# Foundation training: first experiences

***Foundation training is the first step in the delivery of Modernising Medical Careers. Significant changes are occuring in the first year of foundation compared with previous preregistration house officer training. Career planning, new academic programmes, changes in general practice and interprofessional learning are all areas of real change. Some trusts are also developing innovation and creativity in the way that the curriculum is being delivered.***

## Introduction

The Modernising Medical Careers (MMC) programme, the most radical overhaul of medical education in the UK, formally started in August 2005, with over 5000 newly qualified doctors entering the first year of their 2-year foundation programmes. The foundation programme aims to produce doctors who are safe; who have solid skills in acute medicine, including recognizing and managing sick patients; with developed generic professional skills; who have experience in a range of specialties, and who have undergone and succeeded in competency-based assessments. Despite the national pilots that have been ongoing, it was really only in the last 6 months or so before the start of foundation training that many of the key changes including the final structure of competency assessments, the new portfolio, the final curriculum and the operational framework all came together (Department of Health, 2005; Modernising Medical Careers, 2005a,b).

In London and the South East, the 1600 foundation year 1 (F1) doctors are divided between five Thames foundation schools. Each school is responsible for the selection and management of their foundation trainees throughout the 2 years working closely with the trusts where the trainees are based, in which Foundation Training Programme Directors manage locally 20–40 trainees.

In February 2006, 6 months into the first foundation year, 120 clinical educators and several trainees came together to learn from each other's experiences so far, both about the practicalities of delivering foundation training and the opportunities for innovation and change in the future. This article summarizes the discussion and learning at that meeting and is divided into two sections: delivery and innovation.

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## Delivery of the foundation programmes

### Career planning

One of the core themes underpinning MMC is more professional career planning and it is now a requirement to set up a career planning framework. This goes well beyond the current role and responsibilities of educational supervisors. One risk is that career planning becomes a bolt-on, rather than being totally embedded in the local educational structure. Two of the schools were now taking forward a four-stage approach of self-assessment, career exploration, decision-making and implementation.

The challenge was around the practicalities of embedding this approach to career planning. It has to begin with the medical school, it needs to be understood by educational supervisors and it requires that trainees are inducted into the same framework and have a shared understanding of what is expected. The role of the educational supervisor would be to facilitate trainees' self-assessment and development through four stages. So, although the educational supervisor has a key role, much of the work needs to be done by the trainee. Making a success of career planning will be important in both streamlining the whole career structure and in explaining the attraction of the so-called 'Cinderella' specialties.

### Academic programmes

MMC is being used as a vehicle to try and revitalize academic training in the UK. The Department of Health allocated new funding so 5% of foundation year 2 (F2) programmes have a 4-month academic module. There had been considerable competition for academic modules in London, but less interest in academic modules was reported outside London. This might be because of some ambiguity among trainees about what exactly the role is of an academic module: is it to encourage academics for the future or is it to allow people different experiences as part of their foundation training?

There was also great variation in how the programmes were being delivered. Although the intention of MMC was that, ideally, the module should run over at least a whole year, if not the whole 2 years, in reality people seemed to be putting a single 4-month block into the 1- or 2-year programme. Projects were being identified for trainees to undertake, but it was also thought worthwhile to encourage them to learn to write a review, as this would at least ensure one published piece at the end of the programme. Experience suggested that doctors would need careful mentoring in these roles, and thus that there would be a need to train the mentors.

### General practice

General practice experience was rapidly growing but was still based on the pilot F2 programmes, which incorporate 4 months of general practice into the whole F2 year programmes. From 2006, 55% of F2 programmes will contain a general practice placement and from 2007 80% will have such a placement.

Experience suggested that there were particular flexibilities and freedom in the curriculum which could be exploited during the general practice placement. For example, it was possible to have 'taster' sessions in other specialties organized, up to two per week. This could be in almost any other specialty, including hospital specialities, during the placement. A study half-day could also be used to follow up patients into the hospital who had been seen and referred from primary care. Trainers felt that it was important to choose the cases for assessment with the F2 doctors, rather than leaving them to make the choice entirely on their own. Scheduled coffee breaks were an important time in which F2 doctors saw other doctors and could discuss work issues with them informally.

