Foundation Programme
The information contained in this guide is intended for those who are starting a Foundation Programme in England. The information herein is correct at the time of printing, and may be subject to change. This is not intended as legal guidance, but instead it is intended as a training aid. For policy guidance, please go to the Operational Framework for Foundation Training, which is available at www.mmc.nhs.uk.

For an electronic copy of this book, go to www.mmc.nhs.uk.

For further information about how the foundation training will work in Scotland, Wales and Northern Ireland, please refer the guidance for those countries which is available on the internet.

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Dear Colleague

The Foundation Programme is the first step in the reform of postgraduate education and training in England. The aim of the new programme is to provide continuity from medical school through to specialist training and to ensure that you are equipped with the most important skills and aptitudes you will need as a doctor in the modern NHS. To this end, for the first time there will be a structured educational programme underpinned by workplace-based competence assessments, careers advice and a formal curriculum to guide you through the early years of training.

This programme has been introduced to address some of the issues which arose from an evaluation of the senior house officer grade, including variable training, lack of any clear curricula, poor supervision in some situations and progression linked to time served, not competence.

The Foundation Programme is the culmination of over two years of work and collaboration between the professional bodies responsible for your postgraduate training: the Department of Health, the postgraduate deaneries, the BMA, the GMC, PMETB and the medical royal colleges. During this time, the programme was extensively and successfully piloted. You are the first to participate fully in this groundbreaking new training programme.

For your first year of postgraduate training, the General Medical Council will continue to have overall responsibility for your education. From then on, the newly formed Postgraduate Medical Education and Training and Education Board will be responsible for setting the standards of training through your second foundation year, throughout specialty and GP training and beyond. The GMC and PMETB will be working together to ensure that this is a seamless process.

This booklet is designed to guide you through foundation training, and with it I welcome you to the programme and wish you every success in your training and professional practice.

Sir Liam Donaldson
Chief Medical Officer

Mr James Johnson
Chairman of BMA Council
Welcome to the future of medical training

Congratulations on passing your finals, and welcome to the start of your two-year Foundation Programme. As you may know, this a completely new way of training junior doctors, and forms part of the wider Modernising Medical Careers project, improving your training from your first day as a doctor on the wards through to becoming a consultant or GP, and beyond.

You are part of the first group of doctors to enter the Foundation Programme. This Rough Guide has been produced to help you find your way through the two years, explaining how things should work and giving advice about what to do if things don’t turn out as you hoped they would. Every junior doctor will have an individual foundation programme which will offer different learning opportunities.

The Modernising Medical Careers team and British Medical Association have written this guide in conjunction with junior doctors and educational supervisors who have recently piloted the Foundation Programme. There are sections covering the application process, the F1 and F2 years, and what comes after foundation training. If you want an exhaustive guide to absolutely everything about the Foundation Programme, refer to the Operational Framework for Foundation Training. This guide is meant to give you a good overview of how the programme works and how you can make the most of your training over the next two years.

We want this guide to be as helpful as possible, so if you have comments that would help us to improve future editions of the Rough Guide, please send them to FP Rough Guide, Modernising Medical Careers, 6th Floor, New King’s Beam House, 22 Upper Ground, London, SE1 9BW, or email roughguide@mmc.nhs.uk.

How foundation training will work

Your next two years of training will be as follows:

• Foundation year one (F1) – equivalent to current pre-registration house officer (PRHO)
• Foundation year two (F2) – equivalent to first year senior house officer (SHO1)

You will receive provisional registration from the General Medical Council upon graduating from your medical school, and will qualify for full registration once you have successfully completed the F1 year.

Next comes the F2 year, during which you will have a chance to sample a range of specialties, some of which were not previously available this early in postgraduate education (such as psychology, immunology and clinical genetics).

Once you have completed F2, you will receive a Foundation Achievement of Competency Document (FACD), and can then apply to higher training positions to become a GP or a consultant. More information about these training posts will become available to you over the next two years.

The aim of the programme

The Foundation Programme has been designed to enable you to gain competences in core clinical skills (as you would expect) as well as other professional skills, such as communication, teamworking and the use of evidence and data. It won’t be enough to just understand the principles of these competences though, you’ll have to show that you know how to use them in your day-to-day delivery of clinical care.

Learning on the job is a key component to the Foundation Programme. Therefore, apart from the formal teaching sessions, you should consider every activity as a learning opportunity. Clerking patients, presenting on ward rounds and attending outpatients will all enhance the learning experience and enjoyment you will get out of your attachment. It is not just the other senior doctors who can teach you, but also many members of the healthcare team. Each day will bring many opportunities to learn and you should grasp every chance presented to you.

The whole of the programme is built around seven important principles. Training in the Foundation Programme will be competency-assessed, service-based, quality assured, flexible, structured and streamlined. Most importantly of all, the Foundation Programme is focused around you, the trainee.

At each stage of foundation training, you will have a named educational supervisor. They will help you get through your training programme and will support you in your day-to-day learning. The precise arrangements will vary widely in foundation schools in different parts of the country. In some case, your educational supervisor could remain the same for the entire programme, in others the education supervisor may change with each placement. You will always be supported to ensure that you have sufficient clinical supervision and a structured educational experience.
At regular intervals throughout the programme, you will ask your colleagues to assess your professional skills in a clinical setting while you work.

The programme has been designed to benefit you – to provide you with structured training and assessment opportunities – but it’s up to you to make it work. You will be responsible for taking charge of your own career and assessments.

Who organises my training programme?
All postgraduate training is organised by your postgraduate deanery and will be managed through foundation schools. For more information on foundation schools turn to page 56.
From August 2005, all UK medical graduates will need to complete the Foundation Programme in order to work as a doctor in the UK.

The application process

In October 2005, an advertisement in the medical press will invite candidates to apply to their first choice ‘Unit of Application’ (UoA). This UoA will usually be a postgraduate deanery, or a foundation school within the deanery.

There are three stages in the application process:

1. Making your choice. Choosing your first preferred UoA and ranking the other UoAs you want to apply to
2. The application. Writing and submitting your application
3. The waiting. Waiting for the outcome of your application as it is being scored at each UoA.

1. Making your choice

Key information about the training offered and the process for applying to each UoA, including the closing date for application, will be available on the website of each postgraduate deanery (www.mmc.nhs.uk/deaneries).

There are two ways in which your placements for F1 and F2 will be allocated.

Although the process of allocating placements may vary, you will have exposure to clinical and educational environments that will allow the achievement of the competences required to complete foundation training.

One of the main aims of foundation training is to give you the opportunity to experience as wide a range of specialties as possible. This will ensure that you are able to learn the generic skills that every doctor needs regardless of their area of practice, and will help to inform your future career choice. Time spent in different specialties will provide useful experiences and opportunities to obtain first-hand knowledge of a broad range of specialties.

The specialty placements you undertake during foundation training will not have a direct bearing on your future selection to specialty training. This means that even if you do know what you want to do, it will not be essential to do a job in that specialty. There will also be a chance to explore career options through additional taster experiences.

2. The application

There will be a national person specification identifying the attributes you need to apply for foundation training. A national application form will be available from each UoA.

You can apply to as many UoAs as you like, anywhere in the country. These must be ranked in order of preference and the application submitted to your first ranked UoA. Instructions on how and where to submit your application will be advised in the advertisement and on the websites of the postgraduate deaneries.
Once you have made your choices, applications can be made either online or by post and will consist of:

- the completed application form
- the names and addresses of two referees
- a letter from your university supporting your application
- your preference ranking of the Units of Application (UoA)

**Application form:** Everyone in the country will be using the same application form, which will be based on a national person specification. There will be a structured personal statement which will give you the chance to record your achievements and to set out your aspirations. You should make your personal, geographical and educational needs for foundation training clear on the application form, so they can be taken into account.

**Referees:** You will also be asked to identify two referees to support your application. They should be consultants or other senior medical professionals who can give their views on your previous performance.

**Letter from your university:** The GMC requires you to have a letter from your medical school/university to support your application. You will either need to send, or to arrange for your medical school to send, this letter to your first ranked UoA.

