

Rough Guide to the Foundation Programme

June 2015



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

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The Rough Guide to the Foundation Programme

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Foreword

Dear colleague

As a doctor in the UK, you can look forward to receiving some of the best medical education and training in the world.

Introduced in August 2005, the Foundation Programme, provides a stepping stone from medical school to specialty/GP training. The training you receive will be structured, supervised and assessed against outcomes set out in the *Foundation Programme Curriculum*. The aim is to ensure you are equipped with the skills, attitudes and aptitudes that all doctors must possess for a career in the NHS.

The Foundation Programme as a whole is administered by the UK Foundation Programme Office (UKFPO), which is responsible to Health Education England (HEE) and the four UK health departments. The UKFPO website has been developed for medical students, foundation doctors, educational faculty and other interested parties, and contains all the information available on the Foundation Programme, including the *FP Curriculum* and *FP Reference Guide* and this *Rough Guide* (www.foundationprogramme.nhs.uk).

Over the two years you will experience a range of specialties in different healthcare environments, undertake an audit, maintain an e-portfolio of achievements, and be responsible for treating your own patients. It is daunting to take that first step. I hope that this Rough Guide helps ease that transition. The guide sets out what you can expect from your first two years working and learning in the health service.

I wish you every success as you embark on your professional practice, and extend a warm welcome to the Foundation Programme.



Professor Derek Gallen
National Director, UK Foundation Programme Office

Introduction

What is the Foundation Programme?

The Foundation Programme is a structured, supervised workplace-based training programme typically made up of six four-month placements in a range of specialties and settings over two years. Your placements provide a safe environment to put in practice what you have learned at medical school, while 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 in the UK.

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 F1 and F2, how your e-portfolio works, advice on completing your assessments and information to help you plan your career. It also covers what to do if things are not going well in your placement.

The guide has been written for medical students and foundation doctors, clinical tutors, educational supervisors, postgraduate deans and others involved in foundation programmes across the UK. It isn't exhaustive, but provides a good starting point to find out more about how your first two years of training will work. If you want to know the details of absolutely everything about the Foundation Programme, refer to the [Foundation Programme Reference Guide](#).

How does foundation training work?

The Foundation Programme is designed to allow you to gain core clinical skills as well as other professional skills like communication, teamwork and the use of evidence and data. You will be expected to demonstrate increasingly sophisticated skills in these areas throughout the programme; well beyond what you learned in medical school.

Your first foundation placement will usually commence in early August after medical school graduation. You will rotate to your next placement typically every 4 months (depending on how your foundation school sets up your programme) and over the two years you will build up a portfolio of assessments and achievements as you gain more experience and acquire competency in new areas. Part of this will involve asking your colleagues to assess your clinical and professional skills in a range of settings while you work.

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 competence and they are detailed later in this guide.

Once you have successfully completed your first foundation year (F1), you will be eligible to apply for full registration with the GMC. On successful completion of your second foundation year (F2), you will receive a Foundation Achievement of Competence Document (FACD) which is an entry requirement for specialty (inc.GP)/core training.

Throughout the whole programme, and as your professional development continues as you progress through specialty (inc.GP)/core training and beyond you should add evidence of new competences gained to your portfolio. Your portfolio is evidence of your competency in different areas and it will stay with you for the duration of your career.

What else can I expect?

You will be responsible for your own learning, making sure your assessments are completed, attending the structured learning sessions, organising any “tasters” (usually a week spent in a specialty you would not otherwise experience as a foundation doctor) and keeping your e-portfolio up to date.

Your first job as a foundation doctor marks the transition from medical school education to learning on the job. Besides formal teaching sessions, you should consider every clinical activity or patient encounter a chance to learn something new. Always be on the lookout to add to your e-portfolio of outcomes, and to develop new clinical skills. For some competences, you may learn as much from nurses and non-clinical members of your healthcare team as from the senior doctors. Each day will bring many opportunities to learn. Grasp every chance you are given.

In each placement, you will have a named clinical supervisor (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 should meet with you a minimum of twice per rotation. Their job is to help you through your training programme and to support your day-to-day learning. The precise arrangements will vary by foundation school. In some cases, your educational supervisor could remain the same for the entire programme, in others the educational supervisor may change with each placement. However, you will always be supported to ensure that you have good clinical supervision and a structured educational experience.

Who will organise my foundation training programme?

All of your postgraduate training is organised by your local education training board (LETB)/postgraduate deanery and will be managed through foundation schools. For more information on foundation schools, turn to the [‘Who’s who’](#) section.

Chapter 1: Before you start

Timeline of 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 Applicant's Handbook.

Date	Application activity
July-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

The application process

You can apply online for either the Foundation Programme (FP) or the Academic Foundation Programme (AFP) via the Foundation Programme Application System (FPAS).

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 the most appropriate order, or select the three most appropriate actions for a given situation.

The EPM, reflects how applicants have performed academically to the point of application to the Foundation Programme. Points are awarded for medical school performance and any additional educational achievements (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 rank the units of application (UoA) in order of preference. 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. However, oversubscription to the programme has become the norm and so it is more important than ever to score well in your application to give yourself the best chance of being allocated to the UoA and programme that you want. If there are more applicants than places, only the top-scoring

applicants will be initially allocated to vacancies (primary list). The remaining applicants will be put on a reserve list and allocated on set dates as vacancies arise.

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

Academic Foundation Programme (AFP)

If you are considering a career in research or fancy yourself as the person who finds a cure for cancer, or perhaps want to share your knowledge with future trainees and become an educator, an academic foundation programme will give you first-hand experience of this environment.

For more information on AFPs, read the [Rough Guide to the Academic Foundation Programme](#) and [Compendium of Academic Competences](#).

Transfer of information (TOI)

You will be asked to complete a Transfer of Information form before you leave medical school. The TOI process aims to highlight any areas of additional support that may be needed during the Foundation Programme. In particular, you are asked for information concerning 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 to your foundation school to support you as you transition from medical school to your Foundation Programme.

More information on the TOI process can here found on the [UKFPO TOI page](#).

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 background identity checks and to provide information about how to apply for provisional registration with a licence to practise. Once you've 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.

Step-by-step instructions on how to apply for provisional registration can be found in [Appendix 1](#).

Chapter 2: Your Foundation Programme

During your foundation programme you will experience different types of care in a variety of settings. It is up to you to make the most of your experiences – you will only get out of your foundation training what you put in.

Below two foundation doctors have shared their very different experiences of the programme – Dr Roz White, who was born profoundly deaf, talks about the challenges she faced when first starting her training; and Dr Simon Thebault, who chose to do his training in a rural setting.

