letters to the editor

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Now I know what I don't know: how to reform the foundation years to fit 21st-century medicine

Editor – Laura Watts makes some good points in her critique of the UK Foundation Programme (*Clin Med* April 2013 pp163–5). Her proposal that there should be more flexibility in the choice of placements in the second year, to allow better preparation for subsequent specialty applications, is already in place in the West Midlands, where all foundation year (FY) doctors select their second year programme during March of their FY1 year and compete for popular rotations through evidence of their engagement in the programme with their ePortfolios.[1] In 2012 and 2013, all 570 FY1 doctors in the West Midlands deanery responded to a survey on the principal and the process of this system. Two-thirds consistently state that they prefer this uncoupled 2-year programme to a fixed 2-year programme.

The shortcomings Watts describes of the original assessment system in the Foundation Programme are well documented in the literature and have actually already been addressed in the 2012 curriculum.[2] While it is true that the workplace assessments formerly used as 'evidence of competence' have been renamed as supervised learning events (SLEs), more importantly their function has also been completely changed. They are now only used formatively for teaching and the 'results' of SLEs are disregarded in judging a trainee's suitability to progress. The trainees must still engage in SLEs, using them to seek teaching on their weaker topics, but progression is now judged by reviews of their workplace clinical performance. Performance is what they actually do and is different from competence (what they *can* do), and reflects much more accurately how skilled they are clinically than the much derided 'assessment of competence' using miniCEX and CbD. True performance assessment of interpersonal and communication skill, professionalism and teamworking using the multi source feedback TAB, has long been the most valued assessment tool in the Foundation Programme. From August 2012, trainees' overall clinical performance is also assessed in each foundation placement by the placement supervision group (PSG), which pools views from qualified observers, including consultants, senior specialty trainees and specialist nurses, to add weight to the clinical supervisor's end of placement report. This group review is like the 'local faculty group' model, increasingly popular as a clinical assessment process in specialty programmes, and which also relies on true performance assessment by multiple consultants.

Specialty curriculum redesign, including core medical training (CMT), followed on from foundation training in 2007, adopting the tools of workplace assessment which were initially used in foundation programmes. We may well see improved methods of clinical assessment, as now specified for foundation year doctors coming in to CMT and other medical specialty curricula before long, addressing a widespread unease about the unreliability and bureaucratic burden of the competence assessment tools we are still required to use in CMT.

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References

1 Palmer R, Howes J, Whitehouse A. Using assessment to drive learning by linkage to Foundation year 2 allocation process. *B J Hosp Med* 2008;69:472–3.
2 The Foundation Programme. Key documents, 2013. www.foundationprogramme.nhs.uk/pages/home/keydocs [Accessed 4 June 2013].

Now I know what I don't know: how to reform the foundation years to fit 21st-century medicine

Editor – Dr Watts (*Clin Med* April 2013 pp163–5) portrays the success of the four nations Foundation Programme Curriculum (FPC) – providing a curriculum for the first 2 years of postgraduate practice where none previously existed, thus addressing the muddle facing senior house officers (SHOs) of the 'lost tribe'.

She graphically illustrates the problems facing young doctors resulting from the European working time directive (EWTD) with the resultant loss of the 'firm' system of support from seniors that they knew and with whom they shared mutual trust. If Dr Watts is 'expected to cope single handedly with 80–100 patients out of hours' this is totally contrary to the principles of FPC and a matter for urgent attention by the local education provider or Deanery Quality Management process.

Dr Watts' concerns echo those in the Foundation for Excellence[1] report relating to delivery and over-assessment rather than the curriculum itself.

The 2012 FPC revision has addressed some of those concerns, in particular:

1 FPC consists outcome-based, high-level descriptors that indicate the expected performance at foundation year (FY) 1 and 2 level. There is no need to try to acquire evidence for every competence.
2 Assessment is based largely on observations of the FY doctor's performance in the workplace.
3 Supervised learning events (SLEs) have replaced workplace-based assessments.[3] SLEs exist purely to deliver feedback to help the trainee develop and provide material for reflection. SLEs do not form part of the assessment process.

There has been, and always will be, some dissatisfaction with allocation of rotations, but many deaneries (including Dr Watts' own)[4] offer opportunities to swap. Previously, many doctors had to seek a new job every 6–12 months. The primary requirement for