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British Medical Association (Scotland)  
Members of the Scottish Medical Training Board

19 February 2010

### **SCOTTISH FOUNDATION PROGRAMMES REVIEW - CALL FOR EVIDENCE**

The Scottish Medical Training Board(SMTB), formerly the Specialty Training Programme Board, is calling for evidence on the Scottish Foundation Programmes review.

The review will encompass the strengths and challenges of the Foundation Programmes, the current management arrangements, and take account of wider workforce planning developments. The SMTB is particularly keen to hear from those with a knowledge of the Programmes, their impact on quality and delivery of training, on employment, and the delivery of local and national health services.

This following paper provides information on the context for the review, and invites responses on a range of questions.

**Responses are requested no later than 31st March 2010. Ideally, we would wish responses by e-mail to: [John-Mark.Glover@scotland.gsi.gov.uk](mailto:John-Mark.Glover@scotland.gsi.gov.uk)**

**If you wish to post your response, please send this to:**

John-Mark Glover, Workforce Planning & Development Division, Ground Floor  
Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG

We look forward to hearing from you.

Yours faithfully

**Dr Alastair Cook**

**Scottish Government Health Workforce Directorate**

## **SCOTTISH FOUNDATION PROGRAMME REVIEW – CALL FOR EVIDENCE**

### **CONTEXT FOR REVIEW OF FOUNDATION IN SCOTLAND**

1. The introduction of a 2 year Foundation programme for all graduates from UK medical schools was one of the main changes introduced by Modernising Medical Careers. The programmes started in August 2005 with the first cohort completing Foundation training in 2007. In 2008, following the problems surrounding recruitment to specialty training, the MMC enquiry, led by Sir John Tooke, published *Aspiring to Excellence*. That report made a large number of recommendations, including one that the employment linkage between the two years of the Foundation programme should be broken and the competences currently covered in the FY2 year should be included in the first year of themed core programmes.

2. In his response to Tooke the Secretary of State in England deferred decision on this recommendation and has since asked Medical Education England to commission a review of the Foundation programme. This review commenced in late 2009 and is due to report to the Department of Health in May 2010 with a final report to ministers in June 2010.

3. In Scotland during 2009 some concerns were brought to the Specialty Training Programme Board (STPB) around the frequency of placement changes for Foundation doctors. The concerns centred on lack of continuity of both patient care and training support, with worries that frequent changes of placement were leading to increased stress on trainees and risks to patient safety. There were different views on the extent to which this was caused by 4 month placements or changes in working patterns necessitated by Working Time Regulation compliance. It was agreed by STPB that changes to placement length would probably be desirable but that any such changes should be introduced following a review. STPB agreed that a Scottish review should be initiated to run in parallel but link closely to the review in England.

4. At an initial stakeholder day in November 2009 a number of key issues were identified for wider consideration. This paper summarises those issues and invites interested parties to provide evidence, views, comments or to raise any other areas of concern that need to be addressed as part of the review.

5. On 5<sup>th</sup> November 2009, the groups attending the stakeholder event were asked to consider the purpose, structure and content of foundation programmes and this paper follows the same framework.

6. For purposes of this call for evidence the terms “Foundation” or “Foundation element of training” are used to describe an initial period of postgraduate training that is completed by all UK graduates before entering specialist training. The length, nature and content of such a period are open for debate as part of this review.

## **PURPOSE OF FOUNDATION**

7. There are a number of potential purposes that a foundation element of training might fulfil. It is important to understand the intended purpose as a starting point, before considering how structure and content should be designed to meet that purpose

8. There are potential generic purposes of Foundation that include:

- Ensure all doctors that complete Foundation have a clear set of generic competences that equip them for practice at the standard required of a registered doctor in the UK and that they are ready to enter basic specialty training.
- Manage transition from being a student to being a doctor and employee in a supportive training environment

9. There are other purposes that will vary according to the extent a trainee is certain about their eventual career destination.

- For trainees that know which specialty they intend to pursue the Foundation element might allow them to begin to gain better understanding and experience of the specialty they intend to train in.
- For trainees who are less certain the opportunity to sample a number of different specialties might allow them to come to a conclusion about their eventual destination.

10. Three scenarios were considered at the stakeholder day:

### **Scenario 1**

Foundation is a broad based generic medical training programme. It bridges the gap between medical school and specialty training. Doctors will learn to recognise and manage the ill patient and develop professionalism, which will be measured by their acquisition of Foundation competencies. Exposure to a wide range of medical specialities will help inform career choices and provide a balanced programme. Doctors successfully completing Foundation training will be eligible to apply for all Specialty Training Programmes.

### **Scenario 2**

Foundation training is a broad based programme that allows doctors to acquire the competencies of the Foundation curriculum and experience a range of medical specialties. While focusing on Foundation competencies, the design of the programme should allow doctors to experience and explore their chosen specialty.

