

## Peninsula Foundation School – Guidance for curriculum linking 2024

The curriculum is divided into three sections: HLO 1, HLO 2 and HLO 3.

Each Foundation Programme Capability (FPC) can have a maximum of 10 pieces of linked evidence.

**Each piece of evidence can only be linked 3 times.**

Evidence must demonstrate competence in both physical and mental health.

The summary narrative for each HLO should be written to give an overview of how the links effectively evidence the required capabilities.

Each summary should direct the assessor as to WHY they have chosen the links they have used in that section. This is particularly important when using the same SLE to evidence different things e.g., a MiniCEX linked to HLO1.1 and 1.2. Why are they being used in both sections.

The narrative should not be waffle about what they have and haven't done.

After reading the SN the assessor should have an idea of what evidence has been used and why.

HLO 1 and FPC 1-5 cover the clinical parts of the curriculum.

**HLO 1 is likely to contain the most links and needs to contain evidence to show the foundation doctor (FD) can “do” things in the main. This means it should consist mainly of the highest level of evidence – SLEs.** Written reflections are also relevant to this section as well as evidence the FD can do things in a simulated environment. Knowing something, from completing an eLearning or attending teaching, is the lowest form of evidence and should be used sparingly in this HLO. **10 SLE links should be encouraged of a variety of clinical encounters. They must include acute, non-acute and community settings.**

Clinical setting \*

- Acute (eg ED, theatre, admissions)
- Non-acute (eg OPD, ward)
- Community (eg GP surgery, home visits)
- Other

Evidence linked to FPC 1-5 must show that the FD is competent in the capabilities in 3 areas by ARCP: acute settings, non-acute settings, and community. This is mainly in HLO1.1. If a trainee does not have a formal community post in their programme, then specific thought is needed as to how this can be evidenced e.g. an outpatient clinic, community discharge planning etc.

To demonstrate sufficient competence to fulfil these criteria a range of SLEs will be required covering a number of different acute and non-acute presentations, mental and physical health.

**SLEs linked to HLO1.1 and 1.2 should be sufficiently different so that there is clear evidence of competence in these capabilities. This is the ONLY evidence the school has of clinical competence.**

**HLO 1.2 must have links to cover both Physical and mental health**

**When assessing the links in HLO1.1 and 1.2 the assessor should be left in no doubt that that individual is clinically competent in assessing and managing deteriorating acutely unwell patients, managing acute presentations (including MH), and managing chronic conditions (including MH). If you have doubts – the links are not sufficient!**

Where experiential learning cannot be acquired from the foundation placements, if appropriate, simulation can be used as a substitute to “show” competence instead.

**F1 expectation:** demonstrate competence to a level where the FD can **recognise** an unwell patient and seek advice and support appropriately. They should be able to recognise and understand common presentations acute and non-acute. In all settings an F1 should be able to **know how** to investigate a patient appropriately.

**F2 expectation:** demonstrate competence to a level where the FD can **manage** both acute and non-acute presentations and is able to **act on** investigations, whilst also seeking appropriate advice and support. An F2 should demonstrate **independent practice** to a level that demonstrates readiness to progress to specialty training.

**N.B.** *This guidance provides a framework to build curriculum links to effectively evidence the required capabilities and sets out the expectation of the Peninsula Foundation School. It is not complete or exclusive. For a full explanation, please refer to the [UK Foundation Programme Curriculum 2021](#) document found on the UKFPO website.*

## **HLO 1 An accountable, capable and compassionate doctor**

**FPC 1 Clinical assessment:** assess patient needs in a variety of clinical settings including acute, non-acute and community.

**SLEs and reflection** demonstrating direct involvement in communicating with patients, assessing patients with a range of presentations, examining patients, consideration of vulnerable patients and safeguarding issues.

An F2 should include evidence of competence in instigating a range of standardized assessments e.g., mental state, suicide risk, pain scores, VTE assessment.

