

Broadening the Foundation Programme

FAQs

What is a community placement?

This is a 4-month placement with a named clinical supervisor, which is *completely* based in a community setting, away from the acute trust, such as general practice, community paediatrics, palliative care or general psychiatry. The named clinical supervisor must be based in the community.

What is an integrated placement?

This is a 4-month placement with a named clinical supervisor where the foundation doctor is *primarily* based in a community setting, i.e. for more than 50% of the time. The named clinical supervisor must have strong links in the community and spend at least half of their time there.

What is a community facing placement?

This is defined as 4-month placement in which the foundation doctor is primarily based within an acute setting but with a community element. Community *facing* placements do not meet the requirements of the community targets but are more focused on opportunities to develop holistic skills including long-term conditions and the increasing role of community care. These sorts of placements are fully supported and encouraged by HEE.

What should a foundation post in psychiatry be like?

Standards for psychiatry posts are [here](#) (published by South Thames Foundation School).

What effects will this have on posts and training in NETFS?

- Reductions in surgical foundation doctor (FD) posts
- Increase in community posts (such as general practice, community paediatrics, palliative care, public health or community psychiatry)
- Potential developments of integrated community placements, which must include a supervisor based in the community
- Increases in psychiatry posts (some of these are community based, so can contribute to both targets).
- Community posts will most likely take place during the F2 year unless a Community Psychiatry post is completed during the F1 year – see below for further information.
- Most medical posts will need to include community-facing experience.

How will this effect Incoming F1s for August 2014?

As the initial target is that 80% of Foundation doctors need rotate through a 4 month community post by August 2015, it is possible that you will have a full or an integrated community placement in your F2 year. These programmes are currently being arranged and you will be contacted personally if your programme is changing. However, you will still receive an educationally balanced experience.

How will this effect Incoming F2s for August 2014?

Some programmes have already changed for August 2014, i.e. increased Psychiatry posts and integrated community posts. However, it is unlikely that your programme will have changed significantly.

How will this effect medical students graduating in 2015 onwards?

If you are joining the Foundation Programme from August 2015 onwards, it is highly likely that you will experience a community placement during your 2-year programme. There is also an increased chance that you will rotate through Psychiatry.

If you are joining the Foundation Programme from August 2016 onwards, you will definitely have one 4-month rotation in a community based specialty. Just under half of all trainees will have a Psychiatry rotation which counts as a community placement.

How will this effect Academic Foundation Doctors?

Academic Doctors in NETFS currently complete a standard clinical year in F1 and in the F2 year carry out 8 months Academic and 4 months in Acute Medicine or Emergency Medicine. Due to a review of the Academic Programmes and the pressures of recent targets, Academic programmes in NETFS will now be consistent with the programmes in the rest of the country, comprising of a 4-month Academic rotation and 8 months in General /Acute/Emergency Medicine posts. Unless the Academic portion of the programme is community based such as, Academic GP or Academic Public Health, then the doctor will most likely complete a 4-month Psychiatry post within the F1 year to be compliant with the Psych/community target.

If posts are going to move away from acute trusts, how will the workload be covered?

It is unlikely that new training posts will be available, so other healthcare staff will be needed, both to cover the workload and prevent impact on other doctors in training. The skills mix of the staff needed will obviously depend on the workload to be covered. Activities such as prescribing or discharging patients would need senior nurses (band 7 or above) or physician associates. Foundation doctors often spend considerable amounts of time on inappropriate duties such as routine phlebotomy and clerical work, much of which can be supported by staff in bands 1-4.

The development of Physician Associates (also called Physician Assistants) is being organised centrally within Health Education North Central and East London as well as within trusts themselves.