### Scenario 3

The purpose of Foundation training is to help doctors to prepare for entry into Specialty Training. In addition to acquiring Foundation competencies, doctors will gain experience working in their chosen specialty. Programmes will be designed to best facilitate their preparation for Specialty Training by providing experience in their chosen specialty via themed programmes and/or by allowing sufficient time in specialty placements.

#### QUESTION FOR RESPONDENTS

11. Which of the 3 scenarios (1, 2 or 3) most closely matches your understanding of the purpose of Foundation?

12. Which of the 3 scenarios (1, 2 or 3) is least close, and Why? (free text)

13. A significant number of Foundation trainees change their mind on their likely specialty of choice over the course of Foundation training. To what extent should this be taken into consideration in designing the foundation element of training? Is the opportunity to experience diversity in placements at this stage in career :

a) Important for all doctors

b) Important only for some doctors

c) Not important

Why? (free text)

## STRUCTURE OF FOUNDATION TRAINING

### LENGTH OF TRAINING

14. To a large extent the length of a Foundation element to training is dependent on the expected outcomes. If there is an extensive generic curriculum, then training time will be longer. Stakeholder view was that it would be very difficult to deliver the current Foundation curriculum in one year and that some trainees find it challenging to complete in 2 years. The implementation of Working Time Regulations means that trainees have fewer working / training hours per year so this is likely to become more challenging.

15. Advantages of a 2 year programme were thought to include the security of employment for a period after graduation, that this allowed doctors to experience work for at least a year before applying for specialty training and that a longer programme allowed a greater range of different placements. It was thought that for many trainees that did not have a clear idea of their future career direction, and for a few that were finding it difficult to adapt to the postgraduate training environment that an ability to extend to a third Foundation year would be advantageous.

16. Restriction of Foundation element of training to a single year would limit the curriculum that could be delivered in that year but many trainees are clear about their career intentions and it was acknowledged that for some of them placements in second year of foundation can feel as though they are marking time.

### QUESTIONS ON LENGTH OF TRAINING

17. From the choices below), what is your preferred length of the Foundation element of training?

- a) 1 year
- b) 2 years
- c) 3 years
- d) 1 year for all with an optional 2<sup>nd</sup> year for most
- e) 2 years for all with an optional 3<sup>rd</sup> year for some
- f) another option or combination

18. Please rank preferences(a, b, c, d or e) in order, most preferred first.

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19. Please give reasoning (free text)

## **LENGTH OF PLACEMENTS**

20. Prior to the stakeholder event there was disagreement about the extent to which the 4 month placements that make up current Foundation programmes had caused difficulties for trainees, trainers and for the service compared to the previous arrangements where nearly all placements in early years of training were for 6 months.

21. At the stakeholder day a number of advantages and disadvantages of 4 and 6 month placements were discussed:

### **4 MONTH PLACEMENTS**

#### **Advantages**

- There is evidence that most learning occurs in the first 4 months of a placement and that months 5 and 6 tend to be more about consolidation. 4 month placements ensure trainees are consistently challenged to learn and progress.
- If a trainee is in a placement they are either not committed to or not enjoying shorter rotation will result in them moving when they have gained any value they can from the placement and shorten time they are “treading water”.
- Shorter placements allow a greater variety within a programme. Trainees that are unsure of their eventual career direction can benefit from this.
- There is strong evidence that experience of less popular specialties (psychiatry/paediatrics) during foundation programmes results in a greater likelihood of trainees deciding to enter specialty training in those specialties.

#### **Disadvantages**

- Frequent rotations can increase the stress on trainees in the early years of training.

- A lack of ability to consolidate learning in a particular placement can be frustrating.
- Shorter placements are more disruptive to relationships with clinical team and supervising consultant.
- Greater variety means more trainees will have a placement in a specialty they did not wish.

## **6 MONTH PLACEMENTS**

### **Advantages**

- The period of consolidation in months 5 and 6 is useful to service and good for trainee confidence and experience.
- Trainees have longer to get to know and work with a clinical team and supervising consultant
- Less frequent changeovers may be less stressful for trainees.
- Opportunity to recognise, support and correct problems will be greater in a longer placement

### **Disadvantages**

- Fewer longer placements would reduce the variety of experience in Foundation.
- Fewer placements may limit experience of less popular specialties and result in a fall in applications to them.
- Trainees in a placement they did not wish or are not enjoying would have longer to wait before moving to a preferred placement.

## **QUESTION ON LENGTHS OF PLACEMENT**

22. There are a number of potential scenarios for combining length of programme and placement. Please list the following options in order of preference(a, b, c, d, e, or f) and/or include any other combinations that would be preferable (and explain why) in the free text area.

