

F2 Induction - 2023

Differences between F1 and F2

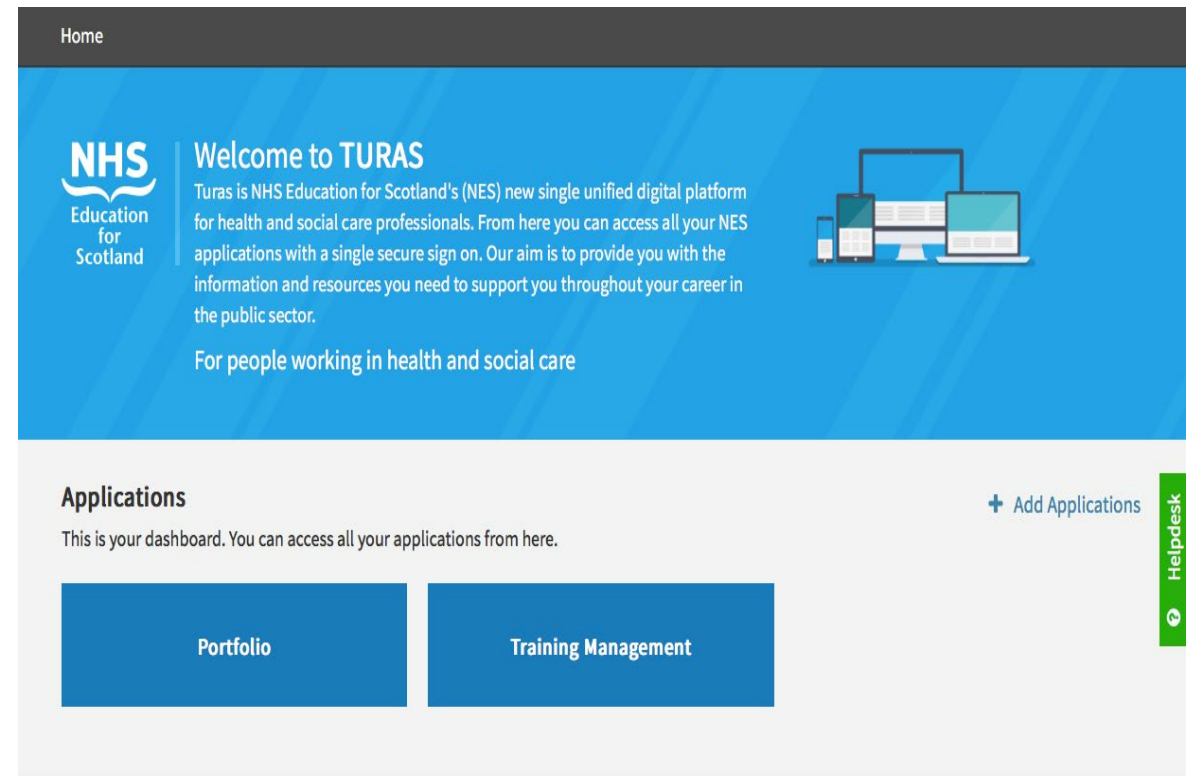
- More clinical responsibility and decision-making skills
- Responsibility for more clinical procedures e.g. DNACPR, consent forms etc
- Responsibility for managing F1s
- Preparing for next stage of training
- Study leave

F2 – change for this year

- Nil – but remember that...
- Parity of Mental Health
 - You **must** have evidence of mental health experience in your curriculum
- Non-Core Learning
 - External study leave – i.e. courses / conferences **do not** count towards
 - ALS **does not** count towards
 - Must incorporate learning from **ALL** posts – across a breadth of medical specialties

Requirements for F2 ARCP

- Turas e-portfolio is platform for recording
- All the following information is available on the Scottish Foundation School website



Declarations



ACCEPTANCE OF CONDITIONS
OF TAKING UP POST



HEALTH DECLARATION



PROBITY DECLARATION



2021 Foundation Programme Curriculum



Curriculum

HLO1: THE CLINICIAN

Direct and indirect patient care:

1. Clinical Assessment
2. Clinical Prioritisation
3. Holistic Planning
4. Communication and Care
5. Continuity of Care

HLO2: THE HEALTHCARE WORKER

Integrating into the healthcare workforce:

6. Sharing the Vision
7. Fitness to Practise
8. Upholding Values
9. Quality Improvement
10. Teaching the Teacher

HLO3: THE PROFESSIONAL

Professional requirements and expectations:

11. Ethics and Law
12. Continuing Professional Development
13. Understanding Medicine

Each FPC further explained in the curriculum

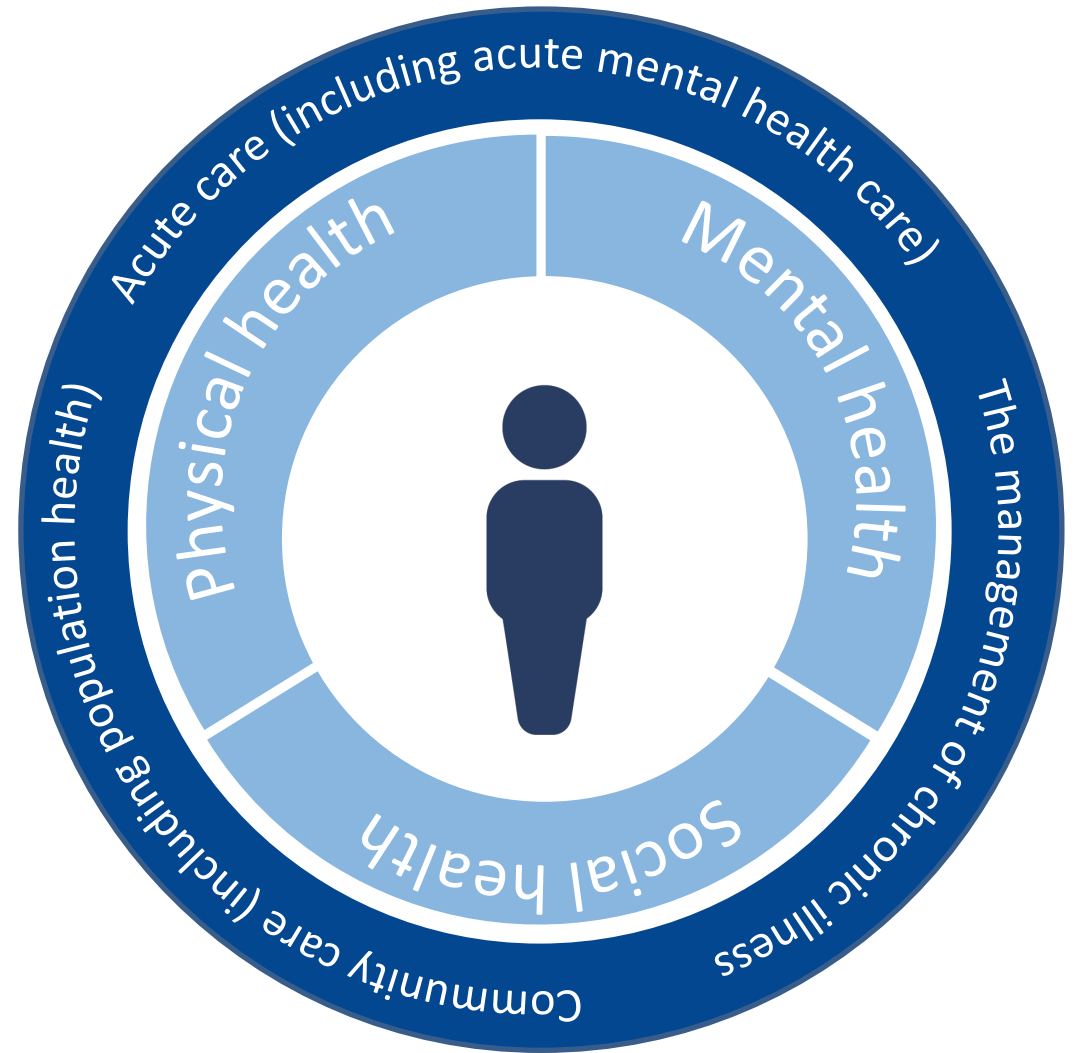
Curriculum cont.