**Ranked list of UoAs:** You will be able to list all UoAs that you would be prepared to go to, but only the UoA you rank as your number one choice will initially receive your application and score it.

### 3. Waiting for the outcome of your application

Your application form will be scored by trained individuals in each UoA against the attributes set out in the national person specification.

If your first choice UoA decides to offer you a place, that’s it, you’re in.

If you do not get an offer from your first choice, your documentation will be passed on to your second ranked UoA and so on, until all available places are allocated. The result of the application process will be announced in mid-January 2006.
Provisional registration with the GMC

Before you can start work as an F1 doctor, you must be provisionally registered with the GMC. During your final year, the GMC visits your medical school and provides you with information about how to apply for provisional registration. Once you’ve passed your exams and paid a fee, your registration will automatically be activated.

Applying for provisional registration

a. Go to www.gmc.org.uk and login to MyGMC. Once you receive your graduation certificate, login to MyGMC, (the secure area of the GMC website). The PIN code and password required to enter this section will be sent to you by the GMC after they visit your campus. Take this opportunity to ensure that all your details on MyGMC are correct – this is your last chance to change them easily.

b. Pay for your registration. MyGMC enables you to pay the £100 provisional registration fee online. It can be paid up to three months before you begin your F1 post.

It is crucial that you do not undertake medical work without registration! If you do, you will not be legally covered and any mistake could lead to a financial cost to you (not a good idea!).

Your university supplies the GMC with a list of successful graduates, so you will not need to send the GMC your certificate to finalise your registration, which makes life easier.
Here, we’ve picked examples of three foundation doctors in different foundation schools. As you can see, the length of each placement varied depending on which foundation school the doctor belonged to. These are the placements they had over the course of their two-year programme:

### Example Placements

**Meena**
- Acute Medicine: 6 months
- Surgery: 6 months
- Histopathology: 4 months
- GP: 4 months
- A&E: 4 months

**Claire**
- Dermatology: 4 months
- Surgery: 4 months
- Acute Medicine: 4 months
- ENT: 3 months
- Neurology: 3 months
- Orthopaedics: 3 months
- Cardiology: 3 months

**Simon**
- Urology: 4 months
- Haematology: 4 months
- Acute Medicine: 4 months
- Psychiatry: 4 months
- Immunology: 4 months
- Academic Medicine: 4 months

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**The induction**

Before you start your first placement, you will undertake an induction course at your trust. As well as receiving information about the hospital, your timetable and what is expected of you, you will be advised of the contact details of your educational supervisor and of the careers advice that is available locally.

The first foundation year will be similar to the old PRHO year. During your first year you will do a medical attachment and a surgical attachment. Some rotations offer six months of medicine and six months of surgery but some deaneries have already moved to offering three, 4-month attachments.

Both surgical and medical attachments are required as GMC registration is dependent on you completing at least three months in each by the end of your first year of training.

Your F1 year will:
1. make sure you can put the knowledge, skills and attitudes you learnt as a student into practice as a doctor (as outlined in The New Doctor)
2. equip you with new knowledge and skills whilst supporting your professional development.

**The placements**

Your F1 placements will be determined by the post or programme for which you are selected. In addition to medicine and surgery, your post may include any of the 65 recognised specialties such as:
- haematology
- infectious diseases
- dermatology
- gynaecology
- acute stroke medicine
- paediatrics
- ENT
- anaesthetics

This list is far from complete but does give you an idea of the possible specialties that may be available to you. Each deanery will have a different list to choose from but all jobs will enable you to work towards the Foundation Programme competences.
Assessment and feedback are central to the philosophy of foundation training. They ensure you are progressing and provide documentary evidence of your achievements. They also can identify any problems you are having early on.

Why am I being assessed?
1. Public accountability – Patients need to be assured that all doctors have demonstrated their ability to practise in accordance with standards, as set out in publications such as the GMC’s Good Medical Practice. Satisfactory overall performance will be required for you to be recommended to the GMC for full registration.

2. Personal development – Choosing a career in medicine means you’ve chosen a career where you can look forward to life-long learning. This assessment model will provide you with constructive feedback that can inform and strengthen your personal development plans. The goal is to help you provide better care and if areas of weakness are identified, to help you accordingly.

You will be assessed against the standard of competence that is expected of a PRHO upon completion of the F1 year. This means that, in your first days as a PRHO, you are unlikely to reach the standard required. Don’t worry, this is to be expected and is NOT a failure. The assessments are designed to measure your progress through the year. At the end of F1, you will be expected to have progressed to a satisfactory level.

How and where will I be assessed?
These assessments are workplace-based – your educational supervisor wants to see what you actually do on the job and your ability to translate what you’ve learned into practice. You will do your assessments in the workplace and they will be incorporated into your everyday practice.

There are four methods, or ‘tools’ for assessment. Each tool is based around an assessment form. For three of them you are responsible for asking more senior doctors and other health professionals to assess you. They will discuss your assessment with you and give you back the completed form. You are then responsible for submitting it to your administrator.

The fourth form is for peer evaluation. You will be contacted in advance when it is time to complete the fourth form of assessment (multi-source feedback) and will be responsible for submitting names of those who you would like to have rate you. They will then be provided with forms which they are responsible for submitting after completion.

Your study time
Your foundation training programme director (FTPĐ) will ensure that you have access to a formal taught programme of education which addresses the professional elements of the Curriculum.

You will have up to three hours per week of protected, bleep-free time set aside for a timetabled learning programme. Alternatively, this time may be aggregated to give you seven days of whole day release.

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**EXAMPLE STUDY TIME**
Meena, Claire and Simon all had their study time structured in different ways.

**Meena**
Meena’s deanery takes all the trainees away from the workplace for a whole week of taught curriculum every 8 weeks.

**Claire**
Every week, Claire has two 1½ hour dedicated teaching slots with her other F1 colleagues.

**Simon**
Simon has one hour a week of taught curriculum three weeks out of the month. In the last week of the month, this is replaced by a full morning of structured learning.

All three F1 doctors timetabled an hour a week either with their educational or clinical supervisor.

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How will it all work?
At induction, you will receive forms for DOPS, mini-CEX and CbD, along with their guidance notes. You will be expected to complete a bare minimum of four mini-CEX and DOPS in your F1 year, and a minimum of six CbD assessments. In the second year, the number of assessments you will be required to complete will increase (see the section on Foundation Year 2 in this guide for more details).

Your responsibilities
Once you have completed your form with your assessor, it will be your responsibility to photocopy it and return one copy of the form to your administrator*, and keep the other copy in your portfolio. All completed assessments should be kept in your portfolio, whatever the outcome. If you do not do as well as you would have liked on an assessment, keep it anyway. The idea is that you should improve from assessment to assessment.

*You will be informed who your administrator is at your induction.

Assessment tools:

Multi-source feedback (MSF) - 1-2 per year
This assessment uses a questionnaire to collate views on how you are doing from a range of co-workers, as well as a self-rating form. You will be asked to nominate 8-12 people to rate you. Time required: 3-8 minutes per assessor.

Direct observation of procedural skills (DOPS) - 4-6 per year
This is simply a structured checklist to assess practical skills. Time required: 15 minutes per assessment.

Mini-CEX - 4-6 per year
Mini-CEX is a snapshot of a doctor/patient interaction. It is designed to assess the clinical skills, attitudes and behaviours of trainees essential to providing high quality care. Time required: 20 minutes per assessment.

Case-based discussion (CbD) - 6 per year
This is a structured discussion with your supervisor about a clinical case you have been involved in. It is designed to assess, in particular, clinical reasoning and judgement and will focus on the actual written record in a patient’s notes. Time required: 20 minutes per assessment.

The assessments may sound intimidating, but they all come with instructions and training material for you and the assessors.

Example mini-CEX form
Claire has a DOPS (direct observation of procedural skills) assessment in her first placement. She’s only in her second month of the Foundation Programme and has elected to have an assessment on giving an intravenous injection to an elderly patient. She struggles to find a vein, but finally succeeds on the 3rd attempt. The results of her assessment show that she is ‘below expectation’ for a doctor who has completed her F1 year. This is as expected. She hasn’t had much practise and still has 10 months to go before she’s completed her F1 year. However she receives good feedback from her assessor on improvements she could make to her technique. On reassessment a month later, having practised the skill, she is seen to be competent.
What do I get out of all this?

