Name of Document	Implementation and review of enhance enable across NHS England South East
Category	Standard Operating Procedure (SOP) **This SOP is applicable to doctors and dentists in training within NHS England.**
Purpose	This document is intended to support the implementation of enhance enable to all foundation doctors in the South East. It is intended to advise Foundation Programme Directors (FPDs) and Foundation Programme Coordinators (FPCs) in each centre. NHS England's enhance programme is a multi-professional post-graduate healthcare education offering that aligns with the foundation curriculum. Enhance enable was offered to all new foundation doctors in the 2023 cohort. This document is intended to support and standardise practice across the region. This document covers how enhance enable should be initially offered to foundation doctors. It also includes resources to support foundation doctors self-directed learning and regional support for FPDs and FPCs. There is guidance on how work produced by foundation doctors for enhance should be assessed and a standardised approach for the sign-off process across the region. There is also guidance and resources to support content for core foundation teaching that can be used to support enhance enable and suggest other educational opportunities that can be offered to foundation doctors for this programme. This SOP does not cover enhance explore rotations. Foundation year one doctors in training will be referred to as F1 doctors and year two doctors as F2 doctors henceforth.
Authorised by	
Date Authorised	
Implementation Date (current version)	
Next Review Date	
Document Author	

1. Introduction

NHS England's enhance programme is a multi-professional post-graduate healthcare education offering that aligns with the foundation curriculum. The enhance programme is available to all foundation doctors from August 2023 onwards. It is an optional programme that supports more generalist thinking within the healthcare landscape.

Enhance encourages participants to consider complexity in patient care, engage in more effective teamworking, and better understand the systems that help the health service to function. It also helps trainees build skills in active reflection and personal wellbeing.

Enhance nationally has two educational offerings- enable and explore. Enhance enable will be covered in this SOP. Explore will be piloted within the region from August 2024 and places in this programme will be limited.

Enhance covers six domains; person centred practice, complex multimorbidity, population health, social justice and health equity, environmental sustainability, and system working. In addition there are four cross cutting themes; wellbeing, leadership, digital and transformative reflection. These themes do not have their own module but are touched upon throughout the programme.

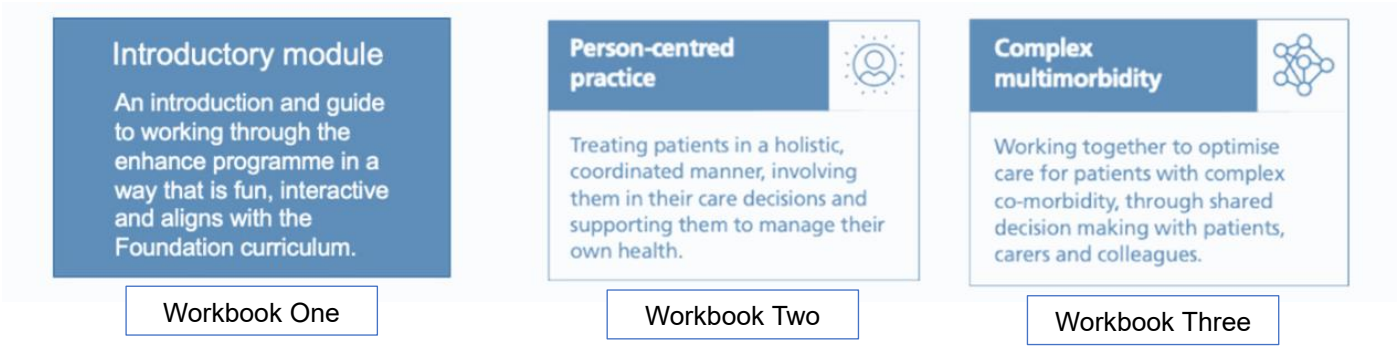
There are six modules in the programme: an introductory module, one module for each of the first three domains, a 3-in-1 module comprising of the social justice and health equity, sustainability and system working domains, and a contextual leadership summary module. Each module is supported by a workbook to guide learners and supervisors.

