

UK Foundation Programme
Rough Guide



Introduction

Acknowledgements:

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The Foundation Programme

The Foundation Programme is a structured, supervised workplace-based training programme. It is typically made up of six four-month placements in a range of specialties and settings over two years. The placements available should provide a safe environment for you to put what you have learned at medical school into practice, whilst giving you the additional skills, knowledge and experience needed to practise safely as a doctor.

The first year of the Foundation Programme is approved by the GMC for provisionally registered doctors and must be successfully completed before applying for full registration, to allow you to practise as a doctor.

The Rough Guide

This guide explains how the Foundation Programme works and will help you get the most out of your first two years of clinical practice. It covers a range of topics including what to expect in the Foundation Year 1 (F1) and Foundation Year 2 (F2). It also covers how your electronic portfolio (e-portfolio) works, advice on completing your assessments and what support is available should you require it.

The guide has been written for medical students and foundation doctors, clinical and educational supervisors, postgraduate deans and anyone involved in foundation programmes across the UK. It has been written to provide a good starting point to find out more about what to expect in your first two years of training. This guide should be used in conjunction with the Foundation Gold Guide and Operational Guide.

How the Foundation Programme Works

The Foundation Programme is designed to help you gain competence in essential clinical skills as well as other professional skills such as communication and teamwork. You will be expected to demonstrate increasingly sophisticated skills in these areas as you progress through the programme.

Your first foundation placement will usually commence in early August, after medical school graduation. In general, you will rotate to your next placement typically every 4 months (this may vary between foundation schools) and over the two years you will build up a portfolio to record supervised learning events and achievements as you gain more experience and acquire competence in new areas. Part of this will involve asking your colleagues to assess your clinical and professional skills and feedback to you about your performance in a range of settings during your training programme.

At the end of each year, you must demonstrate that you have met the outcomes set out in the Foundation Programme Curriculum. There are a range of assessment tools you can use to evidence your competencies, which are detailed later in this guide.

Once you have successfully completed F1, you will be eligible to apply for full registration with the GMC. On successful completion of F2, you will receive a Foundation Programme Certificate of Completion (FPCC), which is an entry requirement for specialty training.

Throughout the programme, and as you progress through specialty training and beyond, you should add evidence of new competencies gained to your portfolio. Your portfolio allows you to record evidence of your competence in different areas.

What else you can expect

You will be responsible for your own learning, making sure your supervised learning events (SLEs) and assessments are completed, attending the structured learning sessions and keeping your e-portfolio up to date.

Your first placement as a foundation doctor marks the transition from medical school education to postgraduate training and learning whilst at work. Besides formal teaching sessions, you should consider every clinical activity or patient encounter as a chance to learn. Always be on the lookout to add to your e-portfolio and to develop or enhance clinical skills. For some competencies, you may learn from other members of the multidisciplinary team including nurses, healthcare assistants and physiotherapists. Each day will bring multiple opportunities to learn, so it is important to take advantage of them where you can.

During each placement, you will have a named clinical supervisor (who will be trained for this role to the GMC standard) either a consultant or GP principle) who is responsible for ensuring you have the correct skills and knowledge to fulfil the requirements of your day job. You will also have a named senior doctor as your educational supervisor who you should meet at both the beginning and end of each foundation year, as well as after each placement. You may wish to meet with your educational supervisor more regularly than this. The role of the educational supervisor is to guide you through the training programme and to support your day-to-day learning. The precise arrangements will vary by foundation school. In some cases, your educational supervisor may be the same person for both years and in others they may change at the start of F2 or for each placement. However, you will always be supported to ensure that you have good clinical supervision and a structured educational experience.

All of your postgraduate training is organised and managed by your local foundation school. For more information on foundation schools, see the 'Who's who' section.



1. Before you start

1.1 Timeline of the application process

The timeline below shows the approximate timing of each activity that takes place during the application process. A detailed timeline can be found in the UKFP Applicants' Handbook.

Date	Application activity
June-August	Eligibility period
August	Academic Foundation Programmes (AFP) available to view
Late September	Register on Foundation Programme Application System (FPAS)
October	Complete online application
October-January	AFP shortlisting and interviews
November – May	Transfer of Information process
December/January	Sit the Situational Judgement Test (SJT)
January-February	AFP offers
March	Primary list allocation
March-April	References collected
April	Primary list applicants matched to programmes
April-July	Pre-employment checks/Reserve list batch allocations
August	Start your programme

1.2 The application process

If you are a UK medical school student / graduate, you will be nominated by your medical school. If you do not receive an email inviting you to register on the national online application system (Oriel), you should contact your medical school immediately to ensure that you have been nominated. You will not be able to access the application forms for FP or AFP until you have been nominated by the medical school.

If you are an overseas graduate or UK medical school graduate who qualified more than two years prior to the start of the programme, please refer to the Eligibility Applicant Guidance as you will need to apply for eligibility in the first instance. If your eligibility application is deemed eligible, you will be granted access to the application forms for FP and AFP by the UKFPO's Eligibility Office.

You can apply online for the Foundation Programme (FP) and there is also the option to apply for Academic Foundation Programmes (AFP) via Oriel.

Applicants are allocated to foundation schools based on their total application score, which is made up of the Situational Judgement Test (SJT) score and the Educational Performance Measure (EPM).

The SJT is an invigilated test designed to assess the professional attributes expected of a foundation doctor. You will be presented with a series of hypothetical scenarios that a foundation doctor may encounter and asked to choose what course of action you should take. For each question, you may be asked to rank five possible responses in order of most appropriate to least appropriate, or to select the three most appropriate actions for a given situation.

The EPM is a measure of academic performance throughout an applicant's time at medical school. Points are awarded for medical school performance and any additional educational achievements including additional degrees and publications.

More information on the SJT (including a fully worked practice paper) and the EPM can be found on the [UKFPO website](#).

As part of your FP application, you will be asked to rank all of the units of application (UoA) in order of preference. If you are unsure at this time, you will have from the point of application in October until mid-February to amend your preferences. You will be able to see the programmes each UoA offers before you rank them. Historically, approximately 90% of applicants have been allocated to one of their top five choices. To increase your chance of being allocated to the UoA and programme you want, it is important to score well in your application. If there are more applicants than places, the top-scoring applicants will be initially allocated to vacancies (primary list). The remaining applicants will be placed on a reserve list and allocated as vacancies arise.

Check the UKFPO website for details on how to apply on Oriel and the national application process at www.foundationprogramme.nhs.uk/how-to-apply. Detailed information on the application process can also be found in the *FP/AFP Applicants' Handbook*, which is updated and published annually at www.foundationprogramme.nhs.uk.

1.3 Academic Foundation Programme (AFP)

If you are considering a career in clinical research, medical education or management and leadership, the Academic Foundation Programme (AFP) will provide you with the opportunity to gain experience in these areas of medicine.

1.4 Supporting Trainees Entering Practice (STEP)

You will be asked to complete a Supporting Trainees Entering Practice (STEP) form before you leave medical school. The STEP process aims to highlight any areas of additional support that you may require during the Foundation Programme. In particular, you are asked for information regarding your health and welfare and educational progress.

The information you provide on the form will need to be endorsed by your medical school and will be passed on to your foundation school to support you as you transition from medical school to the Foundation Programme.

More information on the STEP process can here found in the [UKFPO STEP guidance](#).

1.5 Provisional registration with the GMC

Before you can start work as an F1 doctor, you must be provisionally registered with the General Medical Council (GMC). For students at UK medical schools, the GMC will visit your medical school during your fourth or final year to request information for confirmation of identity and to provide information about how to apply for provisional registration with a licence to practise. Once you have passed your exams, applied for registration, satisfied the GMC that your fitness to practise is not impaired and paid your registration fee, your registration will be granted. You must have your provisional registration in place for the start of the Induction Period.

Step-by-step instructions on how to apply for provisional registration can be found in Appendix 1.

2. Your foundation programme

During your foundation programme, you will experience working in a variety of care settings. As you will only get out of the Foundation Programme what you put in, it is up to you to make the most of your experiences.

Below, two foundation doctors have shared their experiences of the programme.

2.1 CASE STUDY – SETTLING IN AS A FOUNDATION DOCTOR

Dr Jonathon Hunter Foundation Doctor, Durham Hospital

The start of foundation training is a potentially daunting time, particularly if you've moved to a new part of the country. It is really important to get a good understanding of who and what your support networks are at the trust in which you are based.

Your educational supervisor is there throughout your foundation training to ensure that you are receiving the appropriate training and experience. Having a good relationship with your educational supervisor will help your experience of foundation training, particularly if you find yourself needing additional support educationally or pastorally. Try to meet with them regularly, as they can give advice on how to manage challenging situations, or at least point you in the direction of someone else who can help.

Keeping the requirements for e-portfolio in the back of your mind early on during your rotations is also a good idea. This makes the experience of completing your e-portfolio successfully a lot easier. As the most junior doctor on the team, people are generally really willing to help you meet the ARCP requirements such as organising Case Based Discussions about patients you have seen together.

Be kind to yourself! Try to maintain interests outside of medicine, particularly if you did so at medical school. These will help you to keep a sense of perspective when the rota becomes especially busy. Get involved with Mess events, whether that be attending or organising! This is a really great way to get to know other doctors working in your trust and is a good way to keep a social life going whilst getting used to working as a junior doctor.

The most important advice I would give with regards to settling in as a foundation doctor is to ask someone when you are unsure of anything at all. This might be a senior doctor, another member of the MDT or a fellow foundation doctor. You can pretty much guarantee that someone else has the same question and that another person will know the answer.

2.2 CASE STUDY – MY EXPERIENCE AS A FOUNDATION DOCTOR WITH A DISABILITY

Dr Sophie Jackson Severn Deanery



I'm Sophie, an FY2, currently working in Bristol. I've had a disability since birth – a non-progressive generalised muscle weakness which affects all skeletal muscle groups to varying degrees. Despite having some physical limitations, I don't feel as though it has held me back, even in my ambition to become a doctor.

My muscle weakness mainly affects mobility and stamina. For instance, I find walking long distances tiring, can't easily climb stairs and tend to fatigue more quickly than others, particularly in a physically demanding job like medicine.

Prior to medical school entry, I wasn't sure what "extra" support I would need having a disability; fortunately, there was guidance available - "Gateways to the Professions", published by the GMC in 2008. This guidance aimed to promote access for people with disabilities into medicine, and provided examples of "reasonable adaptations" that may be useful for students like myself with a physical disability, as well as those with mental disabilities. An updated version, "Welcome and Valued", is due to be released later in 2019, again offering practical advice for both medical students and also junior doctors with a range of disabilities.

Having this guidance enabled me to conceptualise what practical measures may be useful during medical school and afterwards as a working doctor.

Prior to starting as a foundation year one doctor, I had an occupational health (OH) assessment- which is the requirement for anyone with a disability/chronic health condition. OH supported my application for less than full time (LTFT) training, and I was fortunate in being allocated a supernumerary post. This works well for me as it allows flexibility in terms of working hours and on call commitments. **Currently I don't** do regular on call or night shifts but I've shadowed registrars and core trainees on their on-calls to ensure I've had some exposure to out of hours work. This has been great in terms of teaching opportunities and in getting supervised learning events (SLEs) done. I was also able to switch one of my placements to a more acute speciality, Acute Medicine, to get more experience managing critically unwell patients.

In order to reduce fatigue, I use a mobility scooter to negotiate my way around the large teaching hospital where I work. For example, I can easily travel to see patient outliers on other wards. I was also able to choose my working hours, so that I work five mornings/week instead of three whole days, as I tend to tire more as the day goes on. Not only does this improve continuity of care but also is better from a learning perspective, where there is often more ad hoc teaching on ward rounds for instance.

My top tips – be proactive and resourceful. It's not always easy to anticipate what support you may need particularly before starting a new job. However, I found that having a combined meeting with HR, my educational supervisor and foundation programme director was invaluable in identifying any issues I may have day-day and to determine what reasonable adjustments could be put in place before I started work. I also found it helpful to be upfront and open, so before each new attachment I would contact my clinical supervisor to ask if they would inform the team about my disability and any extra support I may need during the placement.

Being a doctor is one of the most rewarding jobs you can do. Diversity is vital in all areas of work but even more so in medicine where we are caring for such a diverse patient population. Having a disability requires you to be creative, forward thinking and determined – core traits needed to be a good doctor. With support in place, you can become an indispensable and valued member of the team.

2.3 Foundation year 1 (F1)

Your F1 is designed to ensure knowledge and skills you learned as a student can be put into practice as a doctor.

Induction and shadowing

At the beginning of your programme, you can expect to receive at least the following for induction, which typically include:

1. Employer/Local education provider induction;
2. Departmental/workplace induction.

As part of these inductions you will receive information about the employing organisation you have joined, your timetable and the duties expected of you. You will also be advised of the contact details of your educational supervisor and of the careers advice that is available locally.

To ensure that you are equipped with the local knowledge and skills needed to provide safe, high quality patient care, you will also undertake a “shadowing” period. This should include ward-based shadowing of the F1 job that you will be doing. This shadowing period usually takes place as close to the start of work as possible in July/August.