CASE STUDY

My experience of the Foundation Programme with very, very bad ears - Dr Roz White



Like most other final years, I was extremely nervous about starting as an F1; for all the usual reasons and an extra one: I was born profoundly deaf. Despite managing fairly well with lip-reading and my hearing aids and getting through medical school without many hiccups, I was truly terrified of the world of work.

Fortunately my foundation school took a proactive approach and together with my medical school tutors, we sat down and worked out a plan which anticipated most problems and how I would get around them. My main fears were 1) Phones (I can't use them) 2) Stethoscopes (would I hear anything through my special one?!) and 3) Patients (would I understand them at all?)

The phone problem was fairly easily solved; my colleagues have always been more than happy to help and make phone calls for me - normally in exchange for cannulas! In fact I have found that it tends to solidify the feeling of being in a team, which is very rewarding. For on calls, I carry the bleep but ask nurses or other colleagues to answer it for me and pass on messages. I already had a special stethoscope from medical school - this fell apart after about 18 months of foundation use. I have a new replacement now (a "ThinkLabs One") that I'm just getting to grips with - I'm really pleased with the sound quality.

Most reassuringly of all, my patients have never had a problem with having a deaf doctor. I introduce myself and explain that I can't hear too well so I lip-read people. No-one has ever minded having to repeat themselves (apart from the odd intoxicated patient in A&E). I sometimes feel that having a "flaw" puts me on a more equal footing with patients and they possibly find me more approachable for it.

I am looking forward to starting my GP training and will look back fondly on my foundation programme - it has been a wonderful learning experience.

CASE STUDY

Going rural - Dr Simon Thebault



I am a current Foundation Doctor in Jersey in the Channel Islands. Many of my friends opted for the glitzy glamorous city life and are in London, but personally I couldn't think of anything worse. Although I chose this location for lifestyle reasons (sun, sailing, surf etc.), I've been happily surprised by the training benefits of having opted to work in a rural general hospital.

For a start, there are few middle-grade trainees, meaning that a lot of the training attention for skills is focussed on the resident F1's and F2's. So far I have put in arterial lines, chest and ascetic drains, a suprapubic catheter and performed a lumbar puncture; skills which my urban colleagues say are often snapped-up by the senior trainees. Also, the general medical/surgical take is as varied as ever, and as there are no specialist wards as such, I've had the experience of managing a wide variety of conditions simultaneously, rather than, to use one of my urban friends as an example, working for four months on a super-specialised Cystic Fibrosis ward. Because Jersey is quite remote, with door-to-door minimum mainland transfer times of 3 hours, a surprising amount of acute pathology is managed in-house, which is all good experience. Because Jersey is small, some of the more complicated cases do get flown-out, and my F2, I am being trained to go on emergency flight transfers.

Foundation training is all about providing a broad base for what comes next, and I'm strongly of the opinion that this can be achieved just as effectively far from the Big Smoke.

Foundation year 1 (F1)

Your F1 year is designed to make sure the 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 three levels of induction to support you into the programme. These inductions typically include:

- Foundation school/ LETB/Deanery induction;
- Employer/Local education provider induction; and
- Departmental/workplace induction.

As part of these inductions you will receive information about the institution, your timetable and what is 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 from the first day as a F1 doctor, you will also normally undertake a “shadowing” period. This should include ward-based shadowing of the F1 job that you will be taking up. 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 duration. In addition to the most common placements in general medicine, surgery, and orthopaedics, your F1 rotation may include placements in any of the 60+ GMC recognised specialties such as:

anaesthetics	infectious disease	haematology
gynaecology	ENT dermatology	psychiatry
dermatology	paediatrics	general practice

This list is far from complete but does give you an idea of the possible specialties that may be available to you. Due to the finite number of jobs, not everyone will get the specialties they request. There is also a national drive towards more community-centred placements, and it is likely that you will have at least one placement in a community setting (e.g. GP or psychiatry). All foundation schools have mapped their placements to the Curriculum to enable you to easily assess and plan which outcomes you will be able to achieve in each placement. Fortunately, all placements will enable you to meet the curricular outcomes and provide experiences which help inform your career making decisions.

Education and training

You are entitled to 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, some foundation schools will allow you to undertake ‘tasters’ towards the end of your F1 year by ‘borrowing’ study leave from your F2 year. Check with your foundation school to see if this is possible.

CASE STUDY

Study leave – Dr Lydia Longstaff



As a foundation doctor there are many opportunities available to you that are valuable to your learning and career progression. Study leave is a great help in enabling you to pursue such opportunities.

Whilst there are differences in study leave allowance for F1 and F2, you are allocated a Study Leave allowance, which you should apply to make use of. There is also an associated allocation of funding, for which you can claim for expenses such as course fees or travel costs. The allocation for Study Leave is 30 days, though a number of these are automatically used for mandatory in-house teaching sessions.

A common utilisation of Study Leave is for undertaking a Taster Week, however during my Foundation years I have also used my Study Leave for a variety of other pursuits. These have included attending study courses & skills sessions, going to a career taster day, presenting a poster at a conference, and helping to examine medical students. I also held a representative role in the national UKFPO Foundation Doctor Advisory Board, and was able to claim Study Leave for attending their annual meetings.

In my experience, the process of accessing Study Leave allowance was straight-forward. I discussed why I wished to take Study Leave with my Educational and Clinical Supervisors (often simply via email); then filled in a Study Leave form with details of what the leave would involve and what I hoped to gain from it. My Educational Supervisor then signed the form to say that they supported my application. Obviously it is important to communicate with colleagues to ensure that your shifts and workload are covered during your leave, and this is also included on the Study Leave form.

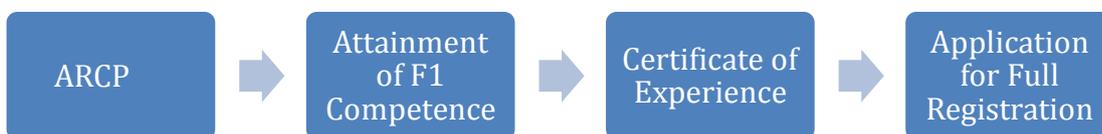
After utilising Study Leave it is good practice to reflect on your experience (and upload any certificates and evidence onto your E-portfolio!), as well as feedback to colleagues if appropriate. Your experience is then contributing to your portfolio library and readily available as evidence for future applications, as well as being of value to your personal development.