It is recommended that the introductory module and first two domains are completed in F1 and the final four in F2. However, learners can choose to tackle the modules in a different order or over a different timescale if this this aligns with their interests. However, it is recommended that the introductory module is undertaken at the start of the programme as it covers basic skills and concepts required for successful completion. The final module includes a quality improvement project, completion of which is needed for final sign off and award of the contextual leadership certificate.

The enhance programme has been written as an adjunct to the foundation programme. As such, the activities required for enhance can be used to evidence foundation competences. Core foundation teaching can be used to evidence some aspects of enhance but the programme will also be supported by specific enhance learning opportunities.

Enhance enable has been offered to all foundation doctors from August 2023, supported by the regional enhance team. It is expected that each centre will offer enhance enable independently from August 2024.

F1 Recommended Modules



Workbook One | Workbook Two | Workbook Three

F2 Recommended Modules

Workbook Four | Workbook Five | Workbook Six

The enhance enable suggested programme structure

2. Initial offer to F1 doctors

Enhance should be mentioned as an educational offer to F1s in their induction. They should be signposted to the NHS learning hub to find out more (Appendix A .) A dedicated session to introduce enhance to the foundation doctors should be arranged within their core teaching programme. This session should be run by the FPD or a dedicated local enhance mentor (e.g. medical education fellow or other consultant supervisors.)

Topics to be covered within this should include:

- Background of the enhance programme, adaption to foundation curriculum and benefits of completing the programme (personal benefits, curriculum mapping, leadership certificate and presentation opportunities)
- Structure of enhance enable programme and how to access the NHS learning hub for workbooks (Appendix A)
- Signpost local teaching that can be used towards sign off (see section 3)
- Agree channel of communication with mentor and suggested timeframes for sign-up and completion of enable modules
    - There is an expectation that a trainees ES will be responsible for sign off and support for each doctor. However, as Trusts introduce the programme it may be helpful to have a mentor to support this process
- Explain process of sign-off of enable workbooks (see section 4)

Any questions regarding the offer can be answered within this session or can be directed to the regional team via the FPCs.

3. Assessment

Enhance enable is designed to be completed asynchronously with participants' other teaching and clinical commitments. It will take an anticipated six hours to complete each module at the core level. Foundation doctors can use their self-development time, generic foundation teaching time, and their non-core mandatory teaching hours for enhance. It is important to emphasise that much of this evidence will be collected for regular foundation curriculum requirements, so the enhance programme requires minimal extra time investment to complete.

Foundation doctors can use a variety of evidence to show that they have completed a module. These include teaching and training attendance, workplace-based learning events, and reflections on learning or clinical practice. Enhance also encourages using more creative methods such as engaging with or making poetry or art. Each workbook gives examples of which activities are suitable for evidencing engagement.

Transformative reflection, a reflective episode results in action points to facilitate change, is a cornerstone of enhance. There is a specific reflective tool available on the NHS learning hub and it is called reflection on enhance activities and learning form (REAL form). This should be used contemporaneously to record specific activities and is mandatory for the sign-off of each workbook (see below). This form is now a usable form on Horus which allows enhance activities to easily be mapped to their foundation curriculum.

Once they have completed a module, they should fill in an evidencing engagement form (Appendix B.) This is available on the learning hub and should clearly display how they have achieved the required learning for each workbook. It is designed to be used alongside a REAL form which reflects on the workbook as a whole.

They also need to complete the pre- and post- module self-assessment matrix (Appendix C.) This uses a RAG rating tool to help learners reflect on their learning and indicate areas to focus on in their future training. This is explained to the foundation doctors in each workbook.