**FPC 2 Clinical prioritisation:** recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health.

F1: a range of **SLEs and reflection** demonstrating the ability to recognise the need for urgent intervention for physical and mental health problems.

Demonstrate the skills needed to initiate immediate management in the critically ill patient.

Demonstrate the ability to provide comfort and support to the dying patient.

F2: a range of **SLEs and reflection** demonstrating the ability to take responsibility for initial management of critically ill patients and the knowledge and skills to manage a variety of common urgent care scenarios including mental health presentations. Demonstrate the ability to take a leading role.

Recognise “the dying patient” and ensure comfort and support.

F1 and F2: Seek advice and support appropriately.

Advanced life support skills must be demonstrated for this FPC; **ALS certificate should be linked here (or iLS in F1).**

**FPC 3 Holistic planning:** diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical, psychological and social needs of the patient.

F1 and F2

**TAB and PSG feedback** demonstrating good communication skills with patients and team members.

**SLEs and reflection** demonstrating:

- involvement in managing complex and longstanding conditions
- F2 initiating care and making management decisions
- appropriate use of investigations / interpretation of investigations
- appropriate obtaining of consent and understanding capacity
- knowledge and application of guidelines
- understanding patient needs and impact of coexisting conditions

**FPC 4 Communication and Care:** provide clear explanations to patients /carers, agree a plan and deliver healthcare advice and treatment where appropriate.

F1 – must deliver care in an appropriate manner including physical interventions, procedures, prescribing and blood transfusion.

- **PSA must be linked here.**
- **SLEs** covering nutrition, hydration, symptom control including pain, end of life care and CPR.
- **SLEs and reflections** on communicating diagnoses, prognosis, discussions over disease management and health promotion.
- **eLearning** on health promotion and non-pharmacological therapies.

F2

- **reflections** on involving patients in their treatment, confidence in non-pharmacological therapies, complex consent issues, communicating prognosis and DNAR discussions.
- **SLEs** on prescribing for end of life, social prescribing, complex consent.

**FPC 5 Continuity of care:** contribute to safe ongoing care both in and out of hours.

F1

**TAB, PSG and CSR** demonstrating ability to prioritise tasks, take responsibility for completion and seeking help when appropriate, arranging safe discharge, effective handover, appropriate escalation of concerns.

**Reflection** on appropriate escalation of care, effective handover, safe discharge.

**SLEs** demonstrating correct procedure for patient identification, safe continuing care in appropriate environments, mental or palliate health referral.

F2

**TAB, PSG and CSR** demonstrating ability to take responsibility for patient care under indirect supervision, ability to facilitate patient flow, supervise F1 doctors, ability to lead safe handover, competence in written communication for referral and summaries of patient care.

**Reflection** on involvement in clinical settings demonstrating ability to work independently, manage patient flow, supervise juniors and AHPs, handovers and patient referrals.

## **HLO 2 A valuable member of the healthcare workforce**

**FPC 6 Sharing the vision:** work confidently within and, where appropriate, guide the multi-professional team to deliver a consistently high standard of patient care on sound ethical principles.

**F1 and F2**

**TAB, PSG, CSR, ESR** to demonstrate qualities of effective teamwork and personal behaviours, leadership and initiative.

**LEADER form** to demonstrate effective leadership.

**Reflection** on teamworking, multi-professional interactions, challenging situations etc.

F2s **reflection** on recognition of when others are not performing and offering support / seeking advice.

**FPC 7 Fitness for practice:** develop the skills necessary to manage own personal well-being.

Recognise the importance of personal wellbeing for safe patient care (e.g., takes breaks appropriately, registers with a GP, seeks help when needed).

Recognise the importance of protecting patients and colleagues from risks posed by personal health issues. Understand personal wellbeing in the context of planning a future career.

## Reflection

TAB / PSG / CSR / ESR

## eLearning

**FPC 8 Upholding values:** act as a responsible employee, including speaking up when others do not, act in accordance with the values of the healthcare system.

