Medical Schools Council

Chair
Professor Sir John Tooke
DM DSc FRCP FMedSci

Executive Director
Dr Katie Petty-Saphon

The Medical Schools Council Response to the suggested revision of the Foundation Programme curriculum

In light of the proposed revision of the Foundation Programme curriculum the Medical Schools Council would first like to highlight some of the curriculum's key strengths:

- The curriculum is both well written and clearly presented
- There is explicit linkage to the pillars of Good Medical Practice
- The emphasis on the key skills required at this stage of medical practice – particularly those required for the recognition and management of the acutely ill patient, and those acknowledging a doctor's role in Public Health

As revisions to the curriculum are planned, it will be important to ensure that the curriculum aligns with the outcomes required by the undergraduate curriculum, in the light of the revisions to Tomorrow's Doctors. We suggest that particular attention is paid to the following:

General Comments about the Curriculum

- The document itself is long – we do wonder how practically useful it is for junior doctors and their educational supervisors on a day-to-day basis
- There could be greater emphasis on the skills required for non-acute care, in particular Mental Health
- There is an emphasis on evidence-based practice; we would like to see this augmented by an emphasis on considering values (patient, practitioner and public) as part of the decision-making process alongside the use of evidence
- We believe that there would be benefit in including a specific outcome on working across cultures
- In the next iteration of the curriculum, it would be helpful to define what is meant by the terms 'multi-professional' and 'multi-disciplinary' and then to make consistent use of these terms
- We should like to see the use of 'portfolio assessment' starting at Medical School and continuing into Foundation years and then on through to revalidation rather than seeing it as a stand-alone document solely for use in the Foundation years

- There should be a mechanism to introduce a better understanding of change management insofar as it relates to service improvements/changes

- There needs to be strengthening of the document in relation to working at night - this should not just relate to handover but explicitly to the management of emergencies out of hours - organisationally and medically (eg acute asthma, acute pulmonary oedema etc)

- We understand that the management of chronic diseases will feature more prominently in the revision. In relation to this there needs to be a strengthening of the current curriculum entry that relates to compliance and include this in the setting of the management of chronic disease.

Comments about specific elements

Foreword

We welcome the inclusion of 'shared decision-making' as a specific outcome (p.4) but it is not included in section 4 – 'construct a management plan'. Doctors in training rarely have the chance to discuss management plans with patients (except perhaps in general practice) and this is something that needs to be addressed. We would suggest that discussion of the plan and the shared decision making process is included in this section.

Reflective Questions

P12 – we recommend moving away from 'history taking' to 'eliciting a history'; 'taking' is very doctor-centred. We suggest that the following additional questions are included:

- Am I adopting a patient-centred approach?
- Do I explore a patient's values and cultural focus?
- Can I work effectively with a patient advocate and/or interpreter?
- Do I need to take notes when eliciting a history or am I able to concentrate on the patient and write up accurately later?

P13 – Telephone – we suggest that the following additional questions are included:

- Did I check the caller's understanding?
- Did I check my understanding with the caller?
- Did I summarise our conversation?

Communicating on the Telephone

P26 – we suggest the inclusion of the importance of making notes of telephone consultations.

Teaching and Learning Methods

P32 – we suggest the inclusion of 'critical incident analysis'. In addition the issues of consent and documentation for audio/video recordings need to be considered

Assessment Differences between F1 and F2

P40 – Multisource Feedback should include patients/carers

P43 – we suggest that the issue of how the patient's perspective is elicited is considered (currently it sounds like the doctor's perspective of the patient's perspective)

Health Promotion Patient Education and Public Health

P71 – we suggest that an exploration of the patient's beliefs about disease is included before educating the patient

P72 - we suggest that substance abuse is included alongside smoking and alcohol

Teaching and Training

P85 – we suggest that 'giving feedback effectively' is included as a core skill

Working with Colleagues

The Foundation doctor should understand the nature of the loyalty and commitment that the individual doctor, and the whole team, have to the patient -this doesn't seem to come out very well under the other headings

Probity Professional Behaviour and Personal Health

P96 – under attitudes and behaviour in relation to self-care, we believe that the importance of being registered with a GP and of not self-prescribing should be emphasised explicitly

Practical Procedures

It is important that the list of practical procedures should be aligned with those agreed in Tomorrow's Doctors – e.g. there is no mention of taking a smear in this list...