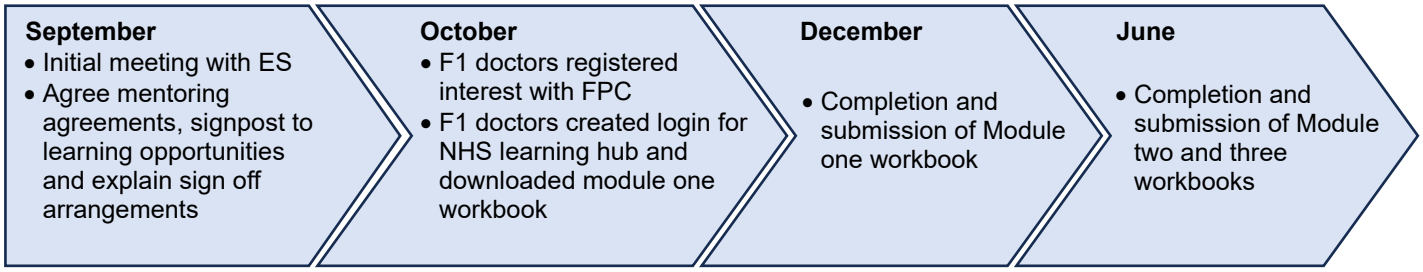
These three forms (Evidencing engagement, REAL form, and self-assessment matrix) must be uploaded to the portfolio so they can be viewed by their supervisor for sign-off. It is recommended that the foundation doctors upload the evidencing engagement form and self-assessment matrices to their personal learning log on Horus, making it readily available to view during supervisory meetings, alongside the REAL form.

Once a foundation doctor has completed a module they can be issued with a certificate. These have been sent to each provider's FPC. The certificates can be issued on workbook completion or at the end of each academic year.

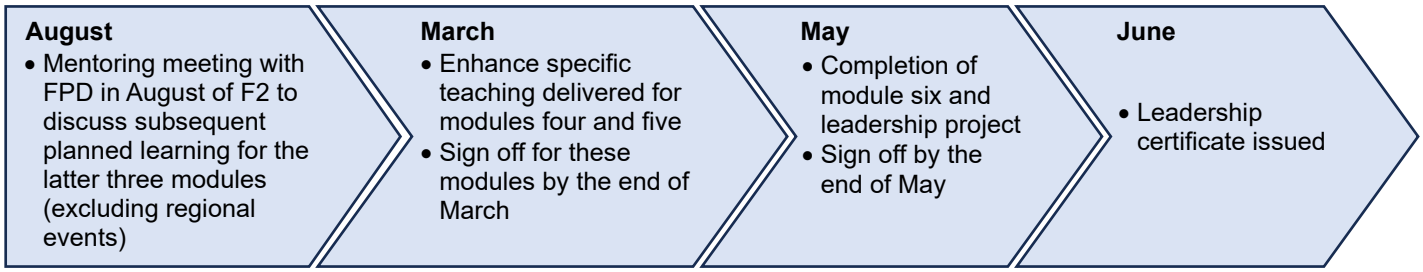
Each local education provider should set expectations for sign-off and certification with foundation doctors in the initial offer (see section 2).

4. Timeline for completion

The enhance enable offer is designed to be completed in foundation doctors' self-directed learning time and can be completed asynchronously with their other teaching/clinical commitments. However, to limit undue stress or time pressures on foundation doctors and their supervisors we would suggest the following timelines.



Foundation year one timeline



Foundation year two timeline

5. Adapting core teaching

The enhance domains have been mapped to the foundation curriculum. This has been done deliberately to ensure that many existing core foundation teaching sessions will align with the enhance programme with little or no changes.

Appendix D shows how the foundation core learning areas and professional capabilities relate to the enhance modules. Appendix E gives examples of teaching sessions that could be linked to enhance domains and suggestions of how foundation doctors could use core teaching to evidence engagement. Each provider's foundation programme director should review their local core teaching programme and signpost their foundation doctors to useful sessions. The core teaching can be further adapted or enhance specific sessions can also be added depending on resources available.