Put simply, you learn more. The assessments give you an opportunity to regularly receive direct and instant feedback from experienced members of staff.

The strengths and areas for development that are identified in the assessment will help you with your personal development planning for the next year.

The assessments will also inform your educational supervisor’s report to the deanery at the end of the year. This is important to ensure you’re granted a full GMC registration at the end of the F1.

What do I do if I have a problem or question?

Although you are responsible for your own assessments, there is plenty of help available. Talk to your educational supervisor first, or go to www.mmc.nhs.uk/assessment. You can also speak to your local administrator or foundation programme training director (FTPD).

Originaly, the idea of having to ask consultants to assess me was quite intimidating, but after my first assessment, it became much easier. I now keep my assessment forms in a file in my bag and complete them whenever the opportunity presents itself.

I found the feedback from the mini-CEX extremely valuable. In my PRHO year, I was rarely watched clerking or examining patients. Having the opportunity to be observed and given feedback by a more senior doctor was enlightening and gave me some really good tips on ways in which I could improve.

My favourite assessment was the Case-based Discussion (CbD). I did one of these assessments for a case I was involved with where I thought I could have performed better. I was the most senior doctor in a small district general hospital at night when an elderly patient was admitted with shortness of breath and a high temperature. I treated her for a chest infection. However, the next day, I discovered that a blood test confirmed that she had suffered a heart attack in addition to her chest infection. I was devastated that I may not have given her optimal treatment. Through my CbD, I was able to talk to a consultant in a safe environment about what I may have been able to do differently in future. I was also given reassurance and encouragement that at the time I had managed the patient appropriately. In the past, it would have been much harder to receive such feedback.

The best part of participating in the assessment tools pilot has been the opportunity for immediate feedback and to bring up problems in a safe and supportive environment.

Dr Cate O’Neill
F2 Doctor
Newcastle
Your Foundation Learning Portfolio

You will receive your Foundation Learning Portfolio at induction. This contains everything you need to manage your placements and monitor your progress on the Foundation Programme.

Keep it safe.

What's in the Foundation Learning Portfolio?

- list of competences required to successfully complete the foundation programme
- example forms to record meetings with your educational supervisor, reflective practice and self appraisal
- educational agreement
- assessment forms
- personal development plan (PDP)

The portfolio will become your record of achievements throughout your foundation training. It is your responsibility to keep it up to date. Without it you will not be able to complete the Foundation Programme. You will have to submit your portfolio at the end of each year to show that you have reached the required level of competence to progress.

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<table>
<thead>
<tr>
<th>Example Assessment</th>
<th>F1</th>
<th>F2</th>
</tr>
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<tbody>
<tr>
<td><strong>Meena</strong></td>
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Meena is a real high-flyer. She gets most of her assessments out of the way early. This frees up the later part of each foundation year and allows Meena to become involved in other activities later in the year, e.g. clinical audit, or a short research project.

<table>
<thead>
<tr>
<th><strong>Claire</strong></th>
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Claire is very conscientious and spreads her assessments out evenly across the two years of the Foundation Programme. This spreads the assessment load for Claire and her assessors, and results in a portfolio that accurately reflects her progression through the programme.

<table>
<thead>
<tr>
<th><strong>Simon</strong></th>
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Simon is struggling. He fails to do the bulk of his assessments until towards the end of F1. He speaks to his educational supervisor and they work out a plan for completing his required number of assessments by the end of the Foundation Programme. However, by leaving all the assessments until the end, he has become unpopular with his consultant and has created a much heavier workload for himself and his consultant.

- Case-based Discussion (CbD)
- Multi-Source Feedback (MSF)
- Mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
The Foundation Learning Portfolio is just the start. You will go on to gather evidence of your professional development and continue your education throughout your career.

An explanation of how to fill out your portfolio will accompany it, but here are some pointers for two of the most important elements: assessments and your personal development plan.

Using assessments to develop your portfolio
This section will take you through the seven principles described by the GMC in Good Medical Practice. Each competence is listed down the left side and a recommended approach to its assessment is listed down the right side. You can choose how you want to demonstrate that you have achieved a competence, so this list should only be used as a guide. However, over the two years you must have been assessed on all of these competences.

For a full explanation of the competences listed below, refer to the Curriculum.

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>History taking, examination and record-keeping skills</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Conducts examinations of patients in a structured, purposeful manner and takes full account of the patient’s dignity and autonomy</td>
<td>Mini-CEX</td>
</tr>
<tr>
<td>Understands and applies the principles of diagnosis and clinical reasoning that underlie clinical judgement and decision making</td>
<td>CbD</td>
</tr>
<tr>
<td>Understands and applies principles of therapeutic and safe prescribing</td>
<td>CbD</td>
</tr>
</tbody>
</table>

When I was introduced to the Foundation Learning Portfolio, I initially felt overwhelmed. I was concerned about how much work and time it would take, and wondered if it was worth the investment. It was extremely daunting to be presented with an empty folder and told that by the end of the year it should represent my professional progress.

At first I found it difficult to use reflective practice, and incorporate “collecting evidence” into my working life. However with support and some imagination it has become a habit. For example I keep a brief reflective diary of cases I’ve seen whilst on call.

I now understand the value of my portfolio. I have found that making use of the opportunities for feedback and reflective practice has given me a clearer idea of my own aptitudes, and areas I need to develop. This understanding has improved my confidence and helped me in making a more informed career choice. I think that as I approach the end of my second foundation year I can say that my portfolio does reflect my professional progress, and my career aspirations.

Dr Kate Grisaffi
Foundation Year 2 Doctor
University Hospital Hartlepool
### 1. Good clinical care (continued)

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
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<tbody>
<tr>
<td>Understands and applies the principles of medical data and information management: keeps contemporary accurate, legible, signed and attributable notes</td>
<td>CbD</td>
</tr>
<tr>
<td>Demonstrates appropriate time management and decision making</td>
<td>MSF/CbD</td>
</tr>
<tr>
<td>Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety</td>
<td>CbD/MSF</td>
</tr>
<tr>
<td>Makes patient safety a priority in own clinical practice</td>
<td>CbD</td>
</tr>
<tr>
<td>Understands the importance of good team working for patient safety</td>
<td>CbD/MSF</td>
</tr>
<tr>
<td>Understands the principles of quality and safety improvement</td>
<td>CbD/MSF</td>
</tr>
<tr>
<td>Understands the needs of patients who have been subject to medical harm or errors, and their families</td>
<td>CbD</td>
</tr>
<tr>
<td>Knows and applies the principles of infection control</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Understands and can apply the principles of health promotion and public health</td>
<td>CbD</td>
</tr>
<tr>
<td>Understands and applies the principles of medical ethics and of relevant legal issues</td>
<td>CbD/MSF</td>
</tr>
<tr>
<td>Demonstrates understanding of, and practices appropriate procedures for valid consent</td>
<td>CbD</td>
</tr>
<tr>
<td>Understands the legal framework for medical practice</td>
<td>CbD/DOPS</td>
</tr>
</tbody>
</table>

### 2. Maintaining good medical practice

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<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning: regularly takes up learning UoAies and is a reflective self-directed learner</td>
<td>MSF/Reflective content of portfolio</td>
</tr>
<tr>
<td>Evidence base for medical practice: knows and follows organisational rules and guidelines and appraises evidence base of clinical practice</td>
<td>MSF/Reflective content of portfolio, CbD</td>
</tr>
<tr>
<td>Describes how audit can improve personal performance</td>
<td>Involvement in departmental audit written into portfolio</td>
</tr>
</tbody>
</table>

### 3. Relationships with patients and communication

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates appropriate communication skills</td>
<td>Mini-CEX/MSF/DOPS</td>
</tr>
</tbody>
</table>