The placements

Your F1 placements are determined by the rotation or programme for which you are selected, and each placement is typically four months long.

The most common placements in FY1 are:

- General medicine
- Surgery
- Trauma & orthopaedics

However, increasingly F1 rotations include placements in any of the 60+ GMC recognised specialties, including: Emergency Medicine, General Practice, Psychiatry, Anaesthetics, Obstetrics and Gynaecology, Paediatrics and Haematology

This is not a complete list but does give you an idea of the variety of specialties that may be available to you. Due to the finite number of jobs, not everybody will have jobs in the specialties they would ideally want.

As a doctor, it is important to have good understanding of community-based medicine, so it is likely that you will have at least one placement in a community setting (such as GP or psychiatry). All foundation schools have mapped their placements to the Foundation Programme Curriculum

to enable you to plan which outcomes you will be able to achieve in each placement. All rotations will enable you to meet the curricular outcomes and provide experiences which help inform decision making regarding your career.

2.4 Education and training

You are entitled to up to the equivalent of three hours per week of protected, bleep-free time set aside for in-house, formal education as part of your working week. Alternatively, this time may be aggregated to give you whole days for generic training. Your Foundation Training Programme Director (FTPD) will make sure you have access to relevant and appropriate training which is mapped to the Curriculum.

F1 doctors are not eligible for study leave. However, most foundation schools will allow you to undertake 'tasters' towards the end of your F1 year. Check with your foundation school to see if this is possible.

2.5 CASE STUDY – EDUCATION IN FOUNDATION TRAINING

Dr Oluseyi Adesalu UKFPO Fellow



As a foundation doctor, there are many opportunities to be involved in education in a way that is valuable to your own learning as well as your portfolio. A good way to do this is by teaching medical students. This can be as simple as coordinating impromptu bedside teaching or being involved with structured teaching programmes organised by the university. For example, I worked as Data Interpretation Lead for the UCL Twilight Teaching programme. This involved organising weekly teaching for final year medical students in the lead up to their exams over a 6-month period. This was a really good opportunity to get involved with medical education, whilst simultaneously developing my leadership skills.

Medical education leads, such as clinical teaching fellows, are generally very open to developing learning opportunities for medical students, so even if you are not aware of any formal teaching programmes at your hospital, it is worth getting in touch with them to create one. Contacting the medical school partnered to your hospital is also a good way of getting involved in medical education, as the faculty may be looking to people to help with delivering their curriculum. During my off-days I have been able to work as an associate lecturer for the local medical school, which involves the teaching of clinical skills to first year medical students.

You can use Supervised Learning Events such as Case Based Discussions to create valuable learning opportunities for yourself. Currently, the E-portfolio has a 'Developing the Clinical Teacher' section, which is designed to encourage you to be deliver teaching to either your colleagues or students in a structured way, whilst being observed by another clinician.

No matter what kind of teaching you are involved in, be sure to collect written feedback for your portfolio. Always having a generic feedback form to hand will make it a lot easier for you to gather evidence of informal or impromptu teaching sessions that you lead.

This is particularly useful when making applications to specialty training, where evidence of involvement in teaching is often outlined in person specifications.

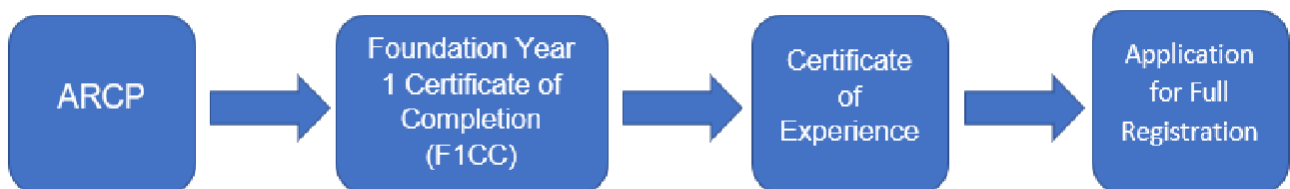
Whether your focus is ensuring you attend as much of your organised foundation teaching or developing your own teaching programme, there are many opportunities to be creative with education as a foundation doctor as both a learner and an educator.

2.6 Becoming a fully registered doctor

Towards the end of your F1, you will be subject to an Annual Review of Competence Progression (ARCP). This review uses evidence recorded in your e-portfolio to determine whether you meet the requirements for satisfactory completion of F1.

If you meet the requirements, you will be issued with an F1 Certificate of Completion (F1CC). If you are a UK medical school graduate, your ARCP outcome will be shared with your medical school. Your postgraduate dean (who will most likely devolve responsibility to your foundation school team) will complete the 'Certificate of Experience', which recommends you for full registration with the GMC.

Diagram 1 shows the steps required to obtain full registration. Full details on applying for full registration can be found in Appendix 1.



2.7 Foundation year 2 (F2)

During F2, you will remain under workplace supervision (as do all doctors in training) but take on increasing responsibility for patient care. In particular, you will begin to make management decisions as part of your progression towards independent practice.

You will further develop your core generic skills and contribute more to the education and training of the wider healthcare workforce. At the end of F2, you should have begun to demonstrate clinical effectiveness, leadership and the decision-making responsibilities that are essential for specialty training.

Satisfactory completion of F2 will lead to the award of a Foundation Programme Certificate of Completion (FPCC) which indicates that you are ready to enter a specialty training programme or continue to work at an 'SHO Level'.

2.8 Placements

As in F1, the F2 rotation typically consists of three 4-month placements, which are carefully combined to provide you with the ability to gain the required F2 outcomes. You may also have the opportunity to organise embedded 'tasters', where you spend a short time working in another specialty that you would not otherwise have encountered. Your educational supervisor can help you arrange this.

Contrary to popular belief, 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 required by all doctors in any area of practice.

2.9 Community Placements

By the time you enter your second foundation year, the majority of your clinical experience may have been within a secondary care setting. However, there is an increasing shift of services into settings other than acute/secondary care. It is therefore recognised that a more integrated approach to patient care is required and services are being reconfigured in order to provide appropriately patient-centred care. Therefore, the majority of foundation doctors will undertake a community or integrated placement during the Foundation Programme.

A community-based placement, such as general practice, will provide you with the opportunity to care for patients in a setting where the majority of healthcare is delivered and is often the setting in which patients may first present.

Patterns of team working are often different in primary care. Teams tend to work in a multidisciplinary fashion on a smaller organisational scale. In the placement, you may have the opportunity to see patients under appropriate supervision both in the GP surgery and in the patient's own home.

A trained named clinical supervisor will be working with you to ensure that you gain all you can from the learning opportunities presented. You will be able to undertake project work such as a quality improvement (QI) project, as well as continuing to work on obtaining the required competencies, SLEs, workplace-based assessments and attending foundation-specific teaching.



2.10 A Rough guide to the foundation programme in Scotland

The Scottish Foundation school has the potential to provide an incredibly unique Foundation Doctor experience. The school is one entire deanery that provides a huge range of training opportunities for prospective Foundation Doctors across the whole of Scotland. The programme capitalizes on its amazing hospitals, the diverse range of specialties on offer, and the strong appeal of living in Scotland. The placements range from those in the Scotland's largest towns and cities, such as Edinburgh and Glasgow, to those further afield in the Scottish Borders or Shetland Islands. The Scottish Foundation School is truly diverse in all aspects, and offers rotations that are geared to fulfill the needs and preferences of the majority of applicants.

There is a total of 849 Foundation positions in Scotland every year that are within four separate regions (North, East, South East and West). The choice of programmes, each with their own compositions of hospitals, sites and specialties, offer great choice. Those with an affinity for the outdoors might be drawn towards the North and take on the 'rural track', while city dwellers might prefer to be based in the lively cities of Edinburgh or Glasgow. No matter the region, there is a variety of specialties and a great choice of tertiary centres, teaching hospitals as well as district general hospitals.

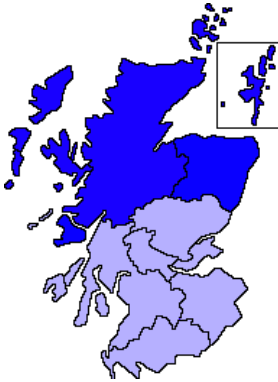
The Scottish Foundation School is focused on ensuring that all trainees meet the national foundation curriculum outcomes and fulfill the requirements of the eportfolio. The combinations of placements on offer and the rotations between hospitals, guarantee adequate coverage of the curriculum and also offers additional training opportunities beyond the minimum requirements. Scotland also has capacity for 60 Academic Foundation Programme positions that are spread across the four regions. The Scottish Academic Foundation Programme is unique in that although it is one Foundation school, the Academic placements are specific to each region, each with their own characteristics and qualities.

Table 1 (the number of Foundation Programme (FP) posts and Academic Foundation Programme (AFP) in Scotland per region)

Region	F1 FP Posts available	F1 AFP Posts available
East	90	6
North	126	15
South East	180	18
West	393	21
Total	789	60

Regions

The North



The North region offers 10 Foundation groups and one academic Foundation group, totaling 126 Foundation posts and 15 Academic Foundation posts. The posts are situated across the vast area of Aberdeenshire and the Highlands, with the majority of placements in Aberdeen and Inverness, Elgin and Fort William.

The Aberdeen Royal Infirmary, a large teaching hospital and tertiary healthcare centre, and has nearly every specialty (excluding heart and liver transplants). It is also the regional major trauma centre and has its own on-site maternity hospital, paediatric hospital and a dedicated emergency care centre. The teaching hospital offers well-supervised placements that offer great support and placements of considerable educational value.

The more rural placements further afield offer the advantages of working in district general hospitals and being within closer proximity to the Highlands. You may feel more isolated in these placements, but often this can make the rotations even more sociable. Some of the smaller hospitals of the highlands are regarded as the most welcoming and friendly. Being located in the Highlands, the natural beauty of Scotland is easily accessible and provide the opportunity to venture outdoors and enjoy the incredible geographical diversity.

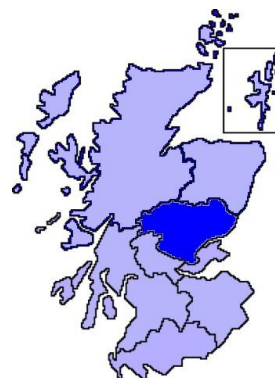
A large proportion of the placements are one-year Aberdeen and one-year Elgin/Inverness. Some placements are predominantly Aberdeen-based with only one placement in the Western Isles, Shetland or Fort William district generals. There is also the rural track whereby one year is spent in Inverness followed by a year in either Fort William/Oban or Oban/Lochgilphhead.

The North Academic Foundation Programme posts is based in Aberdeen, Inverness or Fort William and is led by the University of Aberdeen.

The East

The East region has seven foundation groups to choose from 90 Foundation positions and 6 Academic Positions across programmes are almost exclusively based at Ninewells in Perth Royal Infirmary, making the rotation well centralised, and one with generally short commuting times. There are a few at Stracathro Hospital and the Royal Victoria Hospital and rural practice placements are available.

Ninewells Hospital is the large tertiary centre and teaching the region that is closely linked with University of Dundee, strong academic links for research and teaching experience. It renowned for its research in cancer and genetics, developments of laparoscopic surgery and psychosurgery. The hospital itself offers a diverse set of foundation placements in most specialities, all of which are on-site. It is also the major trauma centre for the areas of Tayside and Fife.



and a total of Tayside. The Dundee or sociable, placements general

hospital for offering is well

The placements at Perth Royal Infirmary, a district general hospital, provide the breadth of experience of working in a DGH. On-site accommodation is available at Ninewells and PRI.

CASE STUDY: EAST OF SCOTLAND (ESTHER, FY1)

Why Scotland? As a Northern Irish student who studied in Edinburgh, I had already fallen in love with Scotland. Choosing to stay was easy - for me Scotland offered what I wanted - security of a health system I knew, great range of jobs to choose from and safety of staying north of the infamous English junior doctor contracts. Having now worked in NHS Scotland for nearly a year - I can praise its attributes – ‘hospital at night’ is a particular godsend for out-of-hours (a luxury not enjoyed everywhere).

The harder choice was where in Scotland - Edinburgh I already knew was a wonderful city to live, Glasgow’s cultural scene beckoned and yet I ended up choosing Dundee - why, you may ask? I did have the pull of family in Dundee but the major factor was the recommendation of friends already working in Tayside deanery. They advocated its friendliness and support - I can testify to these 2 key factors which I believe have made my FY journey thus far so great.

Speciality wise I wanted to remain broad as I am still uncertain of which career path I will choose. Jobs in renal, respiratory and general surgery have given me a good grounding as I progress on to FY2. For those of you having to choose which country, which Deanery, which jobs I suggest: 1) asking other FYs who work there of their experience (if possible) 2) thinking carefully about jobs you choose and 3) most of all enjoying your FY years wherever you end up

The South East

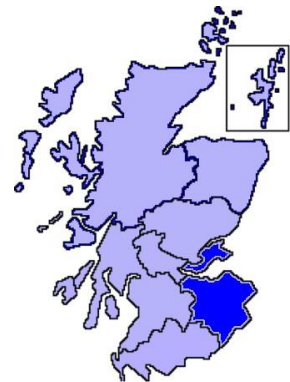
The South East Region has twelve groups including an academic track. In this region there are posts in Edinburgh, the Scottish Borders and Fife. Each FY1 will be assigned at least one placement in central Edinburgh and one post out-with the city to ensure adequate coverage of the curriculum and experience in teaching hospitals and district generals. There will also be a maximum of three surgical placements over the two-year programme. These include, breast, cardiothoracic, colorectal, ENT, general, orthopaedic, plastics, urology and vascular surgery. No repeat placements will be permitted in this region.