Becoming a fully registered doctor

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

If you meet the requirements, you will be issued with the 'Attainment of F1 Competence' certificate. This certificate will be shared with your UK medical school and will help your university/postgraduate dean to complete the 'Certificate of Experience' which recommends you for full registration with the GMC.

Diagram 1 below shows the steps required to obtain full registration. Full details on applying for full registration can be found in [Appendix 1](#).



CASE STUDY:

Teaching students - Dr Archana Sivasubramanian



Teaching is an important part of the Foundation Programme – the best way to approach how to teach students is to think back to the ways you found most effective when you were being taught as a medical student. Did you prefer learning on the wards (bedside teaching) or in a seminar room? Did you find it easy to remember things when visual aids such as pictures or diagrams were used? How about when your teachers mentioned mnemonics? Who taught you examinations and practical procedures well, and why? Drawing on your own personal experience helps you deliver a teaching session in a style that will flow naturally and feel comfortable for you.

The number of students you're teaching will impact how you teach. Smaller groups are easier to tailor needs to, whereas a more generic topic may have to be delivered for a larger group. Also, don't forget to present information at the correct level for the students you are teaching!

As part of your foundation programme, you will have to complete an assessment called "Developing the Clinical Teacher", where teaching is assessed. The best time to complete this is when students come to your ward (or where you are based for your rotation) for placement. Discuss together potential teaching topics beforehand as this gives you time to prepare, and ask a senior to observe you on the day. Are you teaching an examination? Remember location and patient consent.

Finally, create a "teaching feedback form". Hand this out to the students at the end and ask them if they wouldn't mind completing it for you. This is their opportunity to critique the session, which is just as important as your senior feedback. It is also good evidence for your portfolio to show that you have organised teaching sessions and have received feedback.

Foundation year 2 (F2)

During F2, you will remain under clinical 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 progress towards independent practice.

You will further develop your core generic skills and contribute more to the education and training of the wider healthcare workforce e.g. nurses, medical students and less experienced doctors. At the end of F2, you should have begun to demonstrate clinical effectiveness, leadership and the decision making responsibilities that are essential for hospital and general practice and specialty training.

Satisfactory completion of F2 will lead to the award of a Foundation Achievement of Competence Document (FACD) which indicates that you are ready to enter a core, specialty or general practice training programme.

The 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 some time working in another specialty that you would not otherwise have encountered. Your educational supervisor can help arrange this with you.

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 needed by all doctors in any area of practice. In your F2 year, you may have the opportunity to undertake some interesting specialties including general practice, small or shortage specialties and academic placements.

Some foundation schools may also offer opportunities to gain F2 competences outside of the UK. Please see [Chapter 6](#) for more details.

Community and General Practice placements

By the time you enter your second foundation year, the majority of your clinical experience may have been within a secondary care setting. As healthcare provision in the UK is changing rapidly in order to meet the needs of both patients today and those of tomorrow, services are being reconfigured in order to provide appropriately patient-centred care. It is therefore recognised that services are too often fragmented and that a more integrated approach is required. There is an increasing shift of services into settings other than acute/secondary care. By result, the majority of foundation doctors will undertake a community or an integrated placement during the Foundation Programme.

A community based or general practice placement will provide the opportunity for you to care for patients in a very different environment: their own communities.

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

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

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

CASE STUDY

GP during the FP - Dr Jack Storrow

I undertook a rotation in an inner city general practice during my F2 year. It has since proved to be one of the most constructive and rewarding rotations to date.

The practice was very supportive and promoted independence in running your own clinic from the beginning. There was always a senior partner on-call to supervise and oversee the foundation doctor's clinics. They were easily accessible for queries and advice - if I felt a patient needed a senior review they would come to the room promptly. This close working relationship with the senior partners resulted in informal and, perhaps more importantly, formal feedback in the form of case-based discussions and mini-CEXs for my e-portfolio. I was exposed to a wide variety of physical and mental illnesses during the rotation that were relevant to many different specialities. I found it very exciting not knowing who was going to come through the door next and with what presenting complaint – it could literally have been anything.

It also made me appreciate just how important the discharge summary from a hospital admission is. A foundation doctor should attempt to write to the GP about what the practitioner needs to know about the admission in order to follow up the patient's care in the community.

The most rewarding aspect of the rotation was being able to follow up patients. Whether it was commencing a patient on anti-depressants or educating and treating a newly diagnosed diabetic, it was extremely satisfying being a part of a patient's journey. Building professional relationships with patients is what makes doing the job worthwhile.

I would highly recommend selecting a rotation in general practice during the foundation programme. It will not only enhance exposure to medical conditions and improve general medical knowledge, but it is also a very gratifying experience.

Over 80% of today's foundation doctors will work in community care and this proportion is set to increase in the future.

CASE STUDY

Why I like Histopathology - Dr Ayesha Azam



Histopathologists are like '*chief advisors*' to other specialties in the hospital. It is one of the five main disciplines of pathology, involving microscopic examination of tissues to provide clinical report including type, grade and stage of cancer.

Histopathology as a foundation trainee

When I started F1, I knew very little about Histopathology. I came across this specialty during a cancer MDT. I was fascinated by the tremendous impact these tiny tissue sections on a piece of glass have on the diagnosis and treatment of patients. I undertook a taster day in Histopathology that sparked my interest due to problem solving nature of this specialty.

To explore it further, I decided to do a F2 rotation in Histopathology. I liked the variety of work including microscopic analysis of tissues (biopsies, fluids and resections), cut-up of tissues in lab and some detective work involving post-mortems.

Finally the pink and blue blobs on a slide began to make real sense. Completing this rotation confirmed for me that I want to enter specialty training in this field.

Good stuff about Histopathology



Run through training, currently in demand, excellent teaching and research opportunities. There are rapid advances in digital pathology - aiming to replace glass slides and conventional microscopes with digital images and computer work-stations. It is also a specialty that fits in well with family and working part-time. The working hours are 9-5 with NO on-calls and I can enjoy a good work-life balance.

For more information email: ayeshaazam@nhs.net.

Chapter 3: Stepping up to F2

Whilst there is a lot of guidance and support when starting F1, the step up and transition into F2 can be just as challenging. Many hospitals will put F2s on the old “SHO” rota, with the associated increase in duties and responsibilities. Here are just some of the things you should consider when making that transition from F1 to F2.

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, and you will be able to start developing your leadership skills. As well as starting to supervise others, your individual responsibilities will increase. In some F2 posts you will need to make important decisions about admission to or discharge from hospital, this is particularly the case in posts such as A&E. You may also start to consent patients for a wider variety of procedures.