### 4. Working with colleagues

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates effective team work skills</td>
<td>MSF</td>
</tr>
<tr>
<td>Effectively manages patients at the interface of different specialities including that of primary care imaging and laboratory specialities</td>
<td>CbD</td>
</tr>
</tbody>
</table>
### 5. Teaching and Training

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands principles of educational method and undertakes teaching of medical trainees, and other health and social care workers</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Professional Behaviour and Probity

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently behaves with a high degree of professionalism</td>
<td>Mini-CEX/CbD/MSF</td>
</tr>
<tr>
<td>Maintains own health and demonstrates appropriate self care</td>
<td>MSF</td>
</tr>
</tbody>
</table>

### 7. Acute Care

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promptly assesses the acutely ill or collapsed patient</td>
<td>Mini-CEX</td>
</tr>
<tr>
<td>Identifies and responds to acutely abnormal physiology</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Where appropriate, delivers a fluid challenge safely to an acutely ill patient</td>
<td>Mini-CEX/DOPS</td>
</tr>
<tr>
<td>Reassesses ill patients appropriately after initiation of treatment</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Requests senior or more experienced help when appropriate</td>
<td>Mini-CEX/MSF</td>
</tr>
<tr>
<td>Undertakes a secondary survey to establish differential diagnosis</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Obtains an arterial blood gas sample safely, interprets results correctly</td>
<td>CbD/DOPS</td>
</tr>
</tbody>
</table>

### 7. Acute Care (continued)

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manages patients with impaired consciousness including convulsions</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Safely and effectively uses common analgesic drugs</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Understands and applies the principles of managing a patient following self-harm</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Understands and applies the principles of management of a patient with an acute confusional state or psychosis</td>
<td>Mini-CEX/CbD</td>
</tr>
<tr>
<td>Ensures safe continuing care of patients on handover between shifts, on call staff or with “hospital at night” team by meticulous attention to detail and reflection on performance</td>
<td>CbD/MSF</td>
</tr>
<tr>
<td>Considers appropriateness of interventions according to patients’ wishes, severity of illness and chronic or co-morbid diseases</td>
<td>CbD</td>
</tr>
<tr>
<td>Has completed appropriate level of resuscitation training</td>
<td>Certificate of completion of Intermediate Life Support course</td>
</tr>
<tr>
<td>Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately</td>
<td>CbD</td>
</tr>
<tr>
<td>Requests and deals with common investigations appropriately</td>
<td>CbD</td>
</tr>
</tbody>
</table>
How to get the best out of your Personal Development Plan (PDP)

Within the Foundation Learning Portfolio is a section for your very own personal development plan. This will help you think about what educational experiences you’d like to have in the coming months.

Putting this together need not be a daunting task if you follow a few simple guidelines. Keep your PDP:

- **Simple** – particularly in year one as it is an evolving process
- **Work-based** – focus on the job you are doing
- **Achievable** – set yourself realistic goals and timeframes
- **Relevant** – both to you and your patients.

**Getting started**

The structure and content of PDPs will vary depending on your learning needs. All PDPs address a common set of questions:

- What are my learning needs?
- How do I identify these needs?
- How and when will I address these learning needs?
- How do I show my learning needs have been met?

Finding out what you don’t know can be tough, but your first port of call should be the **Curriculum**. This will clue you into the knowledge, skills and attitudes required to complete the Foundation Programme.

You and your educational supervisor can discuss exactly which elements would be appropriate to work on in each placement. You should not be constrained by the Curriculum as the benefit of a PDP is that it allows you to develop in areas that are outside of the Curriculum. It may be that you also want to undertake ‘taster’ sessions in clinical areas you do not have a full placement in and this can be incorporated within your PDP.

**Example Evidence Gathering**

Meena, Claire and Simon want to gather evidence for the following competence:

**Understands and applies the principle of managing a patient following self harm.**

**Meena**

Meena uses a case for a case-based discussion (CbD) with her educational supervisor. She brings out all the above points and also demonstrates in the discussion that she understands:

- Psychological causes requiring social services or police intervention
- How to access Toxbase if appropriate
- Knowledge of child protection concerns

**Claire**

Claire writes a short reflective document following admission of a patient who took an overdose of tablets. The reflection indicates that she understands the principles of managing a patient following self harm. She then includes this in her portfolio.

**Simon**

Simon asks to be observed as a mini-CEX when taking the history, so that he can demonstrate the following skills in his history taking:

- Taking a focused history
- Demonstrating tolerance and understanding

Simon and Meena gain the competences using the suggested assessment tools, but Claire has taken the opportunity to reflect to show her understanding of the competence. Each of the foundation doctors is able to demonstrate their competence in this core skill using different assessment tools.
Your PDP is not just about foundation competences, but how you develop as a doctor. Reflective practice should be a large part of this. As you fill in each section of the PDP, spend some time reviewing the content of that section to understand:

- What lessons can be learned?
- What are the implications for you, your patients and the wider healthcare team?
- Can you identify skills and knowledge gaps?
- How can you best develop a particular area?

Your PDP should include a personal account of the experiences you have had and your reflections on them. It doesn’t all need to be shared with your supervisor.

The reflective practice form in your portfolio will help you focus you on how experiences or events affect you, the patient and the healthcare team. Reflective practice also encourages you to think about how things might be done differently.

Your educational supervisor will be happy to help you in the construction of this element of the portfolio but it is essentially your document, your plan and your future.
Becoming a fully registered doctor

After satisfactorily completing 12 months of training in F1 posts (with a minimum of three months in medicine and three months in surgery) you are eligible for full registration with the GMC. It’s important to remember that your assessments and Foundation Learning Portfolio will help your university/postgraduate dean to recommend you for full registration.

Applying for full registration

a. Complete an application form – download a full registration application form from the GMC website and fill in the first page with your personal details. Leave the second page (Certificate of Experience) blank.

b. Organise a Certificate of Experience – forward the Certificate of Experience document to your medical school or postgraduate dean - they will need to complete the document and return it to you. Remember to include Certificates of Satisfactory Service (which you will receive at the end of each post) when submitting the request.

c. Forward your application to the GMC – Once you have received your completed Certificate of Experience, attach it to your application form, remembering to include the £290 registration fee, and send it to the GMC.

Within five working days, the GMC will be in contact to acknowledge receipt of your application. Once registration has been granted, a certificate confirming your registration will be sent to you.

You will then be able to continue your medical education and training as a fully registered doctor.
Throughout the attachment you will be encouraged to consider and reflect on the impact on your patient of the hospital environment, the general practice environment, and the interface between the two. What does it feel like to be taken ill and then taken away from home and family to hospital?

The manner of presentation of acutely ill patients is different in general practice and illnesses are seen at a much earlier stage in their development. Their management at this stage requires different skills both in clinical method and risk assessment. Learning about this aspect of patient care will give you a greater understanding of your patients.

### The placements

The Foundation Programme is designed to give you the opportunity to access a wide range of specialty placements. The placements you can undertake will depend on how F2 allocations are made in your foundation school. Placements will be combined carefully to provide you with the ability to gain the required F2 competences.

Placements in F2 usually consist of three 4-month specialty placements. You may also have the opportunity to have embedded ‘tasters’, where you work for a week in another specialty. Your educational supervisor will arrange this with you.

By expressing your preferred specialties (either at application or six to eight months into your first year rotation), you will have some choice in the rotation that you get in the second foundation year.

However, not everyone will get the specialties they request. There are a finite number of available jobs in any one specialty.

Don’t worry though, your F2 placements will not have a direct bearing on your chances of getting into your specialty training programme of choice at the end of the Foundation Programme. Foundation training is about achieving the generic skills needed by all doctors in any area of practice.

New placements available to trainees:
- General practice
- Shortage specialties (e.g. those specialties in which there has not traditionally been access in the early postgraduate years)
- Academic medicine

### About general practice placements

By the time you enter the second foundation year all of your clinical experience as a doctor will have been in a secondary care setting. A placement in general practice will provide an opportunity for you to care for patients in a very different environment: their own communities.

This is typically where illness is first seen and it is where your patients return after recovery. This placement will allow you to follow your patient through the entire patient experience, from the presentation of acute illness, through investigation, diagnosis and management to recovery or rehabilitation. This will improve your understanding of your patients and enable you to provide better care.