The main teaching hospitals are the Royal Infirmary of Edinburgh, the Western General Hospital and St John’s Hospital. The Royal Infirmary of Edinburgh is the largest teaching hospital in the region with around 850 beds and includes a cardiothoracic department, liver and kidney transplant unit, a major trauma unit and the new Royal Hospital for Sick Children.

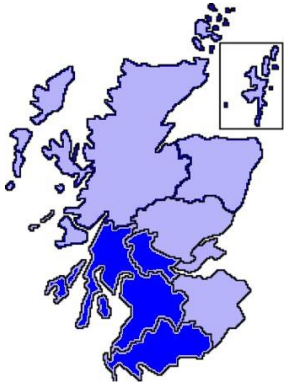
The Western General Hospital and St John’s Hospital both provide an extensive list of general and specialist services. The Western General departments include urology, neurology, haematology, oncology and it has one of the largest colorectal units in the UK. St John’s Hospital is the regional centre for plastic surgery, burns, maxillofacial surgery and ENT surgery.

The district general hospitals in this region are Victoria Hospital in Kirkcaldy and the Borders General Hospital. The Borders General Hospital has accommodation available.

Edinburgh, the main city in the South East region, is a beautiful capital city that has a vibrant culture as well as a profound history. The city comes to life in the month of August for the world’s largest arts festival, the Edinburgh Fringe Festival. The city is not far from the unspoilt Fife coast to the north and the Pentland hills to the south. Its tram service, its multi award-winning bus network and its international airport makes travelling within and out-with Edinburgh effortless.



The West



The West Region is the largest region with twenty-four Foundation groups that can accommodate 393 Foundation trainee and 21 Academic Trainees.

There is huge variation in the number of placements available in the West of Scotland. With a large number of hospitals both within and outside Glasgow, there is great diversity in the hospital-type and different specialities on offer.

The West has the most tertiary hospitals of Scotland, secondary to its large population. The Queen Elizabeth University Hospital is one of the largest teaching hospitals, that is major trauma centre for the region and specialises in renal transplantation and vascular surgery. Glasgow Royal Infirmary is another tertiary centre that is within the centre of Glasgow. The placements outside of Glasgow include Ailsa Hospital in Ayr, Inverclyde Royal Hospital, University Hospital Crosshouse in Kilmarnock and Dumfries and Galloway Royal Infirmary.

Around one half of the groups are entirely based within Glasgow. Another portion of groups have one year within Glasgow and one year out-with. There is one placement that is exclusively based at the Forth Valley Royal Hospital and one group entirely at Dumfries and Galloway Royal. The former was built in 2010 and is one of the Europe's most modern and well-equipped hospitals. Dumfries and Galloway Royal provides free accommodation to all FY1s and FY2s. The University Hospital Hairmyers and University Hospital Wishaw offer accommodation for a charge.

Glasgow is a large cosmopolitan city with a great choice of bars, restaurants and cafes as well as museums and galleries, such as the well renowned Kelvingrove Art Gallery. When it comes to live music and entertainment it is the hub for Scotland. For those wishing to explore the outdoors, the Loch Lomond National Park and Highlands are on Glasgow's doorstep.

FY2 Placement Allocation

The North region is the only region where your FY2 placements will be allocated from the time you are appointed the Scotland Foundation School.

With the East, South East and West regions however, the placements for Foundation Year 2 will be made available part-way through Foundation Year 1.

For the East and West regions, you will be issued with a list of the pre-determined FY2 programmes within your allocated group – sets of three rotations. You will be required to rank these in a similar way that you ranked the FY1 placements. Your individual Foundation Programme Director will coordinate the allocation process. They will consider your training needs, your overall curriculum coverage so far, your preferences, as well as the demand for each placement when allocating your placement.

In the South East of Scotland, the allocation to placements is made in a similar way but there are no pre-established foundation rotations. Instead, you are given a list of 15-18 placements to rank. Once again, the Foundation Programme Director will take into account preferences, demand for each of the placements and balance this with individual training needs, ensuring adequate coverage of the curriculum and a broad range of different specialities.

2.11 CASE STUDY: FOUNDATION TRAINING IN WALES

Amy Butlin (F2 doctor at the Princess of Wales Hospital, Bridgend)

Lizzie Grant (F2 doctor at the Royal Glamorgan Hospital, Llantrisant)



The Medical Deanery in Wales is countrywide, with diverse geography and training opportunities – there is a place for everyone! Some trainees will be tempted by the opportunity to experience city life and work in Cardiff or Swansea. Others will find their place on the coast in beautiful West Wales or exploring the mountains in Bangor. If you're looking for an active life outside of work, Wales is a haven. From any point in Wales, you are never far from the beach, the mountains or the city. The country is a beautiful area to explore and easy to get around. Cardiff, our capital, is an up and coming city, which is constantly developing. Wales is also a relatively cheap area in which to live and explore. Cardiff, in particular, has a great nightlife and a diverse and accepting culture. It is also the home of Welsh rugby, which often leads to memorable nights out.

The Foundation Programme in Wales is similar to other parts of the UK but has some unique points.

Wales offers unpaired F1/F2 years, unlike other Foundation Schools in the UK. Trainees in Wales undertake a second application process during their F1 year in order to decide their F2 jobs. This is particularly beneficial for trainees who are looking to maximise opportunities to rotate through particular specialties, for experience or for future training applications. As you apply in January, this also gives you time to experience initial specialty rotations and plan your application accordingly. It also allows you freedom to move across the Deanery between years, offering you a diverse foundation experience.

The hospitals in Wales are renowned for their friendly team atmosphere. As a lot of hospitals are relatively small compared to our English counterparts you will really get to know people. By the end of the year, you'll find you know everyone from the nursing staff to the porters! Equally, we have larger tertiary centres in Cardiff and Swansea that provide more a more specialist atmosphere. Wherever you work, you'll find that there are ample opportunities to engage in quality improvement and audit work. Everyone is very receptive and open to change and engages positively with projects. It's a great opportunity to gain leadership skills and because the environments are smaller, you can really feel that you've contributed to positive change and made a difference, improving patient care.

Foundation training in Wales is unique in offering free accommodation to F1 doctors. When I graduated, I moved into a four bedroom flat in the hospital accommodation with a group of my F1 friends. It was an incredibly fun year! Living in the hospital complex with no commute was very convenient for work (particularly on call shifts) and allowed me to save a lot of money which I've put towards saving for a house and going on holiday. Equally, living with close friends was invaluable during the first few months of F1, which can be a busy and stressful time!

Health Education and Improvement Wales (HEIW) has close links with a number of universities, which allows engagement in bigger research opportunities, with world-leading academics. It also offers opportunities to assist with anatomy, clinical skills and examination teaching for junior and senior medical

students. I have been involved with dissection teaching and lab practicals for second year students – not only is this valuable teaching experience but also gave me the chance to brush up on my own skills and knowledge.

Wales is an excellent deanery in which to gain hands on experience in all specialties. As junior trainees, you gain greater exposure to clinical and surgical skills due to the nature of many of our hospitals, clinics and community posts. There are plenty of opportunities to assist in theatre, gain experience in A+E or the medical take coupled with enthusiastic seniors who enjoy teaching. There are also very close links with the two Welsh Medical schools (Cardiff University and Swansea University) with medical students of all levels placed in every hospital in Wales. You are actively encouraged to participate in teaching and given time and resources to do this. Final year medical students in Wales undertake a “senior student assistantship” where they shadow the F1 doctor they will be taking over from. This means you get the opportunity to teach the same student for 8 weeks and support their development into a foundation doctor, which is incredibly rewarding.

Academic Foundation training is also an option in Wales. It is an excellent opportunity to pair clinical medicine with allocated time for academic activity such as research or quality improvement to name a few. Every health board organises their academic posts slightly differently but many people are allocated one day a week for academic pursuits and then do clinical work with the remaining time. However, this is usually flexible depending upon your academic wishes. Foundation training in Wales allows you to apply for Academic Training in F2 as a stand-alone option, giving greater flexibility to training.

In addition, all F2 doctors receive a generous study budget and leave allowance, which can be tailored, to your areas of interest. There are plenty of academic opportunities available to undertake including teaching diplomas, surgical skills courses and emergency medicine courses amongst others. Postgraduate departments are supportive and flexible when arranging study leave (and very helpful when claiming the cost back!).

We have thoroughly enjoyed our foundation training in Wales and would recommend it to anyone! The opportunity to experience a varied training programme in such a supportive and friendly environment has been invaluable.

2.12 The Academic Foundation Programme

Who Should Apply?

Applicants with an interest in either research, teaching or leadership would be encouraged to apply for the Academic Foundation Programme. It is a great opportunity for those who wish to pursue their goals and for those who aspire to have a future career in academia.

CASE STUDY – ACADEMIC FOUNDATION TRAINING

Dr Leon Feinberg – West Midlands Central



The academic foundation programme serves as an excellent opportunity to immerse yourself in a clinical, laboratory or leadership research project alongside your clinical duties. Opportunities to network, present and publish your work also provides a platform to potentially pursue an Academic Clinical Fellowship or prepare for a PhD. As a trainee in leadership and management, projects in patient safety in primary care and securing funding for a PGCert in medical leadership have provided other potential career opportunities I had never thought of pursuing before the AFP.

Additionally, the themed small group academic teaching, provided by clinicians leading international clinical trials, has provided an excellent course in research methods. Trial design, statistics and critical appraisal sessions have proved incredibly useful both for ongoing research projects and concurrent interviews for higher specialty training.

Themes explored

Some of the key skills that will be developed on the Academic Foundation Programme include:

- Data interpretation and statistical analysis
- Education management
- Leadership skills
- Presentation and writing skills
- Laboratory techniques
- Critical appraisal of literature
- Research Methods
- Ethical principles
- Teaching delivery

2.13 AFP in Scotland, Northern Ireland and Wales

Scotland's Academic Foundation Programme information can be found on the Foundation School's [website](#).

Northern Ireland's Academic Foundation Programme information can be found on the Foundation School's [website](#).

Wales' Academic Foundation Programme information can be found on the Foundation School's [website](#).

3. Stepping up to F2

Whilst there is a lot of guidance and support, as well as many challenges, when starting F1, the transition into F2 may present new challenges. Here are just some of the things you should consider when making that transition from F1 to F2.

3.1 Increased Responsibility

As an F2 doctor you may no longer be the most junior person on the medical team. You may have F1 doctors who will be looking to you for advice and support, enabling you to start developing your leadership skills. As well as starting to supervise others, your individual responsibilities will increase. In some F2 placements you will be required to make important decisions regarding patient care, including whether to admit or discharge patients from hospital. This is particularly the case for placements in emergency medicine. You may also start to consent patients for a wider variety of procedures.

3.2 Legal Differences

When you gain your full GMC registration as an F2 doctor, there will be changes in what you are qualified to do. For example, you will be able to write outpatient prescription which you are unable to do as an F1 doctor. You should remember, however, that even F2 doctors are still required to work in “approved practice settings” (APS). For further information visit the GMC website.

3.3 Different Placements

During your F2 year, you may find that the types and settings of your placements are more diverse. For example, F2 placements in general practice, psychiatry and public health are much more common than they are in F1. This may place you in relatively unfamiliar environments, and help you develop more flexibility in your clinical practice.

3.4 Study Leave and Study Budget

As an F2 doctor, you will be entitled to up to 30 days of study leave. Some of these days will be pre-allocated by your foundation school/employing organisation (such as for in-house teaching, ALS course, etc.), however the remainder may be used for activities such as taster days, approved courses and research. Although study leave can't be used to prepare for specialty exams, you are allowed to use a day to sit the exam itself. You will also be allocated a certain amount of money as part of your study budget that may be spent on events such as courses and conferences, although the exact amount varies between foundation schools. Study leave is contractual and the provision will vary according to the country in which you are working.

3.5 Revalidation and ARCP

The beginning of F2 marks the start of a five-year GMC revalidation cycle that all fully registered doctors are required to participate in. This essentially involves demonstrating to the GMC, every five years, that you are fit to practise and are complying with the relevant professional standards. At the end of F2, and yearly throughout the rest of your training, you will also take part in the Annual Review of Competence Progression (ARCP), as you did during F1. See Chapter 4 for more information on the ARCP process.

3.6 Future Career Planning and Applications

Many doctors make important decisions about their future career during F2. The specialty training application window starts early in the year, so it is important to plan for this if you intend on applying.

That said, some F2 doctors choose not to go straight into specialty training and take time out to decide on their future career path. (See Section 5).