Legal Differences

When you gain your full GMC registration as an F2 doctor, there are certain changes in what you are allowed to do. For example, you will be able to write outpatient prescriptions, or detain patients under section 5(2) of the Mental Health Act, both of which you were 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) until this requirement is removed by the GMC, for further information visit the [GMC website](#).

Different Posts

During your F2 year, you may find that the type and setting of your placements are more diverse. For example F2 posts 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.

Study Leave and Study Budgets

As an F2 doctor, you will be entitled to around 30 days of study leave. Some of these days will be pre-allocated by your LETB/Trust (e.g. for in-house teaching, ALS course, etc.), however the remainder can 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 can be spent on events such as courses and conferences, although the exact amount varies between foundation schools.

Revalidation and ARCP

The beginning of F2 marks the start of a five-year GMC revalidation cycle that all doctors are required to participate in. This essentially involves demonstrating to the GMC, every five years that you are up to date, 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.

Future Career Planning and Applications

Many doctors make important decisions about their future career during F2. The core and specialty training application window comes along early in the year, so it is important to plan for this if you

intend on applying. That said, many F2 doctors choose not to go straight into core or specialty training and take time out to decide on their future career path. (See [Chapter 5](#)).

Chapter 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).

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.

What's in the e-portfolio?

Essentially, there are five main sections within the e-portfolios:

- Curriculum and Personal/Professional Development Plan (PDP)
- Forms
- Reflection
- Additional Achievements (including Personal Library)
- E-Learning

The screenshot shows the NHS ePortfolio interface for a Foundation Trainee. The page is titled "Welcome to ePortfolio" and features several sections:

- Alerts (0)**: A dropdown menu showing no alerts.
- Courses & Seminars (0)**: A dropdown menu showing no courses or seminars.
- Recent messages in the last 7 days**: A section indicating there have been no new messages.
- Form Status**: A table showing the status of various forms for the trainee's current post.
- Current Post**: A section providing details about the trainee's current post, including grade, location, specialty, dates, and supervisors.
- All posts and supervisors in current training programme**: A table listing all posts and supervisors for the trainee's current training programme.

Form	Status	Action
F1 Induction Meeting with Clinical Supervisor	✓	View
Initial Meeting with Educational Supervisor	✓	View
Combined Induction Meeting with Clinical Supervisor & Initial Meeting with Educational Supervisor	✓	View
Mid-placement review	✗	Create Ticket

Post	Location	Name	Action
FY1 (03 Apr 2014 to 05 Sep 2014)	Ashford Hospital	Preview foundation_clnsuper (Foundation Clinical Supervisor)	Send Message
		preview foundation_edsuper (Foundation Educational Supervisor)	Send Message
		Preview foundation_fpd (Foundation Programme Director)	Send Message

(Sample of the NES ePortfolio product)

All of the above sections are explored in further detail below:

Curriculum and PDP

Here you can complete your Personal / Professional Development Plan i.e. recording how you identify learning objectives to be achieved during each placement and throughout the foundation programme and also map the achievements against each area of the Curriculum.

A complete overview of the FP Curriculum outcomes to be achieved are shown here:

FP Curriculum Syllabus Expand All				
Outcome	Evidence	Trainee Rating	Ed Sup Rating	Overall Ed Sup Rating
1 Professionalism	0 links	0 (0/6)	0 (0/6)	<input type="text"/> 0
1.1 Professionalism				
1.1 Behaviour in the workplace				
1.2 Time management				
1.3 Continuity of Care				
1.4 Team-working				
1.5 Leadership				
2 Relationship and communication with patients	0 links	0 (0/6)	0 (0/6)	<input type="text"/> 0
3 Safety and clinical governance	0 links	0 (0/3)	0 (0/3)	<input type="text"/> 0
4 Ethical and legal issues	0 links	0 (0/4)	0 (0/4)	<input type="text"/> 0
5 Teaching and training	0 links	0 (0/1)	0 (0/1)	<input type="text"/> 0
6 Maintaining good medical practice	0 links	0 (0/3)	0 (0/3)	<input type="text"/> 0
7 Good clinical care	0 links	0 (0/10)	0 (0/10)	<input type="text"/> 0
8 Recognition and management of the acutely ill patient	0 links	0 (0/7)	0 (0/7)	<input type="text"/> 0
9 Resuscitation and end of life care	0 links	0 (0/3)	0 (0/3)	<input type="text"/> 0
10 Patients with long-term conditions	0 links	0 (0/6)	0 (0/6)	<input type="text"/> 0
11 Investigations	0 links	0 (0/1)	0 (0/1)	<input type="text"/> 0
12 Procedures	0 links	0 (0/16)	0 (0/16)	<input type="text"/> 0

(NES ePortfolio screenshot provided)

To help you monitor curriculum coverage and identify any gaps, areas of excellence or those that require improvement, you should link evidence to each of the curriculum syllabus areas. You and your supervisor can also apply a 'rating' to indicate how well you meet each outcome. This will not only help plan your learning throughout the year, but will pay great benefit to you at time of ARCP review. Try to remember that this page should be kept succinct and only contain clear, outcome mapped evidence.

Forms

Forms that require completion throughout the Foundation Programme are accessible via the aptly named 'Forms' section!

To help you navigate around this section, the forms are broken into easy identifiable categories such as assessments, supervised learning events etc. All supervisor meeting forms are categorised by each supervisory role i.e. appropriate academic supervisor, educational supervisor and clinical supervisor folders.

Forms



This section covers the various electronic Forms that are stored in your ePortfolio.



[Assessments \(TAB\)](#)

View the Self TAB, TAB and TAB Summary for your current and previous posts



[Academic Supervisor Forms](#)



[Assessments \(Core Procedures\)](#)



[Progression/Foundation ARCP](#)



[Supervised Learning Events \(SLEs\)](#)



[Target Timeline](#)

Check your progress against the recommended timeline for completion of your ePortfolio.



[Clinical Supervisor Forms](#)



[Ticket Requests](#)

Generate requests for external assessments.



[Educational Supervisor Forms](#)



[Post Evaluation](#)

Complete evaluation forms at the end of your post such as JEST or PHEEM.

(NES ePortfolio screenshot provided)

Reflection

The ability to reflect on experiences and consider your learning needs and career aspirations is an important skill for all doctors; evidence of your reflective practice should therefore be recorded in the e-portfolio. The reflection section includes a range of tools to help you reflect on your experiences as a foundation doctor, consider your learning needs and manage your career. You also have the choice to record 'private' reflective logs which cannot be accessed by the educational faculty.