Dr Elle Mosley, who undertook a placement in general practice, describes her experience:

I had not thought about being a GP before but really enjoyed my time in practice. I was made to feel a real member of the team and learnt a great deal about the contribution other health care workers made to the care of patients in the community.

The teaching I received from my trainer (educational supervisor) was focused on my learning needs and it was great to be able to refer to them whenever I had any queries. The one-to-one teaching is a great strength of this attachment.

Dr Elle Mosley  
F2 Doctor  
Leicester Royal Infirmary
A trained supervisor will be working with you to ensure that you gain all you can from the learning opportunities presented. You should expect to spend (on average) about six half-days per week seeing patients, working with GPs and other team members. You will spend the rest of the time on project work, work-based teaching, assessments and attending teaching sessions in the foundation school.

**About shortage specialties**
There are a number of specialties that are actively recruiting and some have developed extremely innovative training programmes. There are opportunities to experience these specialties much earlier in your postgraduate medical education than ever before. These specialties include:

- audiological medicine
- chemical pathology/metabolic medicine
- clinical genetics
- genito-urinary medicine
- intensive care medicine/critical care medicine
- medical microbiology
- nuclear medicine
- psychiatry
- public health medicine
- virology
- allergy
- histopathology
- immunology
- radiology

The availability of these placements and others will depend on which programme you are in.

**PILOT RESULTS**
The results from the pilot programmes have shown that general practice is a very popular part of the rotation. Many more doctors express an interest in general practice as a career after the experience. Even those that have other career aspirations thoroughly enjoyed their time.

**The nuts and bolts of a general practice placement**
There will be an initial induction, working with the GPs and members of the extended primary care team. Patterns of team working are different in primary care; teams tend to be smaller and are working in a smaller organisation. Later in the attachment you will have the opportunity to see patients under appropriate supervision both in the surgery and potentially, in their own homes.
Study leave

In F2, you are eligible for 30 days study leave per year. A minimum of 10 days of your study leave will be used for a formal educational programme in generic professional training and other aspects of F2 training.

Less than full-time trainees are eligible for study leave calculated pro rata based on their training commitments.

Study leave is for providing education and training not easily achieved in the clinical setting. It will not be needed to support specialist examinations. Specialist exams are changing and new methods of selection into specialty training are being developed.

You should plan your study leave as far in advance as possible. It is an integral part of your education and training. Your educational supervisor will work with you to decide how your leave can be used most effectively.

What to do with your study leave

At least 10 days per year of your study leave will be used to support the learning objectives of the required formal education programme in generic professional training.

This could include:
- participation in interactive sessions and attending formally arranged activities such as presentations from outside speakers
- simulation programmes
- advanced life support (ALS) training
- undertaking a clinical audit project within an interprofessional action learning team.

You can use the remaining time and funding to learn about different clinical specialties. For example, you could do experiential placements on special interest or embedded ‘taster’ programmes. This gives you the chance to explore different career opportunities as well as to develop an understanding of how the specialty contributes to patient care.

About academic placements

If you fancy yourself as the person who finds a cure for cancer and are considering a career in research, or you would like to share your knowledge and go into education, an academic clinical attachment will give you first hand experience of this environment.

You can combine research and project work with your clinical attachment so you can gain all the foundation competences and also develop your research skills.

The nuts and bolts of an academic placement

There are two ways you can experience the academic life. Firstly, you can apply for a fully integrated one or two-year clinical and research placement based in a single department. This will enable you to more fully participate in the workings of the academic department and better develop your research skills, while seeing patients and achieving the educational goals common to all Foundation Programme trainees.

Alternatively, if you would rather experience just a taster of the academic environment, you can apply for a four-month attachment to an academic department.
Assessment

You will be assessed in F2 using the same methods as in the F1 year. You will be expected to complete slightly more assessments and that you will be assessed to the standard of competence that an F2 doctor should have attained at the end of their F2 year. All the information you need will be in the Foundation Learning Portfolio you will have received during your F1 induction.

Your assessments will be used by your postgraduate dean to decide whether or not you can be signed up as having satisfactorily completed the programme. The assessments are therefore used to make important decisions about progress and provide formative feedback along the way.

Once you have completed all the assessments satisfactorily, you will receive a Foundation Achievement of Competency Document (FACD). After this, your foundation training is complete.

Foundation Learning Portfolio

In addition to adding your completed assessments to the portfolio, you will continue to build your portfolio throughout F2. This will include:

• personal development plan
• educational agreements
• records of meetings with your educational supervisor
• reflective practice.
Once you finish foundation training, you will compete for entry directly into specialist training (general practice or hospital-based specialties). You will also have the opportunity to undertake structured academic work alongside clinical training.

You need to make your decisions about which career path to follow about half-way through the second year of foundation training.

Advice and support in planning your career is available throughout foundation training. This advice will seek to align your aptitudes and aspirations with employment opportunities. Don’t wait until you are six months into your F2 year to start thinking about your career, though. Start now.

**Coming soon… developments in specialist training**

PMETB and the medical royal colleges have been charged with developing new specialist training programmes and with reviewing the length of training programmes. This will be undertaken on a specialty-by-specialty basis.

Post-foundation training will involve a new integrated and streamlined training programme combining SHO level basic specialist training and SpR level higher specialist training.

The aim will be to provide the same kind of organised, structured programmes with clear curricula, assessment and appraisal for all levels as currently exists for SpR level training.

Proposals for the new specialist programmes and the application and selection process will be finalised in the autumn of 2005 and the new programmes should be ready for implementation in August 2007. Please check www.pmetb.org.uk, and the websites of the medical royal colleges for the latest information.

**In the meantime…**

You shouldn’t wait until the last minute to think about your career. Fortunately, there are plenty of resources available to help you think about your future.
One of the aims of the Foundation Programme is to give you the opportunity to explore different career options. In addition to rotating through a range of specialties and healthcare settings, you will have access to information and advice about current and future career opportunities. Choosing which career path to follow needs a great deal of thought. Personal choice needs to be aligned with aptitude, strengths and interests as well as a realistic consideration of the extent of competition for and the availability of vacancies on training programmes.

As you plan your second year placements and prepare to refine your options for applying for specialty training programmes you might like to make use of some of the following resources:

**Deanery/foundation school career advisors**

The availability of good career advice is an underlying principle of Modernising Medical Careers. Each deanery or foundation school will therefore have career advisors who will offer personal and general career advice.

**You**

You are your best resource. Think about your own strengths, interests and aptitudes. Getting good career advice is not just about being spoon-fed information, it’s about taking a critical and constructive look at yourself.

You should also bear in mind that competition in some specialties is immense. You need to think about the supply and demand of doctors for the career opportunities in front of you. For years, too many doctors have wanted careers in hospital specialties such as general medicine, general surgery and obstetrics and gynaecology, and not enough wanted careers in specialties like radiology, geriatrics and psychiatry.

During your Foundation Programme training you might like to:

- set up your own informal discussion groups about career progression
- use your learning portfolio as a tool to reflect on career development
- apply for taster experiences in specialties that you have not had a chance to experience in F1 or in F2 as full placements

**Clinical and educational supervisors**

During the Foundation Programme, you will be working with a number of different doctors in a range of specialties. They will be able to give specialty-specific advice. Even if your supervisors are unable to answer all of your questions, they will be able to help you reflect on your strengths and weaknesses as you seek to determine which career options best match your emerging skills, aptitudes and attitudes.

**Career planning tools**

Some deaneries are evaluating career planning tools like Sci45 or Myers Briggs which help you understand yourself better and can point you in the direction of a career that might suit you. These tools are seldom the ‘answer’ to planning a career in medicine but may be a useful place to start a discussion with peers, a supervisor or career advisor.

**Occupational health**

Occasionally, doctors have physical, emotional or psychological problems which might have an impact on their future career choice. If you need confidential help or support, you can refer yourself to your trust’s occupational health service or access other support services through your postgraduate deanery.

**The web**

No list of resources is complete without a list of useful web links. Here are a few sites that could help you down the path of decisiveness.