3.7 CASE STUDY – LEADERSHIP AS A FOUNDATION DOCTOR

Dr Devina Maru



Leadership skills and management practices positively influence both patient and healthcare organisation outcomes and this is why the Foundation Programme (FP) have integrated it into their curricula. As a Foundation Doctor there are many opportunities to develop leadership, team working and supervisory skills.

My enthusiasm for leadership led me to be elected the Foundation Doctor Representative for Health Education East Of England Deanery which covers Essex, Bedfordshire and Hertfordshire and I currently sit on the UKFPO

Foundation Doctors Advisory Board (FDAB) and represent Foundation Doctors as part of this Junior Doctor Forum. I have attended the Foundation Stakeholder Event where I have contributed Foundation Doctor views for the new implementation plan across all four nations in the reformation of the Foundation Programme.

Through FDAB, I was also given the opportunity to represent Foundation Doctors in the Curriculum Delivery Group. We make recommendations for the core content, functionality and security of FP e-portfolios and oversee research projects, pilots and other work to improve the quality of training in the Foundation Programme by making live changes on HORUS e-portfolio. We work closely with the Academy of Medical Royal Colleges.

I have a natural interest in leadership and management, policy writing, implementing change and via my Foundation Doctor Leadership roles, I have worked with various NHS organisations outside of clinical practice such as UKFPO, GMC and HEE. I was also invited to meet the Prime Minister Theresa May and Health Secretary at 10 Downing Street to celebrate NHS70 years at a reception evening for my Junior Doctor representation work involved in leadership, policy and academic improvements.

My NHS trust also held leadership, management and coaching courses which I attended, and you can provide evidence of this by attaching your certificates/qualifications onto your e-portfolios. If you are keen on ensuring great social events for your Junior Doctor colleagues, you can nominate yourself to be the MESS President. Other leadership opportunities include organising medical student teaching programmes or becoming supervisors for the medical students.

The clinical environment also provides the opportunity to develop leadership. Throughout the two years you start to demonstrate an extended leadership role within the team by making decisions and taking responsibility for managing increasingly complex situations across a greater range of clinical and non-clinical situations, supervise and support team members, delegate tasks appropriately, direct patient review and organise handovers - all skills which are essential for general practice, core or specialty training.

4. The foundation e-portfolio

Integral to Foundation Programme training is the utilisation, management and recording of experience and achievements in an electronic portfolio (e-portfolio). Foundation doctors in England use the Horus ePortfolio. Foundation doctors in Northern Ireland, Scotland and Wales use the Turas ePortfolio.

Your e-portfolio contains everything you need to plan, manage and evidence your learning and development as you progress through the Foundation Programme. It will also be used as the tool to review and determine whether you have provided sufficient evidence of meeting the requirements for satisfactory completion of F1 and the Foundation Programme.

You may also be invited/choose to take an abridged paper version of your portfolio to interviews for specialty/core training. From experience, former foundation doctors recommend that you maximise use of the e-portfolio from day one and advise that they benefited by approaching the e-portfolio as an evolving CV.

E-portfolio Glossary:
A – Assessor
AS – Academic supervisor
CBD – Case-based discussion

CS – Clinical supervisor
DCT – Developing the clinical teacher
DOPS – Direct observation of procedural skill
e-LfH – e-Learning for Healthcare
LIFT = Learning in Foundation Programme
ES – Educational Supervisor
FD – Foundation Doctor
FPD/FTPD – Foundation Programme Director/Foundation Training Programme Director
Mini-CEX – Mini-Clinical Evaluation Exercise
PDP – Personal Development Plan
PSG – Placement Supervision Group
T – Trainer
TAB – Team Assessment of Behaviour

Forms can be split into 3 sections:

- Mandatory forms for each placement
- Mandatory forms for each year
- More forms (optional to support evidence of achievements)

Forms available in Horus as of March 2019 (these are subject to change each year – and more or less the same list is available in Turas):

Mandatory forms for each placement

At the beginning of each placement

Form	Who	Min.
Initial Meeting	ES	1
Induction Meeting	CS	1
or Combined Initial and Induction	ES	1 *
PDP	FD	1

Throughout each placement

Form	Who	Min.
Mini-Clinical Evaluation Exercise (Mini-CEX)	FD/T	3+
Direct observation of procedural skill (DOPS)	FD/T	0+
Case-based discussion (CBD)	FD/T	2
Reflection	FD	†

At the end of each placement

Form	Who	Min.
Placement Supervision Group Feedback	CS	-
Clinical supervisors end of placement report	CS	1
Educational supervisors end of placement report	ES	1^

Forms/activities in more detail:

- Mandatory Meeting/Report Forms

Mandatory forms for each year

Form	Who	Min.
Team Assessment of Behaviour (TAB) (usually at end of first placement)	FD/A	1 †
Core Procedures (F1's must complete one of each procedure)	A	15
Developing the clinical teacher (DCT)	T	1
Educational supervisors end of year report	ES	1^
Mandatory certificate	FD	1§
Quality Improvement	FD	1
Form R	FD	1

More forms (optional to support evidencing of achievements)

Meetings

Form	Who
Additional Action Plan	CS/ES
Mid-Placement Review	CS
Mid Year Review of Progress	ES/FPD
Initial Meeting with Academic Supervisor	AS
Mid-placement meeting with Academic supervisor	AS
End of placement meeting with Academic supervisor	AS

'Who' glossary

A – Assessor

AS – Academic supervisor

CS – Clinical supervisor

ES – Educational supervisor

FD – Foundation doctor

T - Trainer

Additional Achievement

Form	Who
Course / seminar / other learning attended	FD
Exam	FD
Extra-curricular achievement	FD
Interesting Case	FD
Procedure (non-core)	FD
Publication	FD
Research	FD
Taster	FD
Teaching others	FD

PDP / Careers

Form	Who
PDP progress (self-evaluation)	FD
Career planning	FD

- PSG feedback (gathered by your CS)
- Personal Development Plan
- Supervised Learning Events (Mini-CEX, DOPS, CBD, DCT)
- Reflections
- Work-place based assessments (TAB and Core Procedures (F1 only))
- Quality Improvement
- Additional Achievement Forms
- Mandatory certificates

4.1 Mandatory Meeting/Report Forms

At the beginning of each placement

- Initial meeting with your CS
- Induction meeting with your ES
- OR combined initial/induction meeting form with ES and CS if they are the same person

At the end of the placement

- End of placement CS report
- End of placement ES report

At the end of the year:

- ES End of Year Report

4.2 Placement Supervision Group (PSG) (Team assessment of Behaviour (TAB) in Scotland)

Within any placement, an individual healthcare professional is unlikely to build up a coherent picture of the overall performance of an individual foundation doctor. Whenever possible, the named CS will seek information from senior healthcare professionals who will work with the FD during the placement.

These colleagues will function as a **placement supervision group (PSG)**, commenting on whether the FD's clinical and professional practice is expected to meet the minimum levels of performance required for sign off. The named CS nominates the members of the PSG and is responsible for identifying them to the FD.

The PSG members' observations and feedback can be gathered through the e-portfolio and will inform the CS end of placement report. Not every placement may complete a PSG but this may be completed in any placement.



Title *	
What specific development needs do I have? *	
How will these objectives be addressed?	
Timescale	
Evaluation and outcome (show how you have achieved your objectives)	
Achieved?	
<input type="radio"/>	Yes
<input type="radio"/>	No

4.3 Personal Development Plan (PDP)

Foundation doctors should have a PDP for each placement within the rotation. This should set out the specific aims and learning objectives and be based on the requirements for satisfactory completion of F1/the Foundation Programme. It should also be mapped to the curriculum.

At the beginning of each placement the foundation doctor should agree the PDP with their ES and record it in their e-portfolio. The PDP should form the basis of meetings with supervisors.

4.3 Supervised Learning Events (SLEs)

In the Foundation Programme, we have moved from summative workplace-based assessment to supervised learning events (SLEs). The main aim of these is to ensure that you receive feedback about how you're doing from a senior colleague - they are not, and never will be, 'pass/fail' assessments, but rather an opportunity for you to develop your abilities as a doctor.

There are four different tools used for SLEs:

Feedback on direct observation of doctor/patient encounters:

1. Mini-CEX
2. DOPS

Feedback on events which take place remote from the patient:

3. CBD
4. DCT

4.4 Mini-Clinical Evaluation Exercise (Mini-CEX)

Direct observation of a doctor/patient clinical encounter by a trainer for teaching purposes.

Minimum of three to be completed per placement or two if a DOPS is completed.

Who can assess: GP Principals, Supervising Consultants, ST3 or above/SPR, ST/CT 1-2.

4.5 Direct Observation of Procedural Skill (DOPS)

The primary purpose of DOPS in foundation training is to give feedback on the trainee doctor's interaction with the patient when performing a practical procedure which is not one of the core procedures.

Each DOPS could represent a procedure specific to the specialty (NB: DOPS may not be relevant in all placements).

Foundation doctors may submit up to three DOPS in one year to count towards the minimum number of SLEs required.

Who can assess: GP Principals, Supervising Consultants, ST3 or above/SPR, ST/CT 1-2.

4.6 Case-based Discussion (CBD)

This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on clinical reasoning.

Minimum of two to be completed per placement.

Who can assess: GP Principals, Supervising Consultants, ST3 or above/SPR, ST/CT 1-2.

4.7 Developing the Clinical Teacher (DCT)

This is a tool to aid the development of a foundation doctor's skill in teaching and/or making a presentation. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centeredness and overall interaction with the group.

Minimum of one to be completed per rotation.

4.8 Reflections

Reflective practice material can be recorded in your e-portfolio and used as an example of learning development. You can decide if a reflective record is to remain private or you can share it with your supervisors (note that private reflections won't be visible to your ARCP panel). Be mindful of the need to ensure confidentiality of individuals involved in the experience.

Local guidance may apply - please check with your local education provider/postgraduate centre how many reflections per placement they recommend you record.

4.9 Work-place based assessments (TAB and Core Procedures)

Assessment of performance is based on observation of the foundation doctor in the workplace. Formal assessments include the team assessment of behaviour (TAB) and Core Procedures.

TAB

Two parts:

1. Self-TAB
2. Multi-Source TAB

A self-TAB must be completed before other members of the team can be invited to provide a multi-source TAB. TAB feedback must be gathered during a single placement (see FP Curriculum 2016, p.46 “Timing and frequency of TAB”).

In Horus, your assessors have **45 days** to respond from when you submit your self-TAB. This is to assist compliance with the above rule.

Self-TAB will help your ES understand any areas of your professional behaviour in which you lack confidence at this stage in your career. It also helps if there are any areas (blind spots) in your interpersonal work as a doctor which others find a concern, but about which you may be unaware.

Attitude and/or behaviour

Maintaining trust/professional relationship with patients: *

- Listens.
- Is polite and caring.
- Shows respect for patients' opinions, privacy, dignity, and is unprejudiced.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: Anything especially good? **You must specifically comment if you have concerns about your performance or behaviour**

Verbal communication skills: *

- Gives understandable information.
- Speaks good English, at the appropriate level for the patient.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: Anything especially good? **You must specifically comment if you have concerns about your performance or behaviour**

Teamworking / working with colleagues: *

- Respects others' roles, and works constructively in the team.
- Hands over effectively, and communicates well.
- Is unprejudiced, supportive and fair.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: Anything especially good? **You must specifically comment if you have concerns about your performance or behaviour**

Accessibility: *

- Accessible.
- Takes proper responsibility. Only delegates appropriately.
- Does not shirk duty.
- Responds when called. Arranges cover for absence.

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments: Anything especially good? **You must specifically comment if you have concerns about your performance or behaviour**

For a Multi-Source TAB, a response rate of a total of ten is the minimum. Your e-portfolio will send automatically/will allow you to send reminders to the assessors you have sent the form to.

The mix of assessors must include at least:

- 2 consultants or trained GPs. Your named CS should normally be used as an assessor.
- 1 other doctor more senior than F2.
- 2 senior nurses (band 5 or above)
- 2 allied health professionals / other team members including ward clerks, secretaries and auxiliary staff

NOTE:

- Up to 2 foundation doctors may be used to contribute to the allied health professionals / other team members category but attention must be paid to ensure an appropriate mix of assessors or the TAB will be invalid. Only 2 foundation doctors will count towards your total number of responses.

Core Procedures (15 required)

F1 doctors need to provide evidence of their ability to perform core procedures as mandated by the General Medical Council (GMC).

Evidence of satisfactory performance of core procedures is required for F1 doctors only.

1. Venepuncture
2. IV cannulation
3. Prepare and administer IV medications and injections
4. Arterial puncture in an adult
5. Blood culture from peripheral sites
6. Intravenous infusion including the prescription of fluids
7. Intravenous infusion of blood and blood products
8. Injection of local anaesthetic to skin
9. Injection - subcutaneous (e.g. insulin or LMW heparin)
10. Injection - intramuscular
11. Perform and interpret an ECG
12. Perform and interpret peak flow
13. Urethral catheterisation (male)
14. Urethral catheterisation (female)
15. Airway care including simple adjuncts (e.g. Guedel airway or laryngeal masks)

4.10 Quality Improvement

Involvement in quality improvement projects is an important and mandatory part of foundation training. Trainees are expected to take part in a minimum of one such quality improvement project per year. In particular trainees need to come up with relevant recommendations for improving the quality or delivery of care and demonstrate steps to instigate these recommendations.