The screenshot shows the user interface of the NES ePortfolio. At the top, there is a navigation bar with the following items: "preview foundation_trainee_fy1_", "Foundation Trainee", "Foundation Programme Kent Surrey and Sussex", "Ashford Hospital (03 Apr 2014 to 05 Sep 2014)", "Change Role/Programme/Post", and "Logout". Below this, there are logos for "NHS Education for Scotland" and "The Foundation Programme". A secondary navigation bar includes "Home", "Curriculum and PDP", "Forms", "Reflection" (highlighted), "Additional Achievements", "e-Learning", "Messages", and "Help". On the right side of this bar, it says "Kent Surrey and Sussex".

The main content area is titled "Reflection" and features a dropdown menu with three options: "Reflective Practice", "Self Appraisals", and "Careers Management". Below the menu, there is a brief explanation of reflective practice: "Reflective practice is the process of spending some time after an event to reflect on the learning experience. This can be after you experience a particular incident or event that may shape your future development. Reflective practice can also be applied to a period of time, such as a period of night duty or a clinical post, or after a learning event such as a course. Reflective practice is an opportunity to record many of your most challenging or personal experiences. Describe interesting, difficult or uncomfortable experiences. Try to record both positive and not so positive elements." It also states: "Good reflective practice is a core part of any learning programme. Being able to identify your challenges and discuss them with your supervisor will help you to define future learning opportunities and apply what you are learning in the work environment."

There are three main activity cards:

- Reflective Practice**: Record or review information in your Log such as presentations, procedures or tutorials you have completed.
- Careers Management**: Keep track of your career planning by saving the history of any discussions you have regarding your career path.
- Self Appraisals**: Fill out an appraisal form for yourself.

At the bottom of the page, there is a footer with the "ePortfolio" logo and a navigation bar: "Home | Curriculum and PDP | Forms | Reflection | Additional Achievements | e-Learning | Messages | Help".

(NES ePortfolio screenshot provided)

Additional Achievements (including Personal Library)

You may wish to collect other evidence in your e-portfolio, which could prove helpful when applying to specialty training. Examples may include:

- Details of quality improvement project / Audit
- Course attendance
- Additional procedures
- Publications
- Exam certificates

Additional Achievements

Store information about your Additional Achievements in this section.

- Certificates and Exams**
Add completed Certificates and Exams (such as Life Support Certificates). To complete the process, these need to be verified by a Supervisor.
- Teaching**
Maintain Additional Achievement entries regarding Teaching.
- Other Achievements**
Maintain Other types of Additional Achievement entries.
- Non academic achievements**
Maintain Additional Achievement entries regarding Non Academic Achievements.
- Research**
- Personal Library**
Upload items to the Personal Library. This can be documents, PDFs, images or other items to include in ePortfolio.
- Presentations**
Maintain Additional Achievement entries regarding Presentations.
- Courses and Seminars Attended**
Maintain Additional Achievement entries regarding Courses and Seminars Attended.
- Tasters**
Maintain Additional Achievement entries regarding Tasters.
- Additional Procedures**
Record or review additional procedural information that is not one of the Core Procedures.
- Audit**
Maintain Additional Achievement entries regarding Audit.

(NES ePortfolio screenshot provided)

The 'Personal Library' offers a free upload area, complete with pre-titled folders to help organise your evidence.

e-Learning for Healthcare (e-LfH)

The foundation e-portfolio has a direct link to the e-Learning for Healthcare (e-LfH) modules. These modules are free, online resources mapped directly to the outcomes and competences in the Foundation Curriculum. Completion of these modules is linked to your e-portfolio account. All module references can be found by the quick links on each line of the curriculum in the e-portfolio. For full details about e-LfH, please see: <http://www.e-lfh.org.uk/programmes/foundation-programme/>.

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. You will get out of it, whatever you put in!

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!

Both the Horus and NES ePortfolio providers are responsive and welcome to user-driven suggestions to improve the e-portfolio experience. If using the NES model, a Team Advisory Group (TAG) exists, whereby all UK users manage change requests. This group is always seeking vital foundation doctor input into the development of the product and attendance at the two meetings held each year. For details on how to access the TAG, please contact your local e-portfolio administrator.

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 will fail at ARCP!)

Chapter 5 – The Curriculum and FP framework

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

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.

The Foundation Programme Reference Guide

The 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.

The Foundation Programme Curriculum

The FP Curriculum can be accessed [here](#).

The FP Curriculum is outcome-driven, with a number of competences 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 supporting 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 is offered in the [FP Curriculum Resource](#).

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 demonstrate how you meet the requirements for satisfactory completion of F1/F2 and provide evidence of full Curriculum coverage and meeting of outcomes.

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 Overview page of your e-portfolio. An example of a curriculum outcome and supporting competences is offered below:

8.2 Responds to acutely abnormal physiology

F1 outcomes
<ul style="list-style-type: none"> • Takes appropriate timely action to treat a patient with abnormal physiology
F2 outcomes (in addition to F1)
<ul style="list-style-type: none"> • Anticipates and plans appropriate action to prevent deterioration in vital signs

Competences

- Formulates treatment plan in response to acutely abnormal physiology taking into account other co-morbidities and long-term conditions
- Administers and prescribes oxygen, fluids and antimicrobials as appropriate (see *Good Clinical Care: Safe Prescribing and Infection Control*)
- Identifies electrolyte imbalance and chooses a safe and effective method of correction
- Recognises when arterial blood gas sampling is indicated, identifies abnormal results, interprets results correctly and seeks senior advice
- Delivers a fluid challenge safely to an acutely ill patient, where appropriate
- Plans appropriate action to try to prevent deterioration in vital signs
- Reassesses ill patients appropriately after starting treatment
- Monitors efficacy of interventions
- Recognises the indicators for intensive care unit review when physiology abnormal.

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 within your e-portfolio.

In addition to assessments and demonstration 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).

Supervised Learning Events (SLEs)

SLEs are tools which represent an important opportunity for learning and improvement in practice, and are a crucial component of the Curriculum.

There are four SLE tools used in foundation training. These are listed below, along with the recommended minimum number of SLEs per placement:

Supervised learning event	Recommended minimum number:
Direct observation of doctor/patient interaction: Mini-CEX DOPS	3 or more per placement* <i>(minimum of nine observations per year; at least six must be mini-CEX)</i>
Case-based discussion (CBD)	2 or more per placement*
Developing the clinical teacher	1 or more per year*

*Based on a clinical placement of four month duration

You will be expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs. Therefore, you should ensure that SLEs are evenly spread throughout each placement.