**BMJ Careers** ([www.bmjcareers.com](http://www.bmjcareers.com)). In addition to job advertisements, BMJ Careers provides information about career opportunities in medicine and related fields. The BMJ Careers Advice Zone also provides an interactive and impartial careers advice service which can be reached at [www.bmjcareersadvicezone.synergynewmedia.co.uk](http://www.bmjcareersadvicezone.synergynewmedia.co.uk).

**NHSCareers** ([www.nhscareers.nhs.uk](http://www.nhscareers.nhs.uk)). This site provides information about medical careers in the NHS.

**Postgraduate deanery websites.** Local deanery sites describe the specialty training opportunities available together with contact details for training programmes. Go to [www.mmc.nhs.uk/deaneries](http://www.mmc.nhs.uk/deaneries) for a full list of deaneries in the UK and links to their websites.

**Medical royal college websites.** The colleges are responsible for setting the standards for specialty training and provide information about current and future specialty training pathways, requirements and curricula.

**Modernising Medical Careers** ([www.mmc.nhs.uk](http://www.mmc.nhs.uk)). In addition to providing news of latest developments in postgraduate medical education, the MMC website has a number of links to other useful career information resources.
Postgraduate Medical Education and Training Board (www.pmetb.org.uk). The PMETB is the governing body which sets educational standards for postgraduate education from the F2 year and beyond.

The British Medical Association (www.bma.org.uk) produces advice and guidance covering all stages of medical education, including undergraduate, postgraduate and continuing medical education which can be accessed via the ‘careers and education’ section of the website.

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**Chapter 6
Careers advice**

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**Dos and don’ts for managing your career**

<table>
<thead>
<tr>
<th>Dos</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do listen to and absorb the experiences of others more senior to you</td>
<td>Don’t choose your future career on the basis of just one charismatic consultant or registrar’s experience</td>
</tr>
<tr>
<td>Do seek out help that is available to help you think about your career options</td>
<td>Don’t assume that that others know what’s best for you or expect others to tell you what to do</td>
</tr>
<tr>
<td>Do take a constructive view about other people’s career experiences</td>
<td>Don’t automatically be put off a particular career because of someone else’s less positive experiences</td>
</tr>
<tr>
<td>Do be proactive about finding out the information and advice you need to begin to make a more informed choice about your career</td>
<td>Don’t expect to be spoon-fed with careers information or advice</td>
</tr>
<tr>
<td>Do take every opportunity that is offered to you to help you look at your career development in more depth</td>
<td>Don’t assume that sessions which look explicitly at careers in more depth will give you all the answers you require</td>
</tr>
<tr>
<td>Do view your career development as a lifelong process that will require continual self-monitoring and review</td>
<td>Don’t think that making your career choice is easy</td>
</tr>
<tr>
<td>Do think about your personality and skills, life experiences, ambitions and plans for the future.</td>
<td>Don’t assume that you’ll get it right on the first attempt.</td>
</tr>
</tbody>
</table>

Based on the Career Handbook for Medical Students, Binding, C and Anderson, D (Eds).
Flexibility

Trainees needing less than full-time training

If you wish to train less than full-time, fair and equitable procedures will be in place to ensure that equal opportunities are available for you.

The criteria to allow trainees to access less than full-time training, as well as the funding and study leave arrangements will be explicit and fair. Currently, the main reasons for undertaking less than full-time training are:

• disability or ill-health
• caring for an ill/disabled partner, relative or other dependant
• childcare.

Doctors wishing to train less than full-time must compete for entry into foundation training on an equal basis with other applicants. You do not need to state your desire to train flexibly when you apply but we recommend that you discuss your intentions with the postgraduate deanery as soon as possible so your eligibility can be assessed.

You should formally declare your intention to train flexibly as soon as possible after you are informed of your acceptance to a foundation school in order to facilitate the process.

Doctors must undertake training on at least a half-time basis in order to comply with the requirements of the European Specialist Qualification Order (1995). In line with recent changes, arrangements for less than full-time training will usually be either:

• through reduced sessions within established full-time posts
• where a training slot is divided between two trainees, with additional sessional input from the deanery (in such a 'slot share' two flexible trainees share an educational post but not a contract and are employed and paid as individuals. This arrangement should not be confused with a ‘job share’)

Exceptionally, supernumerary part-time training will be considered where circumstances are such that this is the only way foundation training can be undertaken, for instance when a suitable partner cannot be found, or when flexible training is needed at short notice.
You must complete a total of two years whole time equivalence of foundation training before you receive an FACD, even if you achieved all the competences before the end of the two years.

If you are training flexibly, you are entitled to full financial access to the study leave allocation. Time for study leave should be calculated pro rata based on your hours of training.

Deferring the start of the programme

Once you have been accepted onto a two-year Foundation Programme, you may defer your start date with the agreement of your postgraduate dean or foundation school/training programme director. You must have good reasons to do this (e.g. in order to undertake a BSc) and it would usually be for one year only.

You need to give at least three months notice of your intention to defer in order to allow your foundation placement to be filled by another trainee.

You cannot defer the start of stand-alone first year or second year appointments (i.e. not part of a two-year programme) except in exceptional circumstances (e.g. on the grounds of health).

Out of phase trainees

Some medical schools have graduation dates in December. Medical schools that have late graduation dates will have plans in place with the postgraduate deanery to ensure the Foundation Programme placements are offered that start at a time that is compatible with your local graduation.

If you have secured a Foundation Programme post but can’t start training in August 2006 (because of failure at finals or for personal reasons such as pregnancy) you must notify the postgraduate deanery as soon as possible.

If you know you can’t start training at the normal time, you should make this clear on your application form. This will not influence the outcome of your application. If you fail finals, don’t worry about your place on the Foundation Programme. You should advise the foundation school or deanery as soon as possible so that the start date of your foundation training can be reconsidered.

Time out of the programme

If you want to take time out of the programme, you should discuss it initially with your educational supervisor or foundation programme training director.

Although you are expected to complete your two-year programme as quickly as possible, it may be acceptable to take time out if you have good reasons, for example:

• for domestic reasons
• for health reasons
• for personal reasons
• to work or travel overseas.
Chapter 7
What else?

How to take time out

If you decide to take time out, you must complete a Time Out of Foundation Programme (TOFP) proforma, which you can get from your foundation training programme director (FTPD). This should be sent to the FTPD by the end of the sixth month of your first year in the programme unless there are extenuating circumstances such as health or other personal reasons.

Time out of the two-year programme will usually only be agreed for a one-year block (i.e. the second year). Time out of parts of either year will only be considered in exceptional circumstances.

What if your plans change?

If your plans change after time out of the programme has been agreed, the deanery/foundation school will attempt to find a placement for you at short notice but cannot guarantee to do so.

Coming back

If one year out of the programme is agreed, you will, in principle, have the right to return at the end of that year. You will have to take part in the second year allocation process at the same time as other trainees who will be starting their F2 year when you are.

You must inform your FTPD that you are coming back to the programme six months before the start date of your second year placement. You do this by completing your year two preference request. If you don’t do this, you won’t have a placement arranged within the deanery/foundation school on your return. That means you’ll need to go through the competitive application process again for a stand-alone F2 appointment.

Statutory rights

Trainees needing to take time out of programme where statutory employment rights are involved (e.g. maternity leave) have full entitlement to those rights.

Location

Inter-deanery transfers

If you need to change your deanery from the one that originally accepted you, you should talk to your FTPD. Any transfers will usually take place at the start of either the first or second year.

Arrangements for a transfer must be agreed between postgraduate deans on the basis of well-founded individual personal or educational needs, such as:

• health reasons
• carer responsibilities
• in order to pursue research opportunities.

You will only be able to transfer if:

• you have satisfied both deaneries that you have a good reason for transferring
• there are places available in the receiving deanery.

Permanent withdrawal

For those not eligible for an inter-deanery transfer, it is possible (although discouraged) to withdraw from one foundation school in order to complete the second year within another. Before you do this, you should seek counselling and advice from your educational supervisor, foundation training programme director or postgraduate dean.

