The Broadening the Foundation Programme addresses the need for our newly qualified doctors to be able to respond to the evolving needs of the ?whole patient? and to be able to develop their capabilities across a range of settings, including the community.

This requires training a flexible workforce that is capable of providing care in a range of settings over the course of their careers.

Changes are required in the current Foundation Programme to ensure that our newly qualified doctors can be trained so that they are better able to respond to future changes in the country?s health and social care system. There are opportunities for both services and doctors to become more patient-centred, more integrated in approach and more effective in meeting the needs of patients, both now and in the future.

We published the Broadening the Foundation Programme report which responds to the recommendations highlighted in Professor John Collins? Foundation for Excellence.

This report builds on the recommendations in Foundation for Excellence, looks at progress to date in providing a broader-based Foundation Programme, and provides recommendations and guidance on how to achieve the desired changes in education and training.

The Broadening the Foundation Programme report sets out a road map for a managed and phased transfer of a greater amount of training into community-based settings, to ensure that the next generation of foundation doctors are better equipped to provide safe, effective and integrated care. The report includes three recommendations:

1. Educational supervisors should be assigned to foundation doctors for at least one year, so they can provide supervision for the whole of Foundation Stage 1 (F1), Foundation Stage 2 (F2), or both years.

2. Foundation doctors should not rotate through a placement in the same specialty or specialty grouping more than once, unless this is required to enable them to meet the outcomes set out in the Curriculum. Any placements repeated in F2 must include opportunities to learn outside the traditional hospital setting.

3.
a) At least 80 per cent of foundation doctors should undertake a community placement or an integrated placement from August 2015

b) All foundation doctors should undertake a community placement or an integrated placement from August 2017. It should be noted that both community and integrated placements are based in a community setting, and that an acute-based community-facing placement is not a substitute.

The recommendations address the evolving needs of the patient, emphasising that services are re-configured to create more experience in community-based settings to ensure that Foundation doctors are better equipped to provide safe, effective, integrated care for the whole patient.

The task and finish group worked with our local education and training boards and key partners throughout the process to ensure we put process and structure in place, so that the recommendations can be implemented consistently across England.

**Related Documents**

- Broadening the Foundation Programme - Recommendations and implementation guidance (.pdf) 2 MB [8]

**Source URL (modified on 12/01/2018 - 10:36):** https://www.hee.nhs.uk/our-work/better-training-better-care/broadening-foundation-programme

**Links**

[5] https://www.hee.nhs.uk/about
[6] https://www.hee.nhs.uk/about/contact-us