Improvement in clinical practice will only happen if regular SLEs lead to constructive feedback and subsequent review of and reflection on progression. For this to occur, targeted SLEs should specifically be related to previous feedback and developmental targets. This may be facilitated if you agree the timing and the clinical case/problem with trainers in advance; however unscheduled SLEs can also be focused on specific needs and should be conducted at every opportunity.

The clinical supervisor's end of placement report will draw on the evidence of your engagement in the SLE process (as will the ARCP panel at year end). Participation in this process, coupled with reflective practice, is a way for you to evaluate how you are progressing towards the outcomes expected of the programme which are specified in the Curriculum.

It is important to remember that SLEs are NOT assessments. You cannot pass or fail. Use these tools as much as you can to improve your learning and performance.

Reflection

The ability to reflect on experiences and consider your learning needs and career aspirations is an important skill for all doctors; this component of learning is recognised by the FP Curriculum.

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:

Table 2 - Requirements for satisfactory completion of F1

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.
Completion of 12 months F1 training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, during the F1 year is four weeks (see GMC guidance on sick leave for provisionally registered doctors).

A satisfactory educational supervisor's end of year report	The report should draw upon all required evidence listed below.
Satisfactory educational supervisor's end of placement reports	An educational supervisor's end of placement report is not required for the last F1 placement, the educational supervisor's end of <u>year</u> report replaces this.
Satisfactory clinical supervisor's end of placement reports	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 satisfactory completion of F1. The last end of placement review must be satisfactory.
Satisfactory completion of the required number of assessments The minimum requirements are set out in the Curriculum. The LETB/deanery/foundation school may set additional requirements.	Team assessment of behavior (TAB) (minimum of one per year)
	Core procedures (all 15 GMC mandated procedures)
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 trainee survey and any end of placement surveys
Completion of the required number of Supervised Learning Events The minimum requirements are set out in the Curriculum. The LETB/deanery/foundation school may set additional requirements.	Direct observation of doctor/patient interaction: <ul style="list-style-type: none"> • Mini CEX • DOPS <p><i>(minimum of nine observations per year; at least six must be mini-CEX)</i></p>
	Case-based discussion (CBD) <i>(minimum of six per year / two per placement)</i>
	Developing the clinical teacher <i>(minimum of one per year)</i>
An acceptable attendance record at generic foundation teaching sessions	It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F1 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F1 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate

	to confirm that the F1 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD.
Signed probity and health declarations	Separate forms must be signed for each year of Foundation training (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.

Table 3 - Requirements for satisfactory completion of F2

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) during F2 is four weeks (i.e. the same as F1).
A satisfactory educational supervisor's end of year report	The report should draw upon all required evidence listed below.
Satisfactory educational supervisor's end of placement reports	An educational supervisor's end of placement report is not required for the last F2 placement; the educational supervisor's end of <u>year</u> report replaces this.
Satisfactory clinical supervisor's end of placement reports	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.
Satisfactory completion of the required number of assessments	Team assessment of behavior (TAB) (Minimum of one per year) Evidence that the foundation doctor can carry out the procedures required by the GMC.
The minimum requirements are set out in the Curriculum. The LETB/ deanery/foundation school may set additional requirements.	
A valid Advanced 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	The Curriculum requires that F2 doctors manage, analyse and present at least one quality improvement project and use the results to improve patient care. F2 doctors

	are also required to complete the national trainee survey and any end of placement surveys.
<p>Completion of the required number of Supervised Learning Events</p> <p>The minimum requirements are set out in the Curriculum. The LETB/deanery/foundation school may set additional requirements.</p>	<p>Direct observation of doctor/patient interaction:</p> <ul style="list-style-type: none"> • Mini CEX • DOPS <p><i>(minimum of nine observations per year; at least six must be mini-CEX)</i></p> <p>Case-based discussion (CBD) <i>(minimum of six per year / two per placement)</i></p> <p>Developing the clinical teacher <i>(minimum of one per year)</i></p>
<p>An acceptable attendance record at foundation teaching sessions</p> <p>Signed probity and health declarations</p>	<p>It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F2 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F2 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F2 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD. A separate form should be signed for F2. This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.</p>

Sign-off at the end of F1 and F2 / ARCP

Your e-portfolio will be scrutinised at the end of F1 and F2. An ARCP panel will make a judgement, based on the evidence you have provided, against the requirements for satisfactory completion of each year.

Satisfactory completion of F1 will enable you to apply for Full Registration with the General Medical Council. When you complete F2, you will be issued with a Foundation Achievement of Competence Document (FACD), which allows you to start specialty training.

What is ARCP?

ARCP stands for Annual Review of Competence Progression. It is a yearly formal and structured review of how well a trainee is progressing. The ARCP process is already well established in specialty training and will apply to you throughout your medical career.

An ARCP 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 is effectively managed by you throughout the year.

The panel will then recommend to the FSD (for F1) or PG Dean (for F2) 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 UKFPO [‘Guide to Foundation ARCP Process’](#)

Chapter 6 – Planning Your Career

Healthcare offers a wide range of choices and can be a highly rewarding career. But finding the right path requires careful thought and planning, and you may need to make some difficult choices along the way.

One of the aims of the Foundation Programme is to give you 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, you will have access to information and advice about current and future career opportunities and you will receive career support from your supervisors, your Foundation School and LETB/Deanery. Choosing which career path to follow needs a great deal of thought. Personal choice needs to be aligned with aptitude, strengths and interests, as well as a realistic consideration of the extent of competition for and the availability of vacancies on training programmes.

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

You

You are your best resource. Think about your own strengths, interests and aptitudes. Getting good career advice is not just about being spoon-fed information; it's about taking a critical and constructive look at yourself. Think about what is important to you and consider any work-life balance issues. Make use of every opportunity to attend career planning workshops and careers fairs during the Foundation Programme and use your e-portfolio for career reflections.

Bear in mind that competition for entry to some specialties is immense. Think about the supply and demand of doctors for the career opportunities in front of you– what will your chosen specialty be like in 25 years' time?

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.

LETB/Deanery/foundation school career advisors

The availability of good career advice is an underlying principle of Modernising Medical Careers. Each LETB/deanery or foundation school will therefore have career advisors who will offer personal and general career advice. The Directors of Medical Education / Clinical tutors / Postgraduate centre managers can also provide careers support locally.