If, after discussion, you still wish to withdraw from your foundation school and give up your individual foundation programme, you will need to apply for an advertised stand-alone second year post.

If you are considering this course of action, you should be aware of your professional responsibility to your original employer. Ensure that you give at least the minimum period of notice laid out in your contract, and bear in mind that your employer needs adequate time to make other arrangements to meet patient and service needs.
Trainees in difficulty

What if things go wrong?

Sometimes, for some trainees, things will go wrong. For one reason or another, whether because of illness, family pressures, financial stress, or lack of aptitude for medicine as a career, some trainees will fail to progress in the expected way.

The competency assessment process is designed to ensure that any potential problems are identified, and strategies employed to resolve them as soon as possible, at every stage of your training.

The most important thing is recognising when problems are developing and seeking help. It is also important that you engage with the assessment system in a timely manner so that surprises are not stored up until it’s too late to do anything about them within the current placement.

Don’t worry. You will be supported.

Educational support

There is a range of sources of educational support available to trainees in difficulty. See your educational supervisor who will be able to guide you through the problem or refer you to an appropriate person to speak to. Alternatively, you can speak to the programme director.

People learn at different rates, and there is nothing wrong with asking for extra help if something is proving difficult. Alternatively, your assessments may reveal areas in which you need support. In this case your educational supervisor will draw your attention to the need for extra educational support, perhaps in the form of intensified experience or supervision.

Gaining competences outside the UK

If you take time out of the programme to undertake clinical work/training overseas it is possible that your training could meet the requirements of second year training in the UK. For this, the following conditions may be required:

- it can be demonstrated that the overseas placement will deliver training in the required competences
- the overseas training programme will use the competency-based assessment methods to assess the trainee in accordance with the documentation required by the UK Foundation Programme
- the proposed training programme has been agreed by the postgraduate dean before the trainee takes up the placement
- the postgraduate dean has recommended the programme to the PMETB which will grant it prospective approval.

The PMETB has yet to finalise these conditions. The PMETB may also grant retrospective approval for the placement in certain circumstances, but this shouldn’t be presumed.

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What happens if you fail?

If, for one reason or another, a you are not be able to demonstrate the required level of competence:

**In the first year (or equivalent for those training less than full-time)**
If you fail in the first year, you will not be granted full registration with the GMC and will not be able to progress to F2.

You will be given remedial support for up to one additional year. If, at the end of this time, you still do not meet the required standards, you would be expected to stop practising medicine.

**In the second year (or equivalent for those training less than full-time)**
In the first instance, remedial training placement will be arranged for a fixed period, usually six months. Exceptionally, one further fixed-term extension may be agreed to a maximum of a further six months.

If you still cannot demonstrate the required level of competence by the end of the second year, you will not receive a Foundation Achievement of Competency Document (FACD).

**Other issues requiring support**

**Psychological support**

Medicine is an inherently stressful profession. The first year or two of practice are known to be tough for all but the most resilient of trainees.

It is common, from time to time, to experience feelings of inadequacy or anxiety, and to wonder whether going into medicine was a mistake. Most doctors cope with the stresses of the job by talking over their experiences and feelings with friends, family or peers at work.

Your educational supervisor will also be able to offer support, either directly or by suggesting a colleague to talk to. Many hospitals and deaneries offer a confidential counselling service, contact details of which are likely to be posted in the education centre, or included in the induction pack.

The BMA also provides a 24-hour counselling service which can be accessed on 08459 200169.

Remember, you are not alone.

For professional, ethical and personal matters, support is available.

- **Professional:** Talking to colleagues would be appropriate depending on the situation, as would approaching a senior member of staff.

  For serious professional matters, discussion with a professional advisor such as the services provided by the BMA or a defence organisation would be the safest and most appropriate route.

- **Ethical:** The BMA has an ethics department. If there is a serious ethical issue you should contact the BMA on 020 7383 6286, or the GMC which also provides advice to doctors on professional ethics. Many hospitals now have a clinical ethics committee which could be accessed following advice from the educational supervisor.

- **Personal:** For personal matters, most people turn to their peers, family or friends. If however there is a problem that may impact on your work, it is wise to discuss it with a senior colleague such as your educational supervisor. The BMA provides a confidential counselling service available 24 hours a day. The service is run by professional counsellors and provides help for BMA members and their families on personal, emotional and work-related problems. Just call 08459 200169.

**Health support**

It is one of your duties as a doctor to take care of your own health but it is all too easy to become physically run down.

It is hard to find time to access and eat a balanced diet, and shift work leads to upset diurnal rhythms and sleep deprivation. Pre-existing conditions may be aggravated by the lifestyle.

Working through illness, self-prescription and the use of alcohol or other substances to relieve stress are risky for you and your patients. Don’t do it. Doctors whose health or behaviour might put patients at risk will be referred to the GMC.

That’s why you should register with a general practitioner near where you live or work and seek their advice when unwell. Occupational health services are provided within each hospital and are another source of support and advice.
Employment support
Check with your HR department if you have any questions about your contract, hours of employment, salary, appropriateness of duties, and any bullying or harassment issues.

The deanery/foundation school and the employing trust have a responsibility to ensure that the bullying or harassment of trainees by anyone involved in their training or working environment is not tolerated. Both the deanery/foundation school and the trust will have a policy on bullying and harassment that you should be made aware of.

Further contractual and employment information is available to you in the BMA’s Junior Doctors’ Handbook (www.bma.org.uk) and from askBMA on the number below.

Numbers to call for help
- askBMA: 0870 606 0828, 8am – 6pm, M-F
- BMA 24-hour counselling service 08459 200169
- GMC 0845 357 3456
- Medical Defence Union: 0800 716 646 (24/7 emergency helpline)
- Medical Protection Society: 0845 605 4000 (24/7 emergency helpline)

Who’s who?
A whole variety of key people and organisations are referred to throughout the Rough Guide. Below is an explanation of what they do.

Clinical supervisor
Your clinical supervisor is the professional responsible for teaching and supervising you.

Your clinical supervisor is responsible for:
- supervising your day to day clinical and professional practice
- supporting your assessment process
- ensuring that you have the appropriate range and mix of clinical exposures
- arranging a work programme to enable you to attend fixed educational sessions.

You will have at least one named clinical supervisor, known to you, in each training placement. You will be told the name and contact details of your clinical supervisor at the start of your placement.

Educational supervisor
Your educational supervisor is the doctor responsible for making sure you receive appropriate training and experience. They will also decide whether individual placements have been completed.

The educational supervisor must be involved in teaching and training, and should help your professional and personal development. Your educational supervisor is responsible for:
- undertaking regular formative appraisal
- providing support so you can develop your learning portfolio
- ensuring you understand and engage in assessment
- being the first point of call for your concerns/issues about training
- ensuring appropriate training opportunities are available for you to learn and gain competences.

You will have a named educational supervisor for each placement. You will be told their name and contact details of their educational supervisor at the start of your placement.

Your clinical supervisor and educational supervisor could be the same person, or two separate people.
Foundation training programme director (FTPD)

An FTPD is the individual appointed by the deanery and trust to manage and lead a foundation training programme.

Foundation schools

Foundation schools are not bricks and mortar institutions, but rather a conceptual grouping of institutions, which is administered by an actual (rather than conceptual) staff. The foundation school staff brings together medical schools, the local deanery, trusts (acute, mental health and PCTs) and other organisations (e.g. hospices) to offer you training in a range of different settings and clinical environments.

They offer all the placements you need to gain the competences required to become a fully qualified doctor, as set out in the Curriculum.

Foundation schools are being set up in England to accommodate several hundred F1 and F2 trainees each. The schools will have a number of foundation training programmes, each under the supervision of a foundation training programme director (FTPD). Each FTPD will have responsibility for about 30 foundation trainees.

Trainee-centred training

The entire programme is centred around the trainee, who is supported through clinical and educational supervisors. They, in turn, are supported by FTPDs, clinical tutors and directors of education, who are supported by the foundation school structure. All of this is supported by and overseen by the deaneries.
Postgraduate deaneries

Deaneries engage in arrangements with local NHS trusts and others to ensure that trusts, GP training practices and health authorities provide a suitable learning environment to meet the requirements of general medical and specialist training.