Foundation professional capability (FPC) 20

F1 Shows evidence of involvement in quality improvement initiatives in healthcare.

F2 Contributes significantly to at least one quality improvement project including: data collection, analysis and/or presentation of findings, implementation of recommendations.

CASE STUDY – QUALITY IMPROVEMENT PROJECT AND RESEARCH



Foundation training is busy however there is always time to get involved in quality improvement projects and research. Not only are quality improvement projects mandatory (one per year), but they are actually a good way of improving efficiency in your team or department. Consultants and other staff members always have ideas about things that can be improved. You will also notice things yourself that you may feel you can improve to make a positive difference to your working environment, and as a foundation trainee you can actually do something about it!

Not only are quality improvement projects beneficial for the working environment, they open up a lot of opportunities too. Once completed, or even if they are still work in progress, you will have the opportunity to present in local team or departmental meetings as well as at conferences. These can be both nationally and potentially internationally; one example is the National Foundation Doctor's Presentation Day which occurs annually. This looks great on your portfolio, is good experience and is also a lot of fun too! As we rotate every four months, if your project is still outstanding you can always work alongside the junior that will be taking over your job when you move on to continue the project.

As well as quality improvement projects, there are also plenty of opportunities to get involved in research. There are usually a lot of projects going on. Speak to senior colleagues in your department about any work they are currently doing that you can get involved in or to see if they have any ideas. Most colleagues are keen to get an extra pair of hands to help and it may lead to a publication, which also looks great on your portfolio.

This job is busy and at first it may seem like too much to think about taking on any extra commitments like projects or research. However you will soon settle in and have time to get involved in extra work and enjoy doing something different for a while!

4.11 Additional Achievements Forms

Horus

Turas

Form	Who
Course / seminar / other learning attended	FD
Exam	FD
Extra-curricular achievement	FD
Interesting Case	FD
Procedure (non-core)	FD
Publication	FD
Research	FD
Taster	FD
Teaching others	FD

Courses and Seminars Attended

Non-Academic
 Presentation
 Research
 Taster Session
 Teaching Skills
 GMC Trainee Survey
 Scottish Trainee Survey
 Certificate

You may wish to collate other evidence in your e-portfolio, which could prove helpful when applying to specialty training. Examples of forms for additional achievements are in the table beside. You can also download your portfolio as a PDF to keep a record of achievements.

4.12 E-Learning for Healthcare (e-LfH)

The foundation e-portfolio has a direct link to the e-Learning for Healthcare (e-LfH) website. The modules on e-LfH are free, online resources mapped directly to the outcomes and competences in the Foundation Programme Curriculum. Evidence of completion of these modules can be linked to your e-portfolio account.

In Horus, all module reference codes can be found by each of the 20 foundation professional capabilities (FPCs) in the curriculum section of the e-portfolio. This information is also on the [UKFPO website](#), in the [Foundation Programme Curriculum Resource](#).



For full details about e-LfH, please see: <http://www.elfh.org.uk/programmes/foundation-programme/>.

4.13 CASE STUDY- WELLCOME TRUST FOUNDATION ACADEMIC DEVELOPMENT FELLOWSHIP

Patrick Hickland – Northern Ireland Foundation School



Foundation training is the natural first step to becoming a good clinician, with learning opportunities an innate part of day-to-day work. It is also the time when you should be developing as a well-rounded doctor, getting involved with teaching, assuming leadership roles, and undertaking audit and quality improvement projects. Achieving the latter can be a challenge in busy foundation years, and for that reason some people partake in the academic foundation programme, to provide scheduled time, and formal opportunities to gain these skills.

I had enjoyed partaking in research as an undergraduate, but for foundation training my priority was getting sufficient clinical experience to go straight into surgical training, and therefore I decided not to apply for the academic foundation programme. Fortunately, during my FY1 the opportunity arose to apply for a Wellcome Trust Academic Development Fellowship, which I was awarded after interviewing in May 2018. This allowed me to swap my FY2 post in Intensive Care in Craigavon Area Hospital for an academic post in Intensive Care between Queen's University Belfast and Imperial College London, and keep all of my other posts.

So at the start of FY2, in August 2018, I set off for London. My project involved culturing healthy monocytes in plasma from septic patients and measuring various surface markers using flow cytometry. This presented a steep learning curve, as after I was taught each of the techniques (all of which were new to me), I was on my own day-to-day carrying out the research, in a similar fashion to the PhD students in the lab. The independence was one of the most enjoyable aspects of this experience, being much greater than that which I encountered during undergraduate research. That said, I had good support, the benefit of having supervisors in both Imperial and Queen's, which itself presented the novel experience of collaborating across institutions.

Beyond lab skills, I became much better at conducting statistical analyses, and interpreting results. I presented the research at various stages in lab meetings, which locally allowed me to obtain the Certificate in Academic Medicine, like others completing the academic foundation programme in Northern Ireland.

Since then, the work has been accepted for presentation at an international conference and is being prepared for publication. This has been and will continue to be great for my career, never mind the life experience of living in London! For anyone thinking about a career in research but not so sure about the academic foundation programme, I would encourage you to apply.

4.14 Horus ePortfolio

e-LfH activity summary

e-LfH account status: **Connected**.

You're viewing only mappable items. ([switch to show everything](#)). Any items that are incomplete, or were completed in less than 5 minutes, cannot be mapped.

Note: Horus only shows activity from the e-LfH "Foundation (FND)" programme. Data is only transferred from e-LfH once every night. Any activity you do on e-LfH today, will only appear here tomorrow. For any problems with data syncing between Horus and e-LfH please contact the Horus helpdesk, e-LfH are not able to help with Horus related queries.

Start typing to filter the results in the table:

Dates between ▲ **Subject ↕** **Completed ↕**

No data available in table

Showing 0 to 0 of 0 entries

Curriculum Mapping

To help you monitor curriculum coverage and identify any gaps, areas of excellence or those that require improvement, you should map evidence to each of the 20 FPCs seen below.

In the Horus ePortfolio, your ES can apply a 'rating' to indicate how well you have evidenced your achievement of the FPCs within the four sections of the curriculum (one rating per section) at the end of the rotation. This will not only help you to plan your learning throughout the year but will be of great benefit to you at time of ARCP.

1: Acts professionally

e-LfH available courses

- Handling Complaints (000-1047)

2: Delivers patient centred care and maintains trust

e-LfH available courses

- Mental Capacity (000-1077)
- Mental Capacity Assessment (000-1078)
- Use of Restraint (000-1028)
- Capacity and Difficult Consent (000-1076)
- Patient Autonomy and Related Ethics (000-1075)
- Safeguarding Vulnerable Adults (000-1012)
- Confidentiality and Privacy (000-1039)
- Keeping the Patient at the Centre of Care (000-1043)
- Seeing the whole picture (000-1044)
- Family Dynamics Affecting Discharge (000-1033)

The full detailed [FP Curriculum \(2016\)](#) can be seen on the [UKFPO website](#).

Section 1. [Professional behaviour and trust](#)

- 1: [Acts professionally](#)
- 2: [Delivers patient centred care and maintains trust](#)
- 3: [Behaves in accordance with ethical and legal requirements](#)
- 4: [Keeps practice up to date through learning and teaching](#)
- 5: [Demonstrates engagement in career planning](#)

Section 2. [Communication, team-working and leadership](#)

- 6: [Communicates clearly in a variety of settings](#)
 - 7: [Works effectively as a team member](#)
 - 8: [Demonstrates leadership skills](#)
-

Section 3. [Clinical care](#)

- 9: [Recognises, assesses and initiates management of the acutely ill patient](#)
- 10: [Recognises, assesses and manages patients with long term conditions](#)
- 11: [Obtains history, performs clinical examination, formulates differential diagnosis and management plan](#)
- 12: [Requests relevant investigations and acts upon results](#)
- 13: [Prescribes safely](#)
- 14: [Performs procedures safely](#)
- 15: [Is trained and manages cardiac and respiratory arrest](#)
- 16: [Demonstrates understanding of the principles of health promotion and illness prevention](#)
- 17: [Manages palliative and end of life care](#)

Section 4. [Safety & quality](#)

- 18: [Recognises and works within limits of personal competence](#)
- 19: [Makes patient safety a priority in clinical practice](#)
- 20: [Contributes to quality improvement](#)

Make the e-portfolio work for you

You are responsible for your own level of engagement with the e-portfolio and the quality of evidence you provide. The more you put in (effort & content!), the more you will get out of it!

Both the Horus and Turas e-portfolio providers welcome and are responsive to user-driven suggestions to improve the e-portfolio experience. An e-Portfolio Team Advisory Group (eTAG) and the Curriculum Delivery Group (CDG) exist to, in part, make recommendations for the core content, functionality and security of the foundation e-portfolios. If there are particular areas of the e-portfolio that you find challenging and identify elements that you think could be improved to better support foundation doctors across the UK, then get involved and request a change! Alternatively, if there are areas you particularly like and/or have ideas on how to make even more use of them, similarly get involved!

IMPORTANT SUMMARY OF THE E-PORTFOLIO

Completing the e-portfolio is not a tick box exercise, nor is it unique to foundation training; you will have an e-portfolio throughout your career. Use it as your development tool to plan learning, record achievements and essentially, use it as your evolving CV!

Remember: Do not leave e-portfolio completion until the end of each placement or only in preparation for ARCP (your assessors will be able to see the dates on which forms are completed and this will show a lack of educational engagement which may result in an unsuccessful ARCP!)

5. The Curriculum and Foundation Programme Framework

The UK Foundation Programme is underpinned by two key sources of information:

1. The Foundation Programme Curriculum

- The Curriculum sets out the framework for educational progression that will support the first two years of professional development after graduation from medical school.

2. The Foundation Programme Gold Guide and Operational Guide

- Provide guidance/a framework to foundation schools about the structures and systems required to support the delivery of the Foundation Programme and the FP Curriculum.

5.1 The Foundation Programme (FP) Curriculum

The FP Curriculum can be accessed [here](#). The FP Curriculum is outcome-driven, with a number of professional capabilities to underpin all of the outcomes. Structured assessments and learning tools supported by the FP Curriculum exist to ensure that you progress through your foundation training and provide patients and public bodies with assurance that all doctors have demonstrated their ability to practise in accordance with standards set out in publications such as the [GMC's Good Medical Practice](#).

It is vital that you read the FP Curriculum, not only to learn of the outcomes required of you, but because you can benefit from information to support your training e.g. information such as 'Learning and Teaching' and a complete description of every assessment and other tools used throughout training.

A free, useful resource which contains examples of evidence mapped to the FP Curriculum outcome areas (FPCs) is offered in the [FP Curriculum Resource](#).

5.2 Assessments

An overview of the type of FP assessments, frequency and assessor details are shown in Table 1:

Assessments	Frequency	Who can assess me?
Core procedures	Throughout F1 (and maintained during F2)	Assessors must be trained in assessment and feedback methodology (cannot be another F1 doctor). They must be able to perform the procedure themselves

Team assessment of behaviour (TAB)	Once in first placement in both F1 and F2*. * A second TAB is mandatory if the first TAB is not valid/successful.	<ul style="list-style-type: none"> At least 2 doctors, including the clinical supervisor, but none may be other foundation doctors. At least 2 nurses (band 5 or senior), 2 or more allied health professionals (physiotherapists, occupational therapists, etc.) At least 2 others (e.g. ward clerks, postgraduate programme administrators, secretaries, auxiliary staff)
Clinical supervisor end of placement report	Once per placement	Only the clinical supervisor can complete this report
Educational supervisor end of placement report	Once per placement	Only the educational supervisor can complete this report
Educational supervisor end of year report	Once per year	Only the educational supervisor can complete this report

A detailed description of each assessment tool is given in the FP Curriculum.

Essentially, all assessment tools (and all other items of evidence) are intended to help you demonstrate how you meet the requirements for satisfactory completion of F1/F2 and provide evidence of full Curriculum coverage and meeting of outcomes. All these tools should be used as a way to help you develop your skills and experience and gain feedback.

5.3 Outcomes and competences

The list of all F1 and F2 outcomes to be met are detailed in the FP Curriculum and are shown on the Curriculum page of your e-portfolio. An example of a curriculum professional capability and examples of how you can demonstrate that you have achieved this are offered below:

10. Recognises, Assesses and manages patients with long term conditions
Management of long-term conditions in the acutely unwell patient
Foundation Year 1
<ul style="list-style-type: none"> Delivers immediate therapy (e.g. oxygen, fluid challenge, antibiotics) to an acutely ill patient Recognises how acute illness or injury will interact with pre-existing chronic illness/disability
Foundation Year 2

- Performs primary review of new referrals within the hospital or outpatient clinic
- Cares for patients with long-term diseases during their in-patient stay, as outpatients and in the community
- Reviews long-term drug regime and, with senior advice, considers modifying dosage, timing and treatment.
- Assesses and manages the impact of long-term mental disorder on the presentation and course of acute physical illness, and vice versa.