- 2 x 6 month placements
- 3 x 4 month placements
- 6 x 4 month placements
- 4 x 6 month placements
- 2 x 6 month followed by 3x 4 month placements
- 6 x 6 month placements

23. Please give reasoning and any other options that should be considered (free text)

## **CONTENT OF A FOUNDATION PROGRAMME**

24. The content that is required in a Foundation programme is dependent on the amount of generic training that needs to be delivered and will therefore be largely determined by our decisions about purpose and structure. The stakeholder group thought there were three areas of content on which further debate and discussion would be useful. These were community placements, academic programmes and assessment schedules.

## **COMMUNITY PLACEMENTS**

25. In general there was agreement that where they had been incorporated in programmes, community placements were beneficial in that they allowed trainees to experience work in an environment outside the hospital. It was thought that the benefits were related to all specialties with a community element rather than specific to GP practice placements. There are some that argue that all hospital doctors should have an experience in general practice as they will relate to practices throughout their subsequent career but this was counterbalanced by a view that practices find it disruptive to have to manage trainees that are not keen to be on such a placement. Currently approximately 30% of foundation trainees in Scotland have a GP or community placement in their programme.

26. The stakeholders thought that we should aim to increase the availability of a range of community placements but that not all programmes should have such a placement. Placements would have to be created by conversion of posts from hospital – creating a different set of issues and problems.

## **QUESTIONS ON COMMUNITY PLACEMENTS**

27. Which of the following statements corresponds most closely with your view?

a) A Foundation placement in General Practice should be compulsory

b) A Foundation placement that has a community element should be compulsory

c) A Foundation placement in General Practice placement should be available to all that want it.

d) A Foundation placement with a community element should be available to all that want it.

e) There are sufficient GP/Community placements available in current Foundation programmes and no more are needed

f) GP/Community placements should not be included in foundation training

28. Please rank order of preference(a, b, c, d, e or f) and give reasoning (free text)

### **ACADEMIC FOUNDATION PROGRAMMES**

29. Stakeholders had mixed views about the value of academic programmes at Foundation level. Some thought they provided support for academia in general and in particular for development of mixed clinical and research posts.

30. On the other hand there was a view that the academic element is additional to the purpose of Foundation, that programmes varied quite widely and for some selection may be too early. Most agreed that the current different approach to selection for academic posts needed to be reviewed and that the academic programmes should have a similar selection process to mainstream Foundation programmes.

### **QUESTION ON ACADEMIC PROGRAMMES**

31. How important is it that there is an academic option for some entering Foundation training?

a) Important, we should increase the availability of this option.

b) Important but there are sufficient programmes already.

c) Not important, academic career options should commence after Foundation.

32. Please give reasoning (free text)

### **ASSESSMENT SCHEDULE**

33. There has been some criticism of the extensive assessment schedule within Foundation and questions about how much of it is necessary. The stakeholders thought that the current schedule is useful in picking up poor performance but there was a general view that there should certainly be no more assessment added and that some elements could probably be reviewed. A review would have to follow the decisions made on the future of the current programmes.

### **QUESTION ON ASSESSMENT**

34. Do you think current assessment process in foundation is:

a) Too intensive – some aspects should be dropped

b) About right – no change required

c) inadequate – needs substantial revision

35. Please give reasoning (free text)

## OTHER AREAS OF CONCERN OR INTEREST

36. Do you have any further comments or any areas for discussion that have not been covered in this questionnaire? (Free text)

We are inviting written responses to this paper by **31st March**. By e-mail to: [John-Mark.Glover@scotland.gsi.gov.uk](mailto:John-Mark.Glover@scotland.gsi.gov.uk)

**If you wish to post your response, please send this to:**

*John-Mark Glover, Workforce Planning & Development Division, Ground Floor Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG*

If you have any queries, contact Dave McLeod on 0131 244 2486.

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form at Annex A** as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

### **What happens next?**

Following the closing date, all responses will be analysed and considered along with any other available evidence to help SMTB reach a decision on the relevant issues. We aim to publish a summary response on this call for evidence by late May 2010.



## RESPONDENT INFORMATION FORM

Please Note That This Form **Must** Be Returned With Your Response To Ensure That We Handle Your Response Appropriately

## 1. Name/Organisation

Organisation Name

Title Mr  Ms  Mrs  Miss  Dr  *Please tick as appropriate*

Surname

Forename

## 2. Postal Address

Postcode	Phone	Email

## 3. Permissions

I am responding as...

Individual

/

Group/Organisation

*Please tick as appropriate*

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

*Please tick as appropriate*  Yes

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

*Please tick ONE of the following boxes*

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

*Please tick as appropriate*  Yes

No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

*Please tick as appropriate*

Yes

No