Since enhance is mapped to the foundation curriculum it is possible to make minimal changes to most core teaching to ensure that many enhance concepts are adequately covered. However, core foundation teaching may not cover some areas in detail, particularly domains four, five and six. Sessions and content will be

provided by the regional foundation school teams to aid with delivering teaching on these domains.

Enhance also supports trainees to develop attitudes, skills and behaviours that can provide evidence of meeting the holistic element of the foundation curriculum. These areas can otherwise be challenging to evidence. Debriefing or discussion sessions, Balint groups or other trainee welfare sessions can fulfil enhance objectives and should be signposted as doing so.

6. Quality Assurance

To ensure parity across the local education providers in the region; the regional enhance team will sample a proportion of Enable assessments every year in June from each provider.

This will enable the regional enhance team to issue guidance on the assessments and can provide feedback to local teams, upon request, when considering evidence.

7. Appendices

Appendix A: Click here for a link to the NHS Learning Hub – enhance @ Foundation Programme pages.

Appendix B: Example of evidencing engagement form. Each specific form can be found in the workbooks available on the NHS learning hub.

enhance

NHS England

enhance Foundation introductory module: evidencing engagement

Core content	Modality	Date completed
Enhance introduction	Live or asynchronous	
Self-assessment matrix pre-module	Within workbook	
Understanding your curriculum	Local Foundation teaching /asynchronous content	
QIP methodology	Local Foundation teaching /asynchronous content	
Reflective practitioner	Local Foundation teaching /asynchronous content	
Inter-professional learning	Attendance at inter-professional learning opportunity	
Reflection	eportfolio	
Self-assessment matrix post-module	Within workbook	
Summary narrative of module	Eportfolio REAL form	
Additional learning description		
Learning in practice description e.g., QIP, community placement		
Supervisor confirmation of completion		

Appendix C: Example of self-assessment matrix for Domain 2.

enhance

NHS England

enhance Foundation person-centred practice module: self-assessment matrix

Person-centred practice module self-assessment (RAG) matrix				
The use of the Red/Amber/Green (RAG) rating tool before and after structured learning is an exercise in helping learners reflect on their learning so far – and points to focus on in more detail in their onward training.	Competent in this area	Working towards competence	Not competent	No opportunity to develop in this area
Check self-rating here >>	x	x	x	x
I understand the skills and attributes needed to support patients with person-centred practice				
I can interact with patients and carers to recognise their own strengths and resources to live independent and fulfilling lives				
I have a range of communication strategies to enable people to make meaningful decisions about their health and wellbeing				
I treat each person compassionately with dignity and respect				
I can talk to a dying patient and their family about their care decisions				
I can take informed consent and discuss risk				
I can identify patients where they may not have capacity to make informed consent and know the resources to support them				
I have a good understanding of patient safety programme				
I can recognise vulnerable individuals and know what safeguarding resources are available to support them				

Appendix D: Mapping of enhance learning to foundation competencies

Domain	Person centred practice	Complex multimorbidity	Population health
Core learning area	- patient safety - safeguarding - health promotion & public health - the dying patient	- integration of acute illness into chronic disease management - multiple co-morbidities - high risk prescribing	- health promotion & public health - appraisal of evidence
Foundation professional capabilities	- FPC1: Communicates with patients sensitively and compassionately to assess their physical, psychological, and social needs - FPC1: Recognises vulnerable individuals including those at risk of abuse or exploitation - FPC3: Holistic planning- diagnose and formulate treatment plans that include consideration of the patient's physical, psychological, and social needs - FPC3: Recognises the importance of coexisting conditions, including mental health conditions, and understands that many patients are experts on their own condition(s) - FPC3: Obtains consent for investigation and intervention based on an understanding of the principles of capacity and knows how to act when this is not present - FPC4: Communicates diagnosis and potential treatment plans to patients and their carers - FPC4: When initiating treatment, routinely seeks to involve the patient as an equal partner in their care pathway - FPC4: Shows an understanding of the importance of non-pharmacological therapies - FPC5: Continuity of care- contribute to safe ongoing care both in and out of hours - FPC6: Clearly communicates the findings of the biopsychosocial assessment, including any uncertainties, to the wider multi-professional team - FPC6: Liaises with agencies outside the employing organisation to ensure biopsychosocial needs, including the safeguarding of vulnerable patients, are met.	- FPC1: Clinical assessment- assess patient needs in a variety of clinical settings including acute, non-acute and community - FPC3: Holistic planning- diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical and psychological - FPC3: Recognises the importance of coexisting conditions, including mental health conditions, in assessment and management - FPC5: Ensures continuing care in an appropriate, safe environment, which may include acute admission, arranging safe discharge and organising further contact - FPC6: Sharing the vision- work confidently within and, where appropriate, guide the multi-professional team to deliver a consistently high standard of patient care	- FPC4: Actively seeks opportunities for health promotion and/or demonstrates a commitment to improving population health or resolving health inequality - FPC3: Holistic planning: diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical and psychological - FPC3: Recognises the importance of coexisting conditions, including mental health conditions, in assessment and management