You are not expected to achieve and evidence every supporting competence, although you must clearly and succinctly evidence how you meet every F1 and F2 outcome (FPC) within your e-portfolio.

In Horus, your educational supervisor can rate your curriculum progress at the end of your F1 and F2 rotation in the 4 main domains:

- 1) Professional behaviour and trust
- 2) Communication, team working and leadership
- 3) Clinical care
- 4) Safety and quality

In addition to assessments and evidencing of achievement of outcomes, there is a mandated educational process to help inform your learning and progress; this is known as engagement with Supervised Learning Events (SLEs), as discussed in chapter 4.

5.4 The Foundation Programme framework

The FP Reference Guide provides guidance/a framework to foundation schools about the structures and systems required to support the delivery of the Foundation Programme and the FP Curriculum.

Whilst foundation doctors are not expected to study the Reference Guide, you will find some of the information within the guide of particular interest, for example, the table of requirements for satisfactory completion of F1 and F2. For your convenience, these tables are provided below:

F1 Requirement

Provisional registration and a licence to practise with the GMC	To undertake the first year of the foundation programme doctors must be provisionally registered with the GMC and hold a licence to practise. In exceptional circumstances (e.g. refugees), a fully registered doctor with a licence to practise may be appointed to the first year of a foundation programme.
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<p>Completion of 12 months F1 training (taking account of allowable absence)</p>	<p>The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12 month period of the foundation programme. Where a doctor's absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013).</p>
<p>A satisfactory educational supervisor's end of year report</p>	<p>The report should draw upon all required evidence listed below. If the F1 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F1 doctor has met the requirements for completion of F1. The last end of placement review must be satisfactory.</p>
<p>Satisfactory educational supervisor's end of placement reports</p>	<p>An educational supervisor's end of placement report is not required for the last F1 placement; the educational supervisor's end of year report replaces this.</p>
<p>Satisfactory clinical supervisor's end of placement reports</p>	<p>A clinical supervisor's end of placement report is required for all F1 placements. All clinical supervisor's end of placement reports must be completed before the doctor's F1 Annual Review of Competence Progression (ARCP)</p>
<p>Satisfactory completion of all FP curriculum outcomes</p>	<p>The F1 doctor should provide evidence that they have met the expected foundation professional capabilities recorded in the e-portfolio.</p>
<p>Satisfactory completion of the required number of assessments</p>	<ul style="list-style-type: none"> • Team assessment of behaviour (TAB) (Minimum of one per year) • Core procedures (15)
<p>Successful completion of the Prescribing Safety Assessment (PSA)</p>	<p>The F1 doctor must provide evidence that they have passed the PSA within the last two years.</p>

A valid Immediate Life Support (or equivalent) certificate	If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course
Evidence of participation in systems of quality assurance and quality improvement projects	Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training. This includes completion of the national GMC trainee survey and any end of placement surveys
Completion of the required number of Supervised Learning Events	<ul style="list-style-type: none"> • Direct observation of doctor/patient interaction (Mini CEX/DOPS) (minimum of nine observations per year; at least six must be mini-CEX) • Case-based discussion (CBD) (minimum of six per year / two per placement) • Developing the clinical teacher (minimum of one per year)
An acceptable attendance record at generic foundation teaching sessions	The F1 doctor must have attended 60 hours of relevant teaching. 30 of the hours must be Foundation Specific teaching the other thirty hours can include further foundation specific teaching but can also departmental teaching, grand rounds, Schwartz groups and other relevant learning opportunities
Signed probity and health declarations	A separate form should be signed for (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.

F2 Requirement

Full registration and a licence to practise with the GMC	To undertake the second year of the foundation programme, doctors must be fully registered with the GMC and hold a licence to practise.
Completion of 12 months F2 training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12-month period of the

	<p>foundation programme. Where a doctor's absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013).</p>
<p>A satisfactory educational supervisor's end of year report</p>	<p>The report should draw upon all required evidence listed below. If the F2 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F2 doctor has met the requirements for completion of F2. The last end of placement review must be satisfactory.</p>
<p>Satisfactory educational supervisor's end of placement reports</p>	<p>An educational supervisor's end of placement report is not required for the last F2 placement; the educational supervisor's end of year report replaces this.</p>
<p>Satisfactory clinical supervisor's end of placement reports</p>	<p>A clinical supervisor's end of placement report is required for all F2 placements. All clinical supervisor's end of placement reports must be completed before the doctor's F2 Annual Review of Competence Progression (ARCP)</p>
<p>Satisfactory completion of all FP curriculum outcomes</p>	<p>The F2 doctor should provide evidence that they have met the expected foundation professional capabilities recorded in the e-portfolio.</p>
<p>Satisfactory completion of the required number of assessments</p>	<ul style="list-style-type: none"> • Team assessment of behaviour (TAB) (Minimum of one per year) • Evidence that the foundation doctor can carry out the procedures required by the GMC.
<p>A valid Advanced Life Support (or equivalent) certificate</p>	<p>If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course</p>

Evidence of participation in systems of quality assurance and quality improvement projects	The curriculum requires that the F2 doctor demonstrates significant personal contribution to a quality improvement project. F2 doctors are also required to complete the national GMC trainee survey and any end of placement surveys.
Completion of the required number of Supervised Learning Events	<ul style="list-style-type: none"> • Direct observation of doctor/patient interaction (Mini CEX/DOPS) (minimum of nine observations per year; at least six must be mini-CEX) • Case-based discussion (CBD) (minimum of six per year / two per placement) • Developing the clinical teacher (minimum of one per year)
An acceptable attendance record at generic foundation teaching sessions	The F2 doctor must have attended 60 hours of relevant teaching. 30 of the hours must be Foundation Specific teaching the other thirty hours can include further foundation specific teaching but can also departmental teaching, grand rounds, Schwartz groups and other relevant learning opportunities
Signed probity and health declarations	A separate form should be signed for (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.

5.5 Sign-off at the end of F1 and F2 and Annual Review of Competence Progression (ARCP)

Your e-portfolio will be reviewed at the end of F1 and again at the end of F2. An Annual Review of Competence Progression (ARCP) panel will make a judgement, based on the evidence you have provided, against the requirements for satisfactory completion of each year.

ARCP is a yearly formal and structured review of how well a trainee is progressing. The panel will review evidence presented in your e-portfolio to make an informed judgement. It is therefore vital that your e-portfolio reflects your achievements and you manage it effectively throughout the year. The panel will then recommend to the Foundation School Director if you meet the requirements for F1/F2 sign-off, and/or if any further action is needed e.g. extended training or if insufficient evidence has been presented.

An overview of the ARCP process is provided in the UK FP Reference Guide.

5.6 PSA – Prescribing Safety Assessment

The PSA is delivered by The British Pharmacological Society and MSC Assessment. The PSA was introduced to tackle two main issues, first a GMC sponsored study found that 9% of hospital prescriptions contained errors, secondly recent research has shown that prescribing is one of the areas that newly qualified doctors find most challenging.

Some candidates will sit the PSA as part of their undergraduate studies. However, all those who have yet to pass the PSA (or who passed the PSA more than two years prior to the start of the programme), must undertake an exam and pass it in order to obtain F1 sign-off. Once you have passed the PSA and you have commenced foundation training, you will not be required to undertake the exam again, regardless of how long it takes to complete the programme, for example, if you are working less than full-time. The requirement for the PSA to have been passed within two years of the start of the programme is an entry requirement only. You are not expected to take the exam every two years once you have commenced training.

A common mistake that candidates who pass the PSA make is that they do not download and save their certificate of a successful pass as the certificate is only available for download for a limited time from the PSA website. It is vital that a copy of this certificate is downloaded and saved as this will be needed for future ARCP to achieve FY1/FY2 signoff.

Foundation doctors joining the programme at F2 will be expected to complete the PSA in order to satisfactorily achieve completion of the programme and be awarded the Foundation Programme Certificate of Completion (FPCC).



mistake that candidates who pass the PSA make is that they do not download and save their certificate of a successful pass as the certificate is only available for download for a limited time from the PSA website. It is vital that a copy of this certificate is downloaded and saved as this will be needed for future ARCP to



6. Planning Your Career

One of the aims of the Foundation Programme is to help prepare you to be a competent doctor in whichever specialty you decide to go into. During your time as a foundation doctor, you will have the opportunity to explore different career options by rotating through a range of specialties and healthcare settings.

As part of the curriculum, you will develop your self-awareness and career planning skills, have access to information and advice about current and future career opportunities. You will also receive career support from your supervisors and your Foundation School.

Choosing which career path to follow requires a great deal of thought with personal interests, geographic location and competition ratios (for example) needing to be considered. Think about what it is that is important to you, whether it be research opportunities, work-life balance or clinical exposure. Take opportunities to attend career planning workshops and careers fairs during the Foundation Programme and use your e-portfolio for career planning and reflections.

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

6.1 HEE local office/deanery/foundation school career advisors

The availability of good career advice is an underlying principle of Modernising Medical Careers. Education Supervisors, Foundation Programme Directors, Directors of Medical Education, clinical tutors and postgraduate centre managers can provide careers support/signposting locally.

6.2 Tasters

A taster is a period of time, usually two-five days, spent in a specialty in which a foundation doctor has not previously worked. In order to ensure that tasters are of benefit to foundation doctors when making timely career decisions, it is recommended that



tasters are accessed in the later part of F1, as well as during F2.

6.4 CASE STUDY – STUDY LEAVE

Dr Alexander Hollis UKFPO Leadership Fellow – Academic foundation Doctor, West Midlands Central



I am a current academic foundation doctor in the West Midlands. Study leave policy varies slightly from one HEE local office/deanery to another however the foundation programme does provide some broad guidance. Foundation year one doctors are entitled to 15 days of study leave over the year however this includes time allocated to FY1 teaching programme and up to 5 days of career taster experience. In practical terms foundation year one doctors do not have allocated study leave days as this allocation is taken up by in house teaching. As a result, they do not have an allocation for study budget. However, days may be taken as study leave for mandatory courses such as ALS. Or if there are events or courses that you would like to attend as an FY1 you can either use some of your taster days allocation or 'borrow leave' from FY2. This will be at the discretion of your foundation school director.

For FY2, you have 30 days of study leave which again includes time allocated to FY2 internal teaching. However, you are able to apply for study leave funding and expenses. With regards to funding there are two sources. One is from your local foundation school, these courses/events should be related to completing curriculum outcomes of the foundation program. The other source of funding is for 'aspirational courses' this is at the discretion of Health Education England but there is provision to fund one course per trainee up to the value of £1000.

6.5 Named Clinical and Educational supervisors

During the Foundation Programme, you will be working with a number of different senior 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 signpost you to the people and resources that may be better suited to helping you make your choice.

6.6 Career planning tools

Career planning tools such as Sci61 or Myers Briggs personality type inventory may help point you in the direction of a career that might suit you. There are a wide variety of other online resources to help you explore your personal motivations and reflect on your core values and interests.

UK Foundation Programme Office (www.foundationprogramme.nhs.uk)

This website has been developed as a central point of official information on the Foundation Programme for medical students, foundation doctors, and those involved in delivering the Foundation Programme across the UK. It contains copies of all the key documents required during the Foundation Programme and links to helpful websites, as well as discussion forums.

BMJ Careers (www.bmjcareers.com)

In addition to job advertisements, BMJ Careers provides information about career opportunities in medicine and related fields. You can find articles and case studies on many scenarios which have affected doctors' career choices, e.g. work life balance; health and disability; and wider roles for doctors.

Academy of Medical Royal Colleges

The colleges are responsible for setting the standards for specialty training and provide information about current and future specialty training pathways, requirements and curricula. Links to these websites can be found on the Academy of Medical Royal Colleges (AoMRC) site: <http://www.aomrc.org.uk/>.

Medical Careers in the UK

Each of the four UK nations has a careers website outlining specialty information and recruitment processes. In addition to providing news of latest developments in postgraduate medical education, these websites have links to other useful career information resources.

For England <http://specialtytraining.hee.nhs.uk/>

For Northern Ireland <http://www.nimda.gov.uk/>

For Scotland <http://www.scotmt.scot.nhs.uk/>

For Wales <http://www.walesdeanery.org>

6.7 Applying for specialty training



In your final year of foundation training, you may wish to apply for entry directly into a specialty training programme. The application window for specialty training opens in November of each year (October for Academic Clinical Fellowships). Interviews then take place from January-March. Because of this, you may wish to start considering which career path you wish to follow in the early part of your F2 training.

7. Get involved!

There are numerous ways to get involved in the various activities that the foundation programme offers to develop your skills, contribute to the development and improvement of the Foundation Programme and boost your CV. There are number of events and opportunities to take on more responsibility/develop leadership within your training.

7.1 Events

National Foundation Doctors Presentation Day

The National Foundation Doctors Presentation Day (NFDPD) is hosted annually by Severn Foundation School. Foundation doctors from across the UK are invited to share their work in the form of oral and poster presentations.

UK Foundation Programme Foundation Doctors Academic Conference

The UKFPO host the annual Foundation Doctors Academic Conference, where foundation trainees, medical students and senior colleagues who are involved in academic training convene for a trainee-centred day aimed to provide practical assistance for anyone interested in following an academic career path. Themes include academic research, education, leadership and management.

