

The Hidden Curriculum of the UK Foundation Training Programme: A Trainee's Perspective

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The UK Foundation Programme

The UK Foundation Programme (UKFP) is a two-year, work-based training programme which aims to bridge the gap between undergraduate medical training and specialty / general practice training (UKFP, 2021).

The foundation programme forms part of the ongoing continuity of medical education. It ensures that newly qualified doctors develop their clinical and professional skills in the workplace in readiness for further training.

What is the Hidden Curriculum and why is it relevant to the UKFP?

Cribb describes the hidden curriculum as “processes, pressures and constraints which fall outside (...) the formal curriculum, and which are often unarticulated or unexplored” (Cribb, 1999). As described by Mossop et al (Mossop, 2013), the hidden curriculum is partly taught through “role models”. These can provide positive influences or unintentionally propagate unhealthy attitudes and behaviours. The hidden curriculum often goes unaddressed and unregulated. The hidden curriculum is learnt through the workings and underlying culture of the systemic within which the student is placed. As such, contributors include not only the teachers, but also the protocols, resources, systems and working cultures in place.

The NHS aims to deliver world-class health care services whilst functioning within great financial constraints with limited resources and workforce with ever-growing demands from an ageing population (Wirtz, 2003). Through clinical placements, foundation doctors observe the systemic factors that affect the deliver of patient care (Wirtz, 2003).

Working within a National healthcare system

The NHS provides healthcare to all, and is free at the point of access. This cultivates a strong culture of non-discrimination, and a sense of pride amongst the staff who work within it.

However, in its nature, the NHS must observe certain levels of resource allocation in order to maintain its services in a universal manner. For this reason, at times, doctors learn to provide adequate care without always having access the most up to date or expensive mode of investigation or management due to cost constraints. Foundation doctors learn not the best way to do something, but instead, the NHS way of doing something.

Though resource allocation and financial constraints are a reality within the NHS (Wirtz 2003), they have lasting effects on the careers of doctors. As a foundation doctor on a ward, there are often too many tasks and the staff are generally stretched too thin to be able to set aside that volume of time in a typical day for trainee doctors to be taught (McGowan 2013). And so, they risk becoming underskilled in comparison to their counterparts in other parts of the world.

Teaching Culture

The formal curriculum of the UKFP maintains 2 hours of didactic teaching per week, relying heavily on experiential learning during clinical practice. There is tradition of consultants and specialist registrars taking the onus of teaching junior doctors. “See one, do one, teach one” is a phrase commonly used to propagate knowledge and skills. Though admirable, these ad-hoc teaching sessions can leave gaps in knowledge and skills, but also could result in variability in quality of education across trusts and regions.

Resilience or martyrdom?

Of recent years, “resilience” has been repeatedly described as an important skill that doctors need to develop in order to cope with the pressures of the NHS (NHSP, 2020). “Resilience” has often been used as a way to avoid discussions about the excessive stressed that doctors are put under, ignoring the effects of their work life on their mental and physical health.

Hospitals often struggle to maintain adequate staffing levels amongst doctors, nurses and auxiliary staff. As such, workers are put under added pressure to maintain quality of care without sufficient support. This is often considered the norm, and young doctors learn to sacrifice their own wellbeing or medical training and learning for the sake of service provision to the NHS. Junior doctors often feel underappreciated by policy makers and hospital management. (McGowan 2013).

(1) UKFP Curriculum 2021, <https://foundationprogramme.nhs.uk/>, Accessed 11/10/22

(2) Cribb, B., 1999. Towards the reflexive medical school: the hidden curriculum and medical education research. Higher Ed, Volume 24, pp. 195-209.

(3) Mossop, Reg Dennick, Richard Hammond, Iain Robbe, 2013. Analysing the hidden curriculum: use of a cultural web. Med Ed, 47(2), pp. 134-143.

(4) Wirtz, A Crib, N Barber, 2003. Understanding the Role of “the Hidden Curriculum” in Resource Allocation—The Case of the UK NHS. Health care analysis, 11(4), pp. 295-300.

(5) NHS Professionals 2020, The importance of resilience in the NHS right now, Accessed 11/10/22

(6) McGowan, Y., Humphries, N., Burke, H., Conry, M. and Morgan, K. (2013), Through doctors' eyes: A qualitative study of hospital doctor perspectives on their working conditions. Br J Health Psychol, 18: 874-891.