However, there were ongoing challenges for general practice including remuneration, finding a large cohort of new trainers,

and particularly a problem of identifying enough space within the fabric of environments that were already doing increasing amounts of multiprofessional training.

### Interprofessional learning and teaching professionalism

The foundation programme syllabus, within the curriculum, sets out the requirement for formal teaching during both the first and second years of foundation. Much of this deals with patient safety, clinical governance, and interprofessional learning and working. Each trust and their Foundation Programme Training Directors had addressed these issues in different ways.

The majority had set up formal programmes, often lecture-based, but with multiprofessional teachers. A much smaller number had tried to bring together nurses, pharmacists and paramedical staff and F1 trainees into a genuinely multiprofessional environment to address the curriculum requirements. There were practical problems with this including getting other staff to buy in and to attend, but with adequate preparation these were thought to have often been particularly successful sessions.

One successful model involved starting F1 doctors 2 days early and undertaking mandatory advanced and intermediate life support training in a multiprofessional environment. Educational supervisors wanted to maintain flexibility and felt that there should be more self-direction in these areas, with learners encouraged to take ownership of these issues using their portfolios.

An important discussion occurred around whether the assessment tools, which are supposed to have a large formative component, could be used to teach professionalism based on a discussion of the Royal College of Physicians report on professionalism (Doctors in Society, 2005). There was general agreement that both the case-based discussion and the mini-PAT (peer assessment tool) tools, could, and should, be used for both teaching and assessing professionalism. With growing experience the tools will become increasingly useful both for development and assessment.

## Innovation

While many deaneries and trusts have used the introduction of foundation training to test ideas and innovation the projects discussed at this conference were clinical facilitators, portfolios and safe prescribing.

### The role of the clinical facilitator

One trust had put in a role, thought to be unique, of a clinical facilitator, to support foundation trainees in clinical settings. The person had set times when he/she could work with trainees regarding their clinical skills, aiming to problem solve with trainees on a 1:1 basis. The clinical facilitator helped them prioritize their work and could talk issues through with their educational supervisor as needed. The clinical facilitator bridged the gap between the postgraduate centre and the clinical setting. Although there were questions about whether the effectiveness of the role could be assessed, there was widespread enthusiasm and debate on how this type of support and initiative could be provided at a local level.

### Portfolios

The foundation-learning portfolio was put together in the last few months before the start of foundation and most trainees only received it shortly before they started the job. Although many trainees would have used portfolios in their medical school, there is currently a lack of understanding and usage among educational supervisors. The use of portfolios, so far, had been patchy. An important point was that confidentiality and trust are crucial, and concerns were raised that portfolios, having been used confidentially, might then be used as a selection tool into specialty. For this to be possible, it would be necessary for trainees to select those parts of their portfolios which they wished to present.

### E-portfolios

There was good support for the principle of using an e-portfolio to manage the demonstration of competencies for foundation and this is now being taken forward by a national e-portfolio group.

### Safe prescribing

From the start, foundation programmes have emphasized the importance of patient safety including the formal teaching in the F1 year, and safe prescribing in clinical practices is one of the core competencies. Kings College London developed a comprehensive, safe prescribing programme that has now been well trialled. It became clear that the issue of safe prescribing is important and challenging to all trusts and educational supervisors. Some of the difficulties, problems and lack of knowledge demonstrated by trainees using this module were a cause of concern.

The programme was thought to be a helpful way forward, and ideally ought to be fully embedded within the foundation programme with outcomes demonstrated through the learning portfolio. If there were repeated errors, trainees would need to have their prescribing countersigned by a clinical supervisor until progress had been made.

## Conclusions

The conference demonstrated how good practice, learning and innovation had been stimulated by the introduction of foundation programmes. Major changes have been introduced over a very short period of time with the cooperation of trusts, trainees and trainers. It was also apparent that there would be ongoing innovation, change and development in the coming years. The message was clear, however; at this early stage foundation is proving a step-change improvement in the education of young doctors in the UK. **BJHM**

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## KEY POINTS

- Foundation training is the first step in the delivery of the programme of Modernising Medical Careers.
- Real change is starting to happen in the delivery of the first year of foundation training compared with preregistration house officer training.
- Innovation and creativity in education is being stimulated in some trusts.