Appendix C: Mapping of enhance learning to foundation competencies

Domain	Social justice and health equity	Environmental sustainability	System working
Core learning area	- patient safety	- health promotion & public health - patient safety	- Use of technologies and the digital agenda
Foundation professional capabilities	- FPC1: Understands that presentation, including some physical signs, will vary in patients of different backgrounds at different ages and sometimes between men and women - FPC1: Recognises vulnerable individuals including those at risk of abuse or exploitation and demonstrates appropriate consideration of safeguarding issues - FPC6: Values diversity and understands the risks posed by unconscious bias	- FPC9: Adopts new patterns of working, including the use of new technologies (e.g. virtual consulting, genomics) and philosophies (e.g. a sustainable healthcare approach)	- FPC1: Understanding medicine- understand the breadth of medical practice and plan a career - FPC5: Works to facilitate patient flow - FPC6: Liaises with agencies outside the employing organisation and, where necessary, outside healthcare to ensure biopsychosocial needs - FPC6: Sharing the vision- work confidently within and, where appropriate, guide the multi-professional team to deliver a consistently high standard of patient care

Appendix D: Mapping of enhance learning to foundation competencies

MODULE 2: PATIENT-CENTRED PRACTICE

SUGGESTIONS FOR LINKING CORE TRAINING

Teaching session	Module link	Reflective Comments
Balint group	Authentic patient autonomy Communication Patient safety	Opportunity to discuss a particular case from your roles with colleagues. Focussing on patient autonomy and safety. Communication not just with patients but also other professionals
Acute pain	Authentic patient autonomy Communication and consent	Reflect on individualised pain needs and therapy. Psychosocial aspects of pain. Communication and consent regarding any acute pain interventions
Obstetrics and Gynaecology	Authentic patient autonomy Communication and consent Patient safety	Any aspects of teaching that focus on patient choices in obstetrics Consent for pelvic examinations and role of foundation doctor in O+G/ED. Any content reflecting complex patient groups/challenging communication in O+G
Alcohol use disorders	Communication and consent Healthcare in a community	Any reflections on the socioeconomic groups that are at risk of alcohol use disorders. Treating those with these disorders with dignity and respect. Including engagement with services How your current or future Foundation placements might interact with alcohol/substance abuse services in the hospital or community.
Acute kidney injury	Patient safety	Standard procedures in hospital and community to manage AKI safely. Reflect on what AKI prevention strategies were discussed and what you can use for vulnerable patients.
STI and contraception	Communication and consent Authentic patient autonomy Healthcare in a community	Reflect on principles of respect and dignity in this area of medicine. Applied to the communication of sexual history taking and discussion of risk with different patient groups. Consent for pelvic examinations and consent for information sharing between healthcare providers. Individualised sexual health care and the role of the clinician in delivering this. Interaction with public health services and funding.
Stroke	Authentic patient autonomy Communication and consent Patient safety Healthcare in a community	A patient's journey with stroke is always unique despite protocolised services. Importance of patient choice and consent. Patients' views on their care needs/therapy plans. Difficult communication in stroke between clinicians, patients, and families. How standardised stroke care is focussed on patient safety – e.g. feeding, VTE, and secondary stroke prevention
Dealing with complaints	Authentic patient autonomy Patient safety Communication and consent	Appreciation of patients' voices and experiences when assessing complaints. How dealing with complaints robustly can improve patient safety globally.