There is a focus on:

- Physical health
- **Mental health**
- **Social health**

Across a variety of different areas:

- **Community** or primary care
- **Acute and chronic** hospital environments
- Mental health settings and
- Environments that provide health promotion



Curriculum cont.

Requires an equity of mental and physical health evidence

- For clinical FPCs - provide SLEs that demonstrate both physical **and** mental health
 - e.g. FPC2 - management of the acutely unwell patient
 - Physical health - SLE covering acute cardiovascular deterioration
 - Mental health - SLE covering delirium or acute confusional state
- For FPCs 1-5 it is expected that more than 1 SLE will be required to demonstrate competence
- Both physical and mental health should be underpinned with reflections and learning logs

Curriculum coverage



Curriculum part of e-portfolio on Turas



3 Higher Level Outcomes (HLOs)



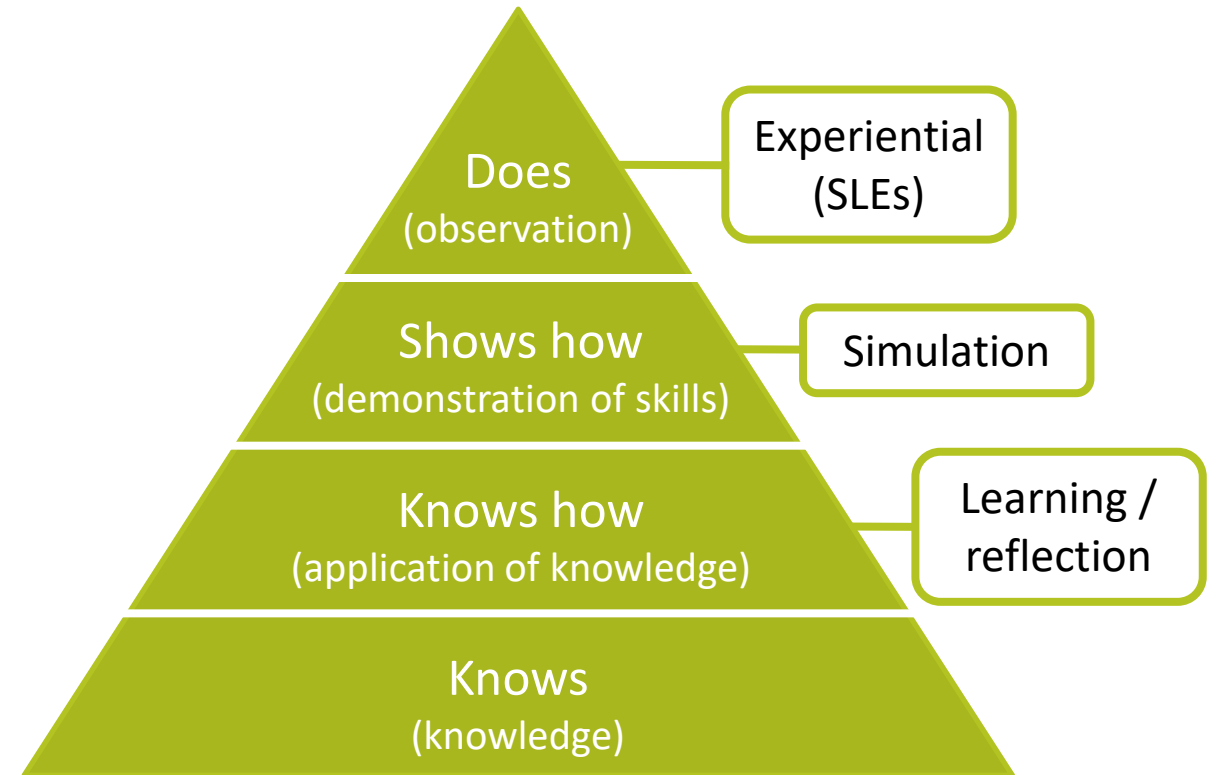
13 Foundation Professional Capabilities (FPCs)



Evidence linked to FPCs



Use range from Hierarchy of Evidence



Millers pyramid – Hierarchy of Evidence

Curriculum screenshot from e-portfolio

FY1 Progress ARCP Summary Create Forms **Curriculum** Attention Item Summary 2 PSG