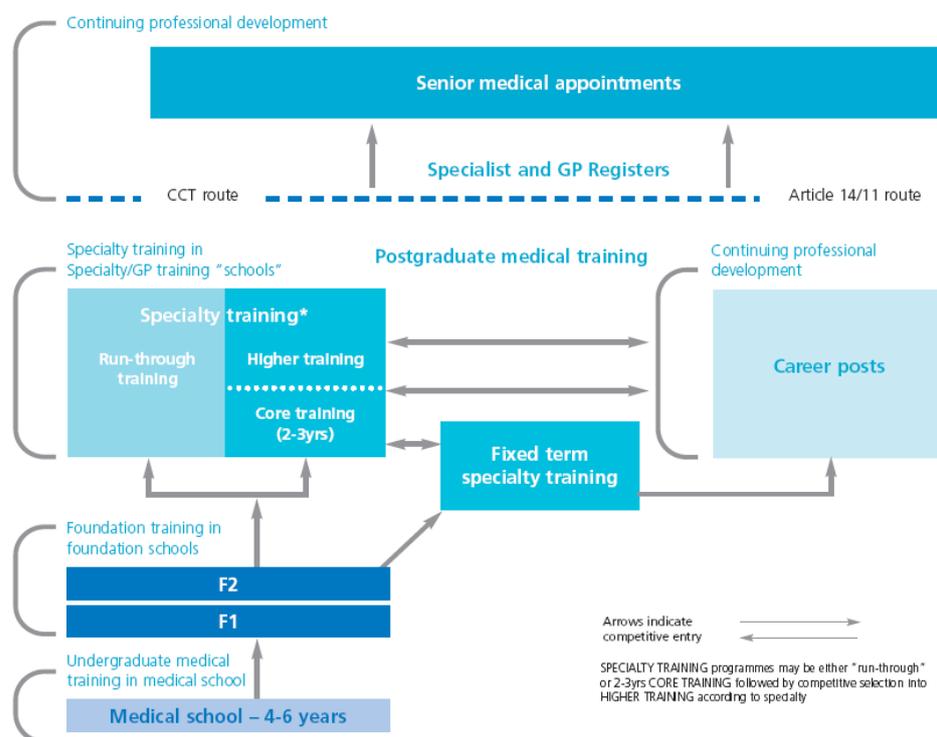


Figure 1: The medical education training pathway

Tasters

A taster is a period of time, usually two-five days, spent in a specialty in which the Foundation trainee has not previously worked, which enables the development of insight into the work of the specialty and which promotes careers reflection.

In order to ensure that tasters are of benefit to foundation doctors when making timely career decisions, it is recommended that tasters are accessible in the later part of the F1 year as well as F2. Further details on accessing tasters are available from the UKFPO website where you will find guidance on Tasters in the [Key Documents](#) section and this information is also included in the *Reference Guide* to the Foundation Programme.

CASE STUDY

Undertaking a taster - Dr Matko Marlais



Tasters provide an excellent opportunity to experience a medical specialty which you would not otherwise encounter during your foundation programme. I was fortunate enough to get two days of study leave during my F1 year to arrange a taster in Paediatric Cardiology at Bristol Children's Hospital. I already knew that I wanted to pursue a career in paediatrics but I wanted to experience as much of the specialty as possible. I hadn't been able to get any exposure to paediatric cardiology as a medical student so I was keen to arrange a taster in my F1 year.

Firstly, I talked to my educational supervisor and explained why I thought this taster would be beneficial to my development and career planning. He granted me permission to take two days of study leave from my F1 year to pursue this taster. I then contacted one of the Consultant Paediatric Cardiologists at my trust and arranged a provisional timetable for my taster. It is important to plan the taster carefully as there is limited time and you will want to maximize this! The final step was to contact my foundation school who granted the study leave for this taster. Overall the process was relatively straightforward and everyone was very accommodating, but there are a number of steps involved so it's worth arranging your taster well in advance.

During my taster the most useful part was seeing what life would be like as a consultant rather than a trainee, this is important as most of our working careers will be spent at consultant level. I was also given some useful advice by senior trainees in paediatric cardiology about the kind of things I should be doing to increase my chances of securing a training post in the future. The contacts I made during this taster inspired me to take on an additional project in paediatric cardiology which resulted in an interesting piece of research and an international presentation, an outcome I did not expect to get when I started organising my taster!

Clinical and educational supervisors

During the Foundation Programme, you will be working with a number of different doctors in a range of specialties. They will be able to give specialty-specific advice. Even if your supervisors are unable to answer all of your questions, they will be able to help you reflect

on your strengths and weaknesses as you seek to determine which career options best match your emerging skills, aptitudes and attitudes.

Career planning tools

Some deaneries are evaluating career planning tools like Sci59 or Myers Briggs which help you understand yourself better and might point you in the direction of a career that might suit you. These tools are seldom the 'answer' to decision making for a career choice in medicine and should only be used as part of career planning sessions- useful tools to start a discussion with peers, a supervisor or career advisor. There are a wide variety of other on-line resources to help you explore your personal motivators and reflect on your core values and interests.

Academic career pathways

The [Academic Rough Guide](#) provides an overview of the different academic training programmes in each of the four UK models.

The web

Medical Careers www.medicalcareers.nhs.uk

This is the main website providing an overview of all you need to plan your career. It supports medical students and doctors in training as they plan their specialty careers. It is designed to provide a structured, organised way to think about choosing a specialty and uses a four-stage approach to career planning: Self-Assessment, Career Exploration, Decision Making and Plan Implementation. This site contains podcasts, case studies, interactive tools and some of the most in-depth information around all specialties in one place, for the first time. There are sections on changing careers, working abroad and what to do if you are considering leaving medicine. This site also has links to all the Royal College websites and many other sources of careers information.

Other sources of information on careers are available via www.nhsemployers.org and linked from www.foundationprogramme.nhs.uk.

BMJ Careers (www.bmjcareers.com)

In addition to job advertisements, BMJ Careers provides information about career opportunities in medicine and related fields. You will 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. The BMJ Careers Advice Zone also provides an interactive and impartial careers advice service which can be reached www.bmjcareersadvicezone.synergynewmedia.co.uk.

Local Education Training Board (LETB) websites

LETB websites describe the specialty training opportunities available together with contact details for training programmes.

Medical royal college websites

The colleges are responsible for setting the standards for specialty training and provide information about current and future specialty training pathways, requirements and

curricula. Links to these websites can be found on the Academy of Medical Royal Colleges (AoMRC) site: <http://www.aomrc.org.uk/>.