THESE ARE JUST SUGGESTIONS – OTHERS CAN BE USED AS LONG AS THERE IS REFLECTION ON HOW THEY FIT WITH PATIENT-CENTRED PRACTICE.

MODULE 3: COMPLEX MULTIMORBIDITY

SUGGESTIONS FOR LINKING CORE TRAINING SUGGESTIONS

Teaching session	Module link	Reflective Comments
Diabetes	Long term conditions Safe prescribing and polypharmacy Frailty	Discussion of diabetes as a lifelong condition and the psycho-social effects of this. Impact of diabetes on all areas of health and wellbeing. Including occupational health impacts and risk of other chronic illness related to diabetes. Can give link to examples from own practice. Safety aspects of antihyperglycaemic agents – both enteral and parental Specific cases related to insulin safety and policies. Use FDs personal experience in prescribing these and of recent safety alerts/AERs. Link to WBPAs Interactions of antihyperglycemic with medicines for chronic illness.
Vascular emergencies	Long-term conditions Safe prescribing and polypharmacy	Reflections/experience of the interaction of other chronic illnesses with peripheral vascular disease. Assessment of co-morbidity and frailty on those attending with AAA. Safe prescribing of anticoagulants/antiplatelets in a high risk group – drawing on previous experience or safety alerts.
Respiratory (multiple sessions including pleural disease, investigations and asthma and oxygen)	Long term conditions Safe prescribing and polypharmacy Frailty	Reflections on the impact of respiratory disease on an individual patient e.g. assistance with ADLs, practicalities of oxygen therapy in a home, use of inhaled therapy. Practical experience in assessing frailty in a respiratory patient. Examples of the immunosuppressed respiratory patient and long term implications of corticosteroid use. Link to teaching to examples from own clinical practice and reflect on how long term condition affected that interaction.
Stroke	Long term conditions Safe prescribing and polypharmacy Frailty	Extrapolate potential long term outcomes for patients with particular stroke syndrome. E.g. functional outcomes of a TACS vs lacunar. Links to WBPAs or reflections on cases seen in practice. Safe prescribing of antiplatelet agents in stroke. Role of secondary prevention strategies in stroke to reduce morbidity. Interactions with the wider stroke MDT and the role of stroke outreach service.
Acute Oncology	Frailty Safe prescribing and polypharmacy	Discussion of the acquired frailty of the oncology patient. Discussion of the complications of acute oncology treatment e.g. neuropathy cardiomyopathy Prescribing in the immunosuppressed oncology patient. Governance of cytotoxic treatment and how this relates to the role of a foundation doctor.
MSK disorders	Long term conditions Safe prescribing and polypharmacy	Awareness of some of the long-term complications of MSK disorders e.g. chronic pain, opioid dependency, and reduction in function. Awareness of risk/side effects of disease-modifying medicines used to treat chronic MSK disorders. Implications of steroid use for acute MSK presentations.
Heart failure	Long term conditions Safe prescribing and polypharmacy Frailty	Reflections on the different presentations of a heart failure patient in primary and secondary care. Personal experience of FDs of this presentation, linked to WBPAs. Reflections on the impact on daily living of a heart failure patient. Management strategies to improve symptoms and outcomes.

THESE ARE JUST SUGGESTIONS – OTHERS CAN BE USED AS LONG AS THERE IS REFLECTION ON HOW THEY FIT WITH COMPLEX MULTIMORBIDITY.