Summary Narrative / ES Progress Ratings

Type	Last Modified	Actions
Summary Narrative	13/05/2021	Actions ▾
ES Progress Rating	05/05/2021	Actions ▾

Curriculum Details

Curriculum [View Guidelines](#)

1: An accountable, capable and compassionate doctor

Foundation Professional Capability	Links (13)
+ 1. Clinical Assessment: Assess patient needs in a variety of clinical settings including acute, non-acute and community	
+ 2. Clinical Prioritisation: Recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health	
+ 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	
+ 4. Communication and Care: Provide clear explanations to patients/carers, agree a plan and deliver health care advice and treatment where appropriate	
+ 5. Continuity of Care: Contribute to safe ongoing care both in and out of hours	

Curriculum guidelines

1: An accountable, capable and compassionate doctor

1. Clinical Assessment: Assess patient needs in a variety of clinical settings including acute, non-acute and community

2. Clinical Prioritisation: Recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health

- Takes responsibility for initial management of critically ill patients, seeking advice and/or physical support as required*
- Demonstrates the knowledge and skills required to manage a variety of common urgent care scenarios, including mental health presentations and the ability to take a leading role in these situations
- Recognises 'the dying patient' and ensures comfort and support

* To complete F2 the FD must demonstrate the following in the simulated environment:

- recognise and treat the deteriorating patient using a structured ABCDE approach;
- deliver standardised CPR in adults;
- manage a cardiac arrest by working with a multidisciplinary team in an emergency situation;
- utilise non-technical skills to facilitate strong team leadership and effective team membership;
- communicate with and manage a disturbed or challenging patient with a mental health condition

NB: Where a FD is not able to perform certain skills, it may be appropriate to allow reasonable adjustments to be made including affording the opportunity to describe rather than demonstrate the skill

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

FPC 2 Mandatory Requirements for ARCP

Advance Life Support Competencies

- To complete F2 - demonstration of advanced life support competencies must be evidenced
- Must be done in the **simulated environment**
- Must be signed off as competent
- Scottish Foundation School offers ALS to all F2s (funded)
- Your APGD will inform you if any alternative suitable simulated courses become available in your region

Supervised Learning Events (SLEs)

Mini-CEX, DOPs, CBD, DCT

A couple of other ones -

- **LEARN** – learning encounter and reflection note – can use in place of Mini-CEX, DOPs, CBD and other forms of evidence e.g. performance in simulation
- **LEADER** – record feedback of event, where demonstrated leadership skills

Supervised Learning Events (SLEs) cont.

- No minimum number required or mix of SLEs
- Curriculum states '**sufficient evidence**' needs to be provided for FPCs
- Hierarchy of evidence – SLEs best (does)
- A **range** of evidence expected for FPCs
- FPC2 **must** be evidenced with capabilities demonstrated
- SLEs are great way to learn, done in workplace – not your free time!

Summary Narrative

- 1 for each HLO over the year – 3 in total
- Up to 300 words each – examples on UKFPO website
- Reflect on progress with curriculum evidencing
- Explain the rationale for evidence selected to demonstrate each HLO
- Start process of self development, train for appraisal and revalidation
- Formative assessment

Study Leave

- This includes deanery teaching, tasters and simulation
- Up to 8 additional days available for Study Leave
- No finance available out-with ALS and immersive simulation
- Must have service approval **prior** to requesting leave
- Must be requested on Turas PRIOR TO DATE OF LEAVE otherwise cannot be authorised
- Please request **Tasters and F2 Simulation** in the same manner as other Study Leave

Study Leave cont.

- ALS – request Study Leave on Turas **including** course fee
- F2 immersive simulation – request on Turas **including** fee of £160

Study Leave cont.