National association of clinical tutors (NACT) Sharing Best Practice event

NACT UK is a members' organisation supporting & representing local leaders who deliver medical & dental education in the four countries of the UK. The day will showcase examples of good practice from around the country as oral presentations, discussions and posters. It is a great opportunity for anybody who has an interest in medical education to learn from examples of good practice and present any local examples.

7.2 Surveys

Sometimes it can feel like the requests for trainees to take part in surveys and give feedback are endless. However, they form a vital part in the evaluation of doctors' training environment and wellbeing. Results and reports from these surveys are directly used to influence policy and shape training curriculums so use it as an opportunity to have your say both for you and your fellow trainees! You can read previous reports of the listed surveys below to see how your predecessors' responses can and have impacted change.

Induction survey

The UK Foundation programme undertakes an annual survey aimed at newly qualified foundation year one doctors (F1). The survey explores a range of factors that influence how prepared newly qualified doctors feel when they begin work. This survey has played a key role in ensuring the mandatory remunerated F1 induction period.

Career destinations survey

Each year the UK Foundation Programme Office (UKFPO) undertakes a survey of all F2 trainees to determine their career aspirations and planned career destinations if known. These reports are published annually to identify trends in training pathways of junior doctors. The [report on the 2018 survey](#) is on the UKFPO website – this was the ninth publication of the UK national F2 Career Destinations Survey Report using data collated from UK foundation schools.

GMC national training survey (NTS)

The GMC conducts an annual survey which is mandatory for trainees at all grades of training to complete. In 2018 they had over 70 000 responses (and there is a separate, concurrent survey for trainers). The data generated by the surveys is a powerful quality assurance tool, providing the information to identify good practice and pinpoint the places where training doesn't meet standards. The findings also show local and country trends, which drive policy developments and interventions designed to tackle problems and improve the training experience. Further [information about the NTS](#) is on the GMC website.

National Education and Training Survey (NETS) – England only

The survey is the learner's opportunity to help improve the quality of training and education in England. It will also help organisations that provide placements to identify areas of good practice and areas that need improvement. Learners across all types and grades of training are invited to take part.

Scottish trainee survey – Scotland only

. NHS Education for Scotland (NES) carries out a regular Scottish Trainee survey (STS) to seek the feedback of medical trainees in Scotland. This is sent out to trainees approaching the end of each post they work in. This acts to continually improve the quality of training in Scotland and the results are published annually.

7.3 Roles and responsibilities

Foundation Doctors Advisory Board (FDAB)

The FDAB is formed of F1 and F2 representatives from each foundation school and convenes for meetings twice a year. This is an opportunity for trainee representatives to share experiences with the UKFPO, engage with external organisations regarding wider initiatives relevant to foundation training, as well as for the UKFPO to share information regarding national development work.

UKFPO Leadership fellow

The UKFPO Leadership Fellowship is a competitive opportunity for two foundation doctors to gain hands on experience of clinical leadership through understanding the process of leading positive change in your health environment. You will work closely with the UK Foundation Programme Office (UKFPO) team to deliver mutually decided objectives to help promote the work of the UKFPO, as well as develop your own leadership skills. You will be expected to spend 1-2 days a week working on your commitments

as a UKFPO fellow, whether that be private project work, report writing or attending various national events and meetings.

Local representatives

Each hospital trust will have a role for both FY1 and FY2 doctor local representatives. This role primarily acts as a spokesperson for the other trainees that you represent. You play a key role in raising issues that affect trainees at events such as junior doctor forums that take place at your trust. This involves being proactive in seeking trainees' opinions on how the foundation programme is being delivered in that trust and feeding this back to the foundation school lead.

Appeals (FP allocations)

As part of the application cycle each year, applicants have the opportunity to appeal their outcomes in relation to national elements of the allocation process. The UKFPO coordinates an appeals process in regard to eligibility outcomes, verified educational achievements scores and applications for pre-allocation on the grounds of special circumstances.

National appeals panels are convened to consider all applications for appeal. The UKFPO welcomes the input of trainees who have already been through the application process to ensure a balanced view. From previous years, the perspectives of trainees have proven to be of considerable value and helped to shaped future processes. This is a fantastic opportunity to get involved in and influence national business processes in regard to applications and allocation to the Foundation Programme. Details of specific panels will be circulated through the UKFPO Bulletin and via your foundation school contacts. Trainees at both F1 and F2 level are encouraged to get involved with national appeals.

UKFPO Bulletin

This is a newsletter usually published fortnightly by the UKFPO. It contains important information about foundation programme activities around the country, deadlines, changes and developments foundation doctors and the rest of the foundation community need to be aware of. As well as signing up to and regularly reading the bulletin, you should keep an eye out for interesting and relevant information you could contribute to the bulletin. Contact your local FD rep, foundation school or the UKFPO if you have any ideas.

7.4 CASE STUDY – THINKING BEYOND FOUNDATION TRAINING

Alan David McCrorie, Academic Foundation Doctor,

Belfast, Northern Ireland

Two years of foundation training may seem long and daunting at first, but I guarantee you that it will pass by quickly. In no time at all you will be facing the prospect of deciding what to do after completing foundation training.

Whilst the number of doctors choosing to enter specialty training directly after completion of foundation training is declining, it is still the route many doctors choose to take and it's never too early to think about your options. The process of applying for specialty training begins around September/October of foundation year 2 and concludes with interviews and offers in March/April the following year. For those who do not wish to directly enter specialty training it's still a good idea to plan ahead and apply early. Many

junior doctor jobs in Australia and New Zealand begin recruiting during the first half of foundation year 2 whilst non-training 'unofficial F3 jobs' tend to recruit a little later during the year. Furthermore, for those interested in taking time out of training to do another degree – funding application deadlines tend to precede course application deadlines. On balance, it was the right decision for me to apply directly to specialty training based on the fact I had an established career interest and was already a graduate prior to starting my medical degree. Therefore, I applied to specialty training in Northern Ireland and will commence work as a core surgical trainee immediately after completing foundation training. The take home message is that it's never too early to think about what's coming next and to do what feels right for you.

Finally, a number of foundation doctors will also choose to sit the first part of membership examinations such as the MRCP part 1 or MRCS part A. MRCP part 1 can only be applied for and sat during foundation year 2 but the MRCS part A can be applied for and sat during foundation year 1. I booked MRCS part A during the 2nd part of my first foundation year and, after giving myself 6 months to study, sat and passed it in the September of my second foundation year. This in turn, helps with specialty training applications if you decide this is the pathway that suits you.



8. What else?

You may find this section useful based on frequently asked questions. You may also find it useful to read the FAQs on the UKFPO website.

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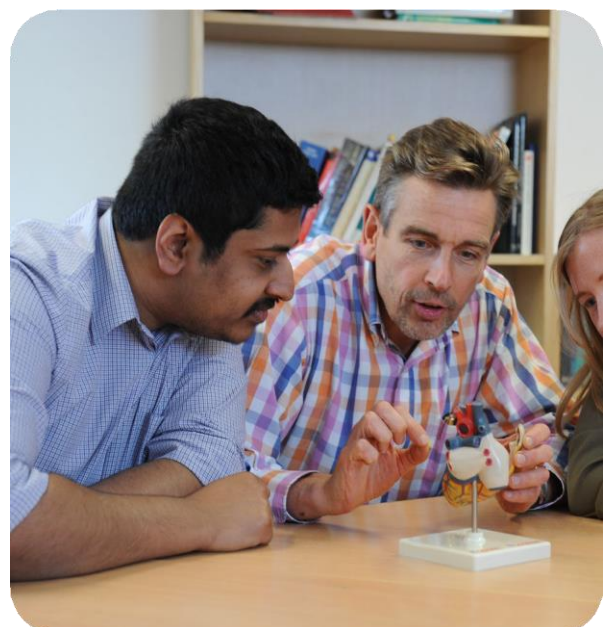
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8.5 Further information

- [Foundation Programme Curriculum](#)
- [Foundation Programme Gold Guide/Operational Guide](#)
- [Academic Compendium](#)

8.1 Location

Special circumstances

Doctors who need to be in a particular area due to caring for a child/children under 18; being the primary carer for a relative with a disability; or a personal health problem that requires on-going follow up in a specified location, can apply to their medical school for pre-allocation to a particular UoA based on special circumstances.

More information on the criteria and process for applying for special circumstances can be found on the UKFPO website.

Linking Applications

Applicants who wish to be allocated to the same foundation school as their partner or a friend have the option to link their applications. If both applicants score highly enough to be allocated as part of the primary list, they will be allocated to the same foundation school based on the application score of the lowest scoring applicant in the pair. If one applicant is placed on the reserve list, the link will be broken. If one or both applicants choose to amend their preferences following the close of the application window, the link will be broken.

It is not possible to both apply for pre-allocation for special circumstances and to link your application, and linking does not apply to AFP selection.

Inter-foundation school transfers (IFST)

If a change in your circumstances since you applied means you need to change your allocated foundation school, you should talk to:

- your Foundation School Director (FSD) if you have not yet taken up post; or
- your foundation training programme director/tutor (FTPD/T) if you are already in the training programme

You will only be able to transfer if:

- you meet one of the set criteria (see the IFST guidance on the UKFPO website for more information)
- you have satisfied both foundation school directors (in your current and your desired new foundation school) that you have a good reason for transferring; and
- there are places available in the receiving foundation school

Any transfers will usually take place at the start of either the first or second year of the Foundation Programme.

If your application is turned down, your original foundation school is responsible for managing any appeals against decisions to approve inter-foundation school transfers. They will convene a panel to consider whether the appropriate process was followed.

Permanent withdrawal

If you wish to permanently withdraw from the Foundation Programme you should seek advice from your educational supervisor, FSD or FTPD/T. Medical graduates who have not started their foundation programme should seek the advice of their medical school. You should also be aware of your professional responsibilities and act in accordance with the GMC's guidance in Good Medical Practice, as well as meet your employer's terms and conditions of service, especially with regards to giving notice.

8.2 Flexibility

Less than full-time training

If you wish to train less than full-time you should apply for a training post in the standard way. You do not need to state your desire to train less than full-time when you apply but we recommend that you discuss your intentions with the foundation school as soon as possible, so that your eligibility can be assessed.

Foundation schools/HEE local offices/deaneries may have limited resource available to support less than full-time training and priority for less than full-time training will be given to doctors who have:

- a disability which requires individual arrangements
- ill health

- responsibility for caring for children under 18 (irrespective of gender)
- responsibility for caring for an unwell partner, partner with a disability, relative or other dependant

Foundation doctors training less than full-time will usually be offered slot-sharing arrangements; this is typically two doctors working in the same post. LTFT trainees will still be expected to take part in on call commitments on a pro-rata basis. Exceptionally, the HEE local office/deanery/foundation school may fund an additional (supernumerary) post for less than full-time training. This will only be considered where this is the only way foundation training can be undertaken, for instance when a suitable partner cannot be found, or when less than full-time training is needed at short notice. Whilst training less than full-time, you may meet the necessary outcomes before you complete two full years of training; however you must still complete:

- an overall total of one year (full-time equivalent) of F1 training; and
- an overall total of one year (full-time equivalent) of F2 training

CASE STUDY - LESS THAN FULL TIME FOUNDATION TRAINING

Natasha White



I am currently doing F1 in Scarborough as 80% LTFT due to mental health reasons. Although the hospital had never had an 80% LTFT trainee before, they were very accommodating. I did receive my rota later than my colleagues, but I was able to choose which day was my 'non-working day.' It has been very refreshing having one day a week as a 'me' day and means I am more committed during the days I do work. This is definitely worth the necessary extension in length of my Foundation Programme to make up the time.

I would recommend LTFT training to anyone who has worries about being able to cope being a full-time doctor. Very soon you will be able to apply for LTFT without having any specific reasons (health/childcare/sports etc). Life is too short and there is no rush to complete your training!

Deferring the start of the programme

You may only defer the start date of your Foundation Programme for statutory reasons e.g. ill health, maternity leave etc. If you need to defer, you should contact your foundation school as soon as possible with your request. It is not possible to defer the start date of your foundation training because you failed finals. If you fail finals and are unable to start your foundation programme, you will need to re-apply for foundation training starting the following year.

Out of phase trainees

Most medical graduates graduate from medical school in July and commence their foundation training in early August. Foundation training that therefore starts after August or is due to conclude later than August is referred to as “out of phase”. “Out of phase” training only applies to doctors:

- who have deferred their start date for statutory reasons (as above);
- are resuming training after a period of confirmed absence (also for statutory reasons); or
- where arrangements have been made and agreed to accommodate less than full-time doctors.

Time out of the programme (TOFP)

If you want to take time out of the programme, you should initially discuss it with your educational supervisor. Time out of the two-year programme will usually only be agreed for 12 months to avoid foundation doctors becoming out of phase. Time out for ‘parts’ of either year will only be considered in exceptional circumstances. Reasons for taking time out usually include:

- gaining clinical experience outside of the Foundation Programme;
- undertaking a period of research; or
- a planned career break.