There are 14 postgraduate deaneries in England, each headed by a postgraduate dean. They have operational responsibility for ensuring that the Foundation Programme is delivered to national standards set by the GMC and the PMETB. They are responsible for ensuring there is an effective educational infrastructure for foundation training through the foundation schools. In particular, they are responsible for:

- information about and recruitment to the Foundation Programme
- shadowing arrangements in some parts of the country and induction (together with the NHS trust)
- ensuring that local assessment procedures are in accordance with wider national procedures
- ensuring that appraisal is undertaken regularly and appropriately
- training individuals that undertake assessments
- through the foundation training programme director, identifying an educational supervisor for each trainee within a Foundation Programme
- through the foundation training programme director, ensuring that trainees’ regular appraisals take place and that Learning and Development Portfolios are supported within the process
- ensuring smooth progression of trainees from year one to year two, offering appropriate career management and development opportunities
- ensuring that individual trainees receive the training necessary to meet the competences required
- providing careers advice (along with the NHS and medical schools/university).

Undergraduate dean/medical school

Medical schools are responsible for confirming that their medical graduates meet the GMC requirements outlined in Tomorrow’s Doctors for provisional registration.

In accordance with GMC requirements, they are responsible for issuing graduates with written approval to apply for and accept a place in a foundation training programme.

Although medical schools have a statutory responsibility for the PRHO year, in most deaneries this responsibility is given to other organisations, including the postgraduate deanery, the employing NHS trusts or the GMC. Foundation Schools will be organisations which help support joint working with the Postgraduate Deaneries, Medical School, NHS organisations and other healthcare providers. Information about individual medical schools can be found at the Council of Heads of Medical Schools website at www.chms.ac.uk or by calling 020 7419 5494.

General Medical Council (GMC)

The GMC has legal powers to protect, promote and maintain the health and safety of the community by ensuring proper standards in the practice of medicine.

To do this, the transitional edition of the GMC document The New Doctor outlines the list of competences to be gained in foundation year one that are required to gain full registration.

The GMC also has a responsibility to:

- co-ordinate all stages and promote high standards of medical education
- provisionally register graduates of UK medical schools
- publish guidance on general clinical training and ensure that these guidelines are implemented
- grant full registration to doctors who have gained the required competences
- maintain a list and publish a register of specialist doctors and, in future, a list of general practitioners
- recognise the qualifications awarded by other EEA member states to EEA nationals

More information can be found at www.gmc-uk.org or by calling 0845 357 8001.
Postgraduate Medical Education and Training Board (PMETB)

The Postgraduate Medical Education and Training Board (PMETB) has a duty to establish, maintain, and develop standards and requirements relating to postgraduate medical education and training in the UK.

The PMETB’s remit covers higher and specialist training for doctors. It develops and assesses the standards for training to be delivered by the F2 year and beyond.

PMETB will go live on 30 September 2005. When fully operational it will approve the post-F1 training of doctors and certifies that doctors have reached a level of competence required for inclusion in the Specialist Register and (future) Register of General Practitioners which is maintained by the GMC. More information can be found at http://www.pmetb.org.uk.

Medical royal colleges and faculties

There are medical royal colleges and faculties for all medical specialties including general practice. The role of individual colleges and faculties is to develop and advise the Postgraduate Medical Education and Training Board (PMETB) regarding the curriculum for each medical specialty.

In advising and supporting the PMETB they:
- publish curricula which identifies the knowledge, skills and attitudes required within each specialty
- recommend to the PMETB the awarding or withholding of educational approval posts, placements and programmes
- determine the standards of professional education and training through examinations/assessments that trainees must pass
- support the delivery of training programmes through regular inspection of approved posts, placement and programmes

The contact information for each medical royal college can be found by going to www.aomrc.org.uk or by calling 020 7692 3197.

British Medical Association (BMA)

The BMA is an independent trade union and professional association with over 130,000 members from all branches of medicine in the UK.

The BMA is recognised by the government as the body with sole negotiating rights for doctors. It is also a scientific and educational body. It protects and supports members’ professional interests and negotiates with government and NHS Employers to bring about improvements in the profession and the NHS.

In the context of foundation training, the BMA has been engaging with the Department of Health’s Modernising Medical Careers team, representing the views of doctors, offering both support and constructive criticism where appropriate, in trying to shape aspects of the products of reforms.

More information about the BMA can be found at www.bma.org.uk or by contacting the employment advice and information service askBMA on 0870 60 60 828.

Modernising Medical Careers (MMC)

The MMC team is charged with developing and implementing the reforms to postgraduate medical education beginning with the Foundation Programme, through to specialty training and reform of training for NCCG doctors and for trust grade posts.

It comprises a small core team of full time staff and a larger number of health experts that advise on and assist with the implementation of MMC. The MMC website contains a significant amount of information regarding the national implementation of Modernising Medical Careers. For more information go to www.mmc.nhs.uk
NHS trusts

NHS trusts are hospitals and groups of general practices that provide healthcare services.

They have employer responsibilities for you during your foundation training. This means that they will:

- issue you with a contract of employment
- meet the terms and conditions of doctors in training, including hours of work and payment for banding arrangements
- ensure that postgraduate education is delivered and supports learning and meets required educational standards
- ensure a safe working environment
- protect you and all from bullying and harassment
- provide an environment which respects diversity and equality of opportunity
- undertake disciplinary action with respect to contract and performance (although disciplinary procedures for doctors in training are primarily the responsibility of postgraduate deans)
- support the training of trainers

Further information

There are many other resources you can access for more information on your training. A few of the important ones are listed below.

Curriculum for the Foundation Years in Postgraduate Education and Training

The Curriculum sets out the educational content of the two year Foundation Programme. It defines the skills, knowledge and attributes that trainees should demonstrate they have attained. All trainees will be formally assessed during the F1 and F2 years on the competences contained in the curriculum. Each foundation trainee beginning in August 2005 will receive a copy of the curriculum. In subsequent years, the curriculum will be available electronically on the MMC website www.mmc.nhs.uk

The Curriculum is a working document. Should you have any feedback for the next revision, please write to: Chair of the AoMRC Foundation Committee at foundationcommittee@aomrc.org.uk

Or write to:
Chair of the Foundation Committee
Academy of Medical Royal Colleges
1 Wimpole Street
London
W1G 0AW

Operational Framework for Foundation Training

This document supports the implementation of foundation training programmes and is designed for use by postgraduate deaneries, clinical tutors, local trusts and foundation school staff. The principles outlined in the framework apply to all countries in the UK, but may be adapted for local circumstances. The framework can be accessed through the MMC website www.mmc.nhs.uk

The Operational Framework is a working document and we welcome your feedback. Should you have any feedback for the next revision, please write to our Operational Framework Co-ordinator at operationalframework@mmc.nhs.uk

Or write to:
Operational Framework Co-ordinator
Modernising Medical Careers
6th Floor
New Kings Beam House
22 Upper Ground
London
SE1 9BW
Junior Doctors' Handbook

This is a guide to the main contractual issues that may arise in junior doctors’ employment on which they may need to seek advice. It is produced annually to provide information to help junior doctors understand their terms and conditions of service and matters arising in the course of employment. It covers the position in England and (usually) in Wales and is available to BMA members at www.bma.org.uk
What is the Foundation Programme anyway?
This guide aims to give new doctors a rough idea of what they're in for during their foundation training. Everything from applying to assessment, and study leave to recommended placements is covered. There are also explanations about what a foundation school is, what the deanery is there for and who to go to if things don't go quite as planned.

First hand accounts from foundation doctors in the pilot programme give an honest view of what it is like to be assessed and how you can collect evidence for your portfolio.

Modernising Medical Careers
The guide is written jointly by the Modernising Medical Careers team and the British Medical Association and will be updated yearly.

"The Rough Guide's clear and concise style has helped me to make sense of the Foundation Programme. The case studies highlighted important information in an accessible way."

Johann Malawana
Final year med student, Barts and The London Medical School