- ‘Should be used to satisfy your completion of the Foundation curriculum’
- Included
 - Day to sit professional exam
- Excluded
 - Exam preparation courses
 - Interviews (service leave)
 - Interview practice courses

Tasters

- Opportunity for exposure to help guide career choices
- Up to 2 specialties
- Max of 5 days each – may be split, not necessarily 5 days
- Within region in almost all circumstances
- Not overseas
- Leave from clinical area **must** be granted first
- Request in the same way as Study Leave requests on Turas system

Personal Learning Log

- Minimum of 60 hours learning undertaken
- Core learning – minimum 30 hours, can be up to the 60 hours
- Non-core learning – can count towards the 60 hours total, but only up to maximum of 30 hours

Core Learning

Core (Min 30 hours)

- Delivered education programme
- Simulation sessions
- Learning mapped to missed topics

Simulation Opportunities In Foundation



LOCAL

DESIGNED AND DELIVERED BY YOUR HEALTH BOARD



NATIONAL

DESIGNED AND OVERSEEN BY NES
DELIVERED LOCALLY



LIFE SUPPORT

DESIGNED AND OVERSEEN BY
RESUSCITATION COUNCIL (UK)

Why participate in Simulation

- Contribute to 'core learning' hours
- Significant part of the UK Foundation Programme Curriculum 2021
- Safe learning environment
- Local and National simulation courses are not assessed and purely a learning opportunity
- Resuscitation Council (UK) courses do have an assessment element

Enjoyable!



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DELIVERED LOCALLY



LIFE SUPPORT

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RESUSCITATION
COUNCIL (UK)

F1

Various opportunities
depending on hospital location

Mental Health Sim

Mental health problems commonly
encountered by F1s in the general
hospital wards (**not** just for those
interested in psych)

F2

Various opportunities
depending on hospital location

F2 Simulation half day

Medical and Communication
challenges commonly
encountered by F2s

ALS

Regardless of which of these it is, all simulation training is arranged via your local medical education department in your local hospital

International Medical Graduates (IMG)

- If new to UK practice or first post in a Scottish (NHS Scotland) hospital, you may wish to attend IMG sim session
- Currently available in the following health boards - Lothian, Tayside, Greater Glasgow and Clyde and Forth Valley
- Simulation courses, to help IMGs with some of the challenges they might experience if new to practicing in the UK
- Not assessed - purely a learning experience in a safe environment

May have already been approached to attend. If not, and you think this might be beneficial, please contact;

- NHS Lothian - goran.zangana@nhslothian.scot.nhs.uk or ishwinder.thethy@nhslothian.scot.nhs.uk
- NHS Tayside - achyut.valluri2@nhs.scot
- NHS Greater Glasgow and Clyde - mark.ullrich@ggc.scot.nhs.uk or kirsty.barnes4@ggc.scot.nhs.uk
- NHS Forth Valley - fv.scschf@nhs.scot

Non-Core Learning

Non-Core (Max 30 hours)

- Dept teaching / meetings / grand rounds / M&Ms / journal clubs etc
 - Not experiential / 'on the job' learning
 - Not tasters / courses / conferences / ALS
 - Must incorporate learning from ALL posts – across a breadth of medical specialties
-
- All recorded in portfolio by trainee
 - Inclusions / exclusions on SFS and UKFPO websites

Reminder of Requirements

- 3 combined supervisors end of placement report (all need to be submitted ahead of ARCP deadline)
- FPD end of year report (after ARCP deadline)
- TAB
- PSG
- PSA (F2 Standalone only)
- Core and non-core learning
- QI project
- Curriculum evidenced
 - Inc. FPC2 specific cardiopulmonary arrest management
- Summary narratives
- Engagement with programme

Other Requirements cont.

- SOAR declaration (annually)
- Absence declaration (annually)
- Please also complete
 - GMC National Trainee Survey (NTS) April/May
 - Scottish Trainee Survey (STS) (at end of each post)



Trainee Information

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Scottish Foundation School

Welcome to the Scottish Foundation School

[Meet the Team](#)

[Recruitment](#)

Welcome to the Scottish Foundation School

The Scottish Foundation School covers the whole of Scotland and provides a wide range of programmes.

The Scottish Foundation School covers all four Regions of Scotland - North, East, South East and West - with Foundation programmes designed to cover different specialties, populations, geographical diversity, teaching hospitals and remote and rural practice.

There are 849 funded training opportunities in F1 and 849 funded training opportunities in F2 delivered by the four regions through 54 two-year foundation programmes. For [details of programmes](#) visit the [Scottish Medical Training Website](#).

All information available on Scottish Foundation School Website -

<https://www.scotlanddeanery.nhs.scot/trainee-information/scottish-foundation-school/welcome-to-the-scottish-foundation-school/>

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