How to take time out

Once you have discussed your options with your educational supervisor, you must complete a TOFP request form (available from the UKFPO website or foundation school). Unless there are extenuating circumstances, this form must be returned to your foundation school director (FSD) by the end of the sixth month of your first year of the Foundation Programme (F1).

What if your plans change?

If your plans change after time out of the programme has been agreed, the HEE local office/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. Your foundation school will make all reasonable attempts to allocate you to a suitable F2 rotation, subject to availability.

You must inform your FSD that you are coming back to the programme six months before the start date of your F2 placement. Arrangements for allocating F2 rotations vary between foundation schools. If you don't contact your foundation school six months before you are due to return, you won't have a placement arranged within the HEE local office/deanery/foundation school. That means you'll need to go through the competitive application process again for a vacant standalone F2 appointment.

Statutory rights

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

8.3 What if things go wrong?

As with any career, sometimes things may not go according to plan and foundation doctors may not progress in the expected way.

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

The most important thing is to recognise when problems are developing and seek help. It is therefore important that you participate in the assessment process in a timely and engaged manner.

Don't worry. You will be supported and there are processes in place to help you.

Educational support

Educational support is available to doctors requiring additional support. Your educational supervisor can guide you through addressing your challenges or refer you to the appropriate person to speak to. Alternatively, your assessments may reveal areas in which you require support. In this case, your educational supervisor will draw your attention to the need for additional educational support.

What happens if you are unsuccessful?

If your FP application is unsuccessful, or for one reason or another, you are not able to demonstrate the required level of competence to complete the FP:

- Failed application to the FP: If you are withdrawn from the application process at any time, you can reapply again the following year. You will need to submit an entirely new application and sit the SJT again. If you are on the reserve list but are not allocated a place, your medical school will provide support and help you decide what to do next. However, you can reapply again the next year. To date, all eligible applicants have been placed in jobs by the start of the programme in August.
- Unsuccessful completion of F1: If you are unsuccessful in completing F1, you will not be granted full registration with the GMC and will not be able to progress to F2. You will typically be offered 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 and your foundation school will let the GMC know.
- Unsuccessful completion of F2: In the first instance, a remedial training placement will be arranged. Exceptionally, remedial training may be offered for up to one year. If you still cannot demonstrate the required level of competence by the end of the remedial training, you will not receive a FPCC.

Psychological support

If you feel you need support during your foundation training, whatever that may be, your educational supervisor will be able to help, either directly or by suggesting a colleague to talk to. Many hospitals and HEE local offices/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 contacted on [08459 200169](tel:08459200169).

Remember, you are not alone.

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

- **Professional:** Talking to colleagues may 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. The GMC 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 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 can be hard to find time to eat a balanced diet, and shift work leads to upset diurnal rhythms and sleep deprivation. Pre-existing conditions may be aggravated by the lifestyle.

We advise against working through illness, self-prescription and the use of alcohol or other substances to relieve stress. Doctors whose health or behaviour might put patients at risk will be referred to the GMC.

Register with a general practitioner near where you live or work and seek their advice when unwell. If you need confidential help or support, you can also consider referring yourself to your trust's occupational health service and access other support services through your HEE local office/deanery.

Occupational health

Doctors may have physical, emotional or psychological problems which might have an impact on their future career choice. If you need confidential advice or support, you can refer yourself to your trust's occupational health service and access other support services through your HEE local office/deanery.

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. Examples of mechanisms to highlight employment issues is the exception reporting system in England.

The HEE local office/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 HEE local office/deanery/foundation school and the employing organisation 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 ask BMA on the number below:

Numbers to call for help:

- BMA: **0300 123 1233** , 8am – 6pm Mon-Fri
- BMA 24-hour counselling service: **08459 200169**
- GMC: **0161 923 6602**
- Medical Defence Union: **0800 716 646** (24/7 emergency helpline)
- Medical Protection Society: **0800 561 9090** (24/7 emergency helpline)

Whistleblowing

NHS employers and other training organisations are serious about creating an open culture for raising concerns. All NHS employers should have in place effective policies on how to raise concerns and the appropriate action to be taken. This is sometimes referred to as whistleblowing. If you are not sure whether what you’ve witnessed is a whistleblowing concern or you’re unsure what to do and want to seek advice before taking action, you can speak to an adviser at the National Whistleblowing helpline. The helpline offers free, confidential support for all NHS and social care staff and can be contacted on **08000 724 725** or by email at enquiries@wbhelpline.org.uk

Find out more

- Speaking Up Charter <http://www.nhsemployers.org/your-workforce/retain-andimprove/raising-concerns-at-work-whistleblowing/speaking-up-charter>
- National Whistleblowing helpline – www.wbhelpline.org.uk 38
- General Medical Council – www.gmcuk.org/guidance/ethical_guidance/raising_concerns.asp
- NHS Employers – <http://www.nhsemployers.org/your-workforce/retain-andimprove/raising-concerns-at-work-whistleblowing>

8.4 Who’s who?

A variety of key people and organisations are referred to throughout the Rough Guide. Below is an explanation of what they do.

Foundation school director (FSD)

The FSD is the head of the foundation school and is accountable to the postgraduate dean. Supported by a foundation school manager (see below) and appropriate administrative staff, the FSD helps set the strategic direction of the school and is responsible for quality management.

Supervision in the Foundation Programme

	Workplace Supervision	Named Supervisor	Clinical	Educational Supervisor
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What is it?	Supervision whilst you're doing something with a patient, or related to a patient	Ensuring that you get the right education & training in a specific post/department	Ensuring that you get the right education & training during the whole/a big part of your Foundation Programme
Where does it happen?	On the ward, in theatre, in the surgery – or anywhere that you're seeing patients or doing patient-related admin	Within the department/surgery	Usually (but not always) done by someone in your hospital
Who does it?	<p>Anyone who is competent to do what you're doing (this is not an exhaustive list):</p> <ul style="list-style-type: none"> - Doctors in training who are more senior to you (e.g. registrars, core trainees, FY2 doctors if you're an FY1) - Senior doctors (e.g. associate specialists, staff grades, consultants) - Nurses - Allied health professionals (e.g. physiotherapists) <p>You should always have someone to ask if you're not sure what to do – this is fundamental to workplace supervision</p>	<p>This is a specific senior doctor (consultant, associate specialist or staff grade)</p> <p>You should know who they are <i>before</i> you start in that department</p> <p>According to the GMC, they must have received training in this role</p>	<p>This is a specific senior doctor (consultant, associate specialist or staff grade)</p> <p>You should know who they are <i>before</i> you start in the hospital/trust</p> <p>According to the GMC, they must have received training in this role</p>
What do they do?	<p>Be available, accessible and approachable for you to ask if need advice, if you're not sure what to do or just want to check that what you're doing is right</p> <p>Give you feedback on what you're doing; sometimes to complete an SLE</p> <p>Be helpful to you!</p>	<p>Ensure that you get a departmental induction</p> <p>Meet you at the start of the post to plan your education & training whilst you're in the department, and to name your Placement Supervision Group</p>	<p>Meet you at the start of your time in the hospital/trust to plan your education & training</p> <p>Have regular meetings to discuss your progress</p>

	Give feedback to you & your Named clinical supervisor about how you're doing	Be available to help you if you'd like to discuss something Give feedback to you & your Educational supervisor about how you're doing	Be available to help you if you'd like to discuss something Provide career advice
What's the outcome?	SLEs; Placement supervisor group forms	Clinical supervisor end of post report	Educational supervisor end of post report (after each post); Educational supervisor end of year report

Named clinical supervisor (NCS)

Your clinical supervisor is the professional responsible for teaching and supervising you in the workplace, as opposed to your educational supervisor, who may not be involved with your everyday workplace activities after your first placement of FY1. Your clinical supervisor is responsible for:

- supervising your day to day clinical and professional practice
- identifying and seeking feedback from your placement supervision group (PSG)
- 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 a 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 (ES)

Your educational supervisor is the professional responsible for making sure you receive appropriate training and experience throughout your rotation. 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:

- providing support so you can develop your learning portfolio
- ensuring you understand and engage in assessment
- helping you to reflect on your career choices
- 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/tutor (FTPD)

An FTPD is the individual appointed by the HEE local office/deanery and employing organisation to manage, lead and quality control a foundation training programme at an NHS hospital/trust/health board.

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 HEE local office/local deanery, hospitals, other organisations (e.g. hospices, general practices) 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 Foundation Programme Curriculum.

Foundation schools in the UK are set up to accommodate several hundred F1 and F2 doctors each. The schools have a number of foundation training programmes, each under the supervision of a foundation training programme director/tutor (FTPD/T).

HEE local offices and Deaneries

In England, from 1st April 2013, postgraduate deaneries became part of the newly formed Health Education England. There are 13 local offices across England. Wales and Northern Ireland still have a postgraduate deanery and there are four in Scotland, each headed by a postgraduate dean. The HEE local offices/deaneries have responsibility for ensuring that the Foundation Programme is delivered to the national standards set by the GMC. They are responsible for ensuring there is an effective educational infrastructure for foundation training through the foundation schools.

Undergraduate/medical school dean

Responsible for the F1 year including confirming that foundation doctors have met the requirements for full registration with the GMC through the Certificate of Experience rests with your university/medical school or their designated representatives in deaneries/foundation schools.

You must have approval from your university/medical school to accept a programme which will enable you to complete basic medical training (i.e. F1). Universities/medical schools are also responsible for ensuring that information about their graduates' significant educational, health, or other challenges during the course of their student career are passed to those responsible for foundation training, so that they can be adequately supported.

General Medical Council (GMC)

The GMC is the independent statutory body that regulates medical education and training in the UK. Postgraduate training covers both the Foundation Programme and specialty training.

The GMC's statutory purpose is 'to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine'. The GMC's powers and duties are set out in the Medical Act 1983. Its job is to ensure that patients can have confidence in doctors. It does this in the exercise of its four main functions:

- Keeping up-to-date registers of qualified doctors;
- Fostering good medical practice;
- Promoting high standards of medical education; and
- Dealing firmly and fairly with doctors whose fitness to practise is in doubt.

More information can be found at www.gmc-uk.org.

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 GMC regarding the curriculum for each medical specialty.

In advising and supporting the GMC they:

- publish curricula which identify the knowledge, skills and attitudes required within each specialty
- recommend to the GMC the awarding or withholding of educational approval of 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, placements and programmes

The contact information for each medical royal college can be found by going to www.aomrc.org.uk.

The UK Foundation Programme Office (UKFPO)

The UKFPO provides information and guidance about the Foundation Programme to medical schools, foundation schools, foundation doctors and faculty involved in foundation training. It is responsible for commissioning the FP Curriculum, writing the FP Reference Guide and defining the core content of the e-portfolio. The UKFPO also promotes quality and consistency in the delivery of the Foundation Programme and administers the national application process across England, Wales, Scotland and Northern Ireland. It is accountable to Health Education England and the four UK health departments.

For more information go to www.foundationprogramme.nhs.uk. Additionally, the UKFPO can be contacted by email: helpdesk@foundationprogramme.nhs.uk

8.5 Further information

Foundation Programme Curriculum

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 outcomes contained in the Curriculum. The Curriculum is available electronically on the UKFPO website www.foundationprogramme.nhs.uk. The Curriculum is a working document. Should you have any feedback for the next revision, please email the Chair of the AoMRC Foundation Committee at foundationcommittee@aomrc.org.uk

Or write to:

Chair of the Academy Foundation Programme Committee

Academy of Medical Royal Colleges

10 Dallington Street

London

EC1V 0DB

Foundation Programme Gold Guide/Operational Guide

This document supports the implementation of foundation training programmes and is designed for use by HEE local offices/postgraduate deaneries, clinical tutors, local trusts and foundation school staff. The guide applies to all countries in the UK. The FP Reference Guide can be accessed through the UKFPO website at www.foundationprogramme.nhs.uk.

Academic Compendium

This compendium brings together outcomes and competences that foundation doctors could work towards during their foundation programme to demonstrate academic achievement, particularly doctors following an academic programme. The guide is divided into three sections – research, medical education and leadership and management.

This Reference Guide is a working document and we welcome your feedback.

Should you have any feedback for the next revision, please write to:

helpdesk@foundationprogramme.nhs.uk.

Useful links

Academy of Medical Royal Colleges: www.aomrc.org.uk

British Medical Association: www.bma.org.uk

E-Learning for Healthcare: www.e-lfh.org.uk

UK Foundation Programme Office (UKFPO): www.foundationprogramme.nhs.uk

General Medical Council: www.gmc-uk.org

Horus ePortfolio: <https://horus.hee.nhs.uk>

Medical Careers: www.medicalcareers.nhs.uk

Medical and Dental Recruitment and Selection (MDRS): www.specialtytraining.hee.nhs.uk Modernising
Medical Careers in Wales: www.cf.ac.uk/pgmde/foundationtraining

NHS Education for Scotland: www.scotmt.scot.nhs.uk

NHS Employers: <http://www.nhsemployers.org/Pages/home.aspx>

Northern Ireland Medical and Dental Training Agency (NIMDTA): www.nmdta.gov.uk

Turas ePortfolio: <https://turasdashboard.nes.nhs.scot/>