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.

NHS Jobs (<https://www.jobs.nhs.uk/>)

As well as job adverts, this website offers advice for jobseekers including how to develop your career and case studies from individuals who have achieved the job they wanted.

Medical Careers in the UK

Each of the four countries 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 Wales <http://www.walesdeanery.org>

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

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

Applying for specialty training

In your final year of foundation training, you will apply for entry directly into specialty training programmes for either general practice or hospital-based specialties. You will also have the opportunity to apply for a place on a combined academic clinical training programme.

The application window for specialty opens in November. Interviews then take place from January-March. You will need to make decisions about which career path to follow in the early part of your second year of foundation training; therefore you need to start thinking about your career plans when you commence your F2 year.

Figure 2 below demonstrates the stages of the specialty application process.

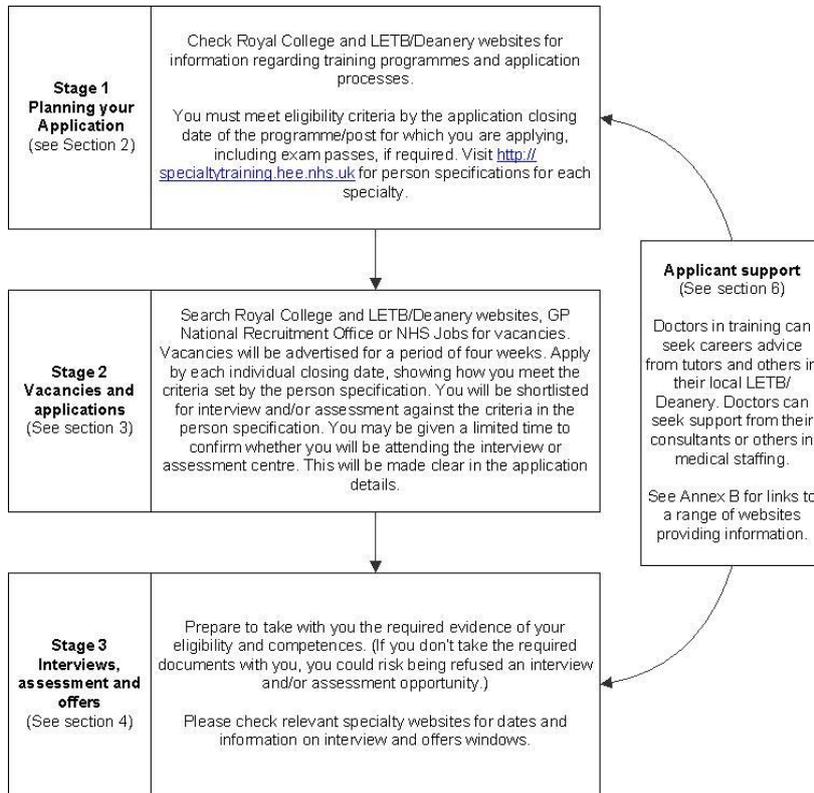


Figure 2: Specialty applications

What you should do...

Advice and support in planning your career is available throughout foundation training. This advice will help you align your career aspirations with the employment opportunities available and future NHS workforce requirements. Start your research now and discuss your options with your clinical supervisors and the relevant medical royal college(s).

DOs AND DON'Ts FOR MANAGING YOUR CAREER

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

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

Chapter 7 – What else?

Obviously there's a lot more to say about the Foundation Programme, but we've gathered some further information based on frequently asked questions. You may also find it useful to read the FAQs on the UKFPO website.

Location

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Further information

[Foundation Programme Curriculum](#)

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Location

Special circumstances

Doctors who need to be stay in a particular area due to caring for a child/children under 18; being the primary carer for a disabled relative; 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](#).

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 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 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 originating 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.

Gaining competences outside the UK

Many, but not all, foundation schools will consider training as a F2 doctor abroad. This opportunity does not exist for the first foundation year (F1).

Separate measures may be in place however for doctors who do not wish to undertake the Foundation Programme but seek training as a provisionally registered doctor outside of the UK. (For example, doctors who wish to train in their 'home' country). Speak to your medical school if this is your situation.

If you are considering F2 abroad, you should first speak to your LETB/deanery/foundation school and review their policy/process. The UKFPO publishes a document each year which shows which schools do and do not allow F2 abroad:

<http://www.foundationprogramme.nhs.uk/pages/home/deaneries-foundation-schools>.

If your LETB/deanery/foundation school allows F2 abroad, you will need to arrange a suitable rotation and confirm:

- the placements will deliver training which covers all of the F2 outcomes and competences set out in the *Foundation Programme Curriculum*;
- the overseas training programme will use the same workplace-based assessments.

The exact arrangements will be set out by your foundation school. If the time abroad is to count for the Foundation Achievement of Competence Document (FACD) it must be approved by your postgraduate dean/foundation school director in advance.

Flexibility

Less than full-time training

If you wish to train less than full-time you should compete for a place in the normal 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/LETBs/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 (men and women)
- responsibility for caring for an ill/disabled partner, 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. Any out-of-hours contracts will depend on service need.

Exceptionally, the LETB/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.

Deferring the start of the programme

You may only defer the start date of your Foundation Programme for statutory reasons e.g. sickness, 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 complete medical school training in July and following successful graduation, should 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 LETB/deanery/foundation school will attempt to find a placement for you at short notice but cannot guarantee to do so.

Coming back

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

You must inform your FSD that you are coming back to the programme six months before the start date of your second year 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 LETB/ deanery/foundation school. That means you'll need to go through the competitive application process again for a vacant stand-alone 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.

What if things go wrong?

As with any career, sometimes things will go wrong. For one reason or another, whether because of illness, family pressures, financial stress, or lack of aptitude for medicine as a career, some foundation doctors will not progress in the expected way.

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

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

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

Educational support

Educational support is available to doctors in difficulty. See your educational supervisor who will be able to guide you through the problem or refer you to an appropriate person to speak to.

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

What happens if you fail?

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

- **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 and there are not enough places for you to be allocated, 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.
- **F1:** If you fail in the first year, you will not be granted full registration with the GMC and will not be able to progress to F2. You will 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.

- **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 Foundation Achievement of Competency Document (FACD).

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 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**.

Remember, you are not alone.

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

- **Professional:** Talking to colleagues would be appropriate depending on the situation, as would approaching a senior member of staff. For serious professional matters, discussion with a professional advisor such as the services provided by the BMA or a defence organisation would be the safest and most appropriate route.
- **Ethical:** The BMA