the first year of the Foundation programme being ‘signed off’ by a Medical School which may be some distance away.

Any changes in the foundation programme cannot be looked at in isolation; they have to be considered as part of the whole pattern of postgraduate medical training. In particular...
Employers do not want to see any increase in the number of recruitment rounds that a doctor is required to undertake (currently 2 or 3 depending on the nature of specialty training). Recruitment rounds take both Consultants and Junior doctors away from the workplace and reduce the employment and ‘living’ stability for junior doctors.

Foundation doctors are employees. Any decision about the second Foundation Year being completed abroad should take account of the implications on their employers and not just be based on the wish of the Foundation Doctor to complete their second year abroad.
### 3. Publications to be considered as evidence

Please list any published articles or research papers that you would like the group to consider as evidence. Please note that where the referenced article appears on a password-protected site, a copy should be submitted alongside your response. Given the limited timeframe of this consultation, if you are unable to provide a valid web-link, electronic or hard copy for all other articles/papers, we may not be able to consider your submission. Please also submit copies of unpublished but relevant documents: e.g., surveys, audits, etc.

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<th>Article/paper title</th>
<th>Author(s)</th>
<th>Source journal</th>
<th>Web-link</th>
<th>Have you submitted a copy? (Applicable only where web-link is not provided) Indicate if submitted by post or email</th>
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<td>Briefing 52 – Medical training and careers – the employers’ vision</td>
<td>NHS Employers</td>
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<td><a href="http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Future-of-the-medical-workforce/Pages/MWP-FMW-PositionPaper.aspx">http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Future-of-the-medical-workforce/Pages/MWP-FMW-PositionPaper.aspx</a></td>
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4. Confidentiality of information

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory code of practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you would explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department of Health.

Medical Education England will process your personal data in accordance with the DPA and in most circumstances, this will mean that your personal data will not be disclosed to third parties.