MODULE 4: POPULATION HEALTH

SUGGESTIONS FOR LINKING CORE TRAINING

Teaching session	Module link	Reflective Comments
Common psychiatric conditions	Health inequalities Health promotion	Recognising that those with mental illness are at greater risk of poor physical health and reduced life expectancy How to promote care that is responsive to the needs of those with mental illness
Health promotion and public health	Understanding data Public health practice	Discussion of how data is used to identify population health needs Conversation around health inequalities that are prevalent in, or relevant to, your geographical area The role of public health practice in population wellbeing, and foundation doctors can promote this
Complex discharge planning	Health promotion	The roles of community assets to support complex discharge planning The positives of social prescribing and how these services can be accessed locally Barriers to safe discharge, and the importance of involving patients directly in decision making
Obstetric emergencies	Understanding data Health inequalities	The differences in complication rates between different social groups, along with a discuss about why this may be the case Discussion of bias in healthcare settings and how this can be counteracted
ENT emergencies	Health inequalities Health promotion	Recognition of the burden of modifiable lifestyle factors in head and neck cancers, and how this intersects with other social determinants of health Discussion of the importance of smoking cessation to prevent ENT disease and how these services can be accessed
Diabetes management	Health inequalities	Discuss the effects of poverty on physical health, and how healthy dietary choices are difficult on a low income
Research and critical appraisal	Understanding data	How data can be used to identify population health needs How misuse of data and poor ethical practice can impact on trust in healthcare professionals

THESE ARE JUST SUGGESTIONS – OTHERS CAN BE USED AS LONG AS THERE IS REFLECTION ON HOW THEY FIT WITH POPULATION HEALTH.

MODULE 5: 3 IN 1 DOMAIN

SUGGESTIONS FOR LINKING CORE TRAINING

Teaching session	Module link	Reflective Comments
Medical emergencies simulation	Interprofessional leadership and practice Recognising vulnerable individuals	Use cases that highlight the importance civility, collaboration and leadership in emergency scenarios Incorporate themes such as modern slavery, mental illness and learning disabilities. Use this as an opportunity to discuss communication in these circumstances and signpost learners to further resources
Frailty and geriatric medicine	Recognising vulnerable individuals Inclusive practice and promoting social justice	Discuss methods for improving communication with those with dementia and cognitive impairment Include cases that demonstrate how frailty and multimorbidity can make individuals vulnerable to exploitation and abuse
Pharmacy and medicines management	Environmental sustainability	Explore environmental impact of unnecessary prescribing Discuss practical measures trainees can take to reduce their environmental impact, such as prescribing propellant free inhalers
Effective leadership and our NHS structure	Understanding the health care and ICS structure GIRFT programmes	Discussion around how the NHS is structured along with how this can be helpful, and a barrier, to good clinical practice Explore GIRFT as a practical tool to improve outcomes and patient experience, along with specific opportunities within the trust that may be available
Surgical emergencies	Understanding the social determinants of health GIRFT programmes	Understand how healthcare inequalities impact rates of surgical problems such as bowel cancer and IBD. Explore how the social determinants of health can affect the type and quality of care individuals receive Discuss he general surgery GIRFT programme and how lessons learnt from this can carry forward into everyday practice
LGBTQAI+ healthcare	Understanding the social determinants of health Inclusive practice and promoting social justice	Discussion of specific healthcare inequalities affect the LGBTQAI+ community, and how these intersect with other identities Helping practitioners to understand how they can advocate for their patients, through behaviour, actions and promotion of resources Discussion around challenging stigmatising behaviour from other healthcare professionals
HIV and Hepatitis	Inclusive practice and promoting social justice	Draw upon patient experience of diagnosis and treatment in hospital Discussion of impact of stigma and attitudes of healthcare workers on access to treatment

THESE ARE JUST SUGGESTIONS – OTHERS CAN BE USED AS LONG AS THERE IS REFLECTION ON HOW THEY FIT WITH THE AIMS OF THE MODULE.