Demonstrate through feedback (TAB / PSG / CSR / ESR) ability to take responsibility for own actions, need to ensure safe cover in unexpected situations and facilitating safe and efficient use of resources.

F2 should include examples to evidence ability to take a proactive approach in these situations.

**Reflection** to demonstrate awareness of need to report failure of care or examples of substandard care. F2 should demonstrate understanding of causes of medical error.

**eLearning** to demonstrate understanding of principles of the national healthcare system, including conforming to legislative requirements.

**FPC 9 Quality improvement:** take an active part in processes to improve the quality of care.

F1 – demonstrate an engagement with QI initiatives through activities such as data collection, attending QI meetings and following recommendations to improve the quality of care.

**Evidence of QI participation present in portfolio and linked here.**

**Reflection** on meeting attended or new guidelines implemented.

F2 – take an active part in ongoing QI work and encourage others to follow recommendations to improve care; instigate and carry out a QIP; adopt a new pattern of work to enhance patient care.

**QIP project with presentation of findings and recommendations in portfolio and linked here.**

**Reflection** on implementing recommendations.

**FPC 10 Teaching the teacher:** teach and present effectively.

F1 – plan and deliver a formal teaching session using an appropriate teaching method; provide clear explanations in the clinical setting including ability to educate patients about their condition.

F2 – deliver teaching in clinical setting to students, junior doctors and AHPs; provide feedback.

## DCT assessment.

**Leader** assessment on teaching / presentation.

**Feedback** from attendees.

Comments on clinical teaching in **PSG and CSR.**

## HLO 3 A professional, responsible for their own practice and portfolio development.

**FPC 11 Ethics and Law:** demonstrate professional practice in line with the curriculum, GMC and other statutory requirements through development of a professional portfolio.

F1 – regularly develops and maintains portfolio, demonstrates initiative, participates in quality assurance of training programme and national surveys.

**CSR and ESR** confirming engagement with portfolio requirements.

Evidence of completing **EoP feedback, GMC survey** and other quality assurance activity.

**Reflection** on portfolio requirements and progress through F1.

F2 – as above but also demonstrates readiness to practice with indirect supervision and move on to further training. Proactively develops portfolio to demonstrate skills in line with career expectations and future professional development.

**CSR and ESR** confirming engagement with portfolio requirements.

Evidence of completing **EoP feedback, GMC survey** and other quality assurance activity.

Portfolio evidence of **study leave activity**.

**Reflection** on career development plans.

**Teaching log / eLearning** - careers / professional development.

**FPC 12 Continuing professional development:** develop practice, including the acquisition of new knowledge and skills through experiential learning; acceptance of feedback and, if necessary, remediation; reading and, if appropriate, by research.

F1 – seeks feedback, demonstrates ability to understand criticism, adapts practice. Actively engages with foundation training, completes curriculum requirements and participates in core teaching programme.

**TAB / PSG / CSR / ESR.**

**Reflection.**

**Teaching log** – minimum 30 hours core teaching, minimum 60 hours total.

Other portfolio evidence of relevant activity.

F2 – as above but also demonstrates an ability to seek out and appraise new knowledge.

**FPC 13 Understanding medicine:** understand the breadth of medical practice and plan a career.

F1 and F2 – demonstrate an understanding of the breadth of medical practice and different healthcare environments; demonstrate an understanding of career options.

**eLearning**

**Teaching log**

**Reflections**

**Abbreviations:**

HLO – Higher learning outcome

FPC – Foundation Programme Capability

TAB – Team assessment of behaviour

PSG – Placement supervision group

SLE – supervised learning event

DCT – developing the clinical teacher

CSR – clinical supervisor report

ESR – Educational supervisor report

EoP – End of placement

PSA – prescribing safely assessment

ALS – advanced life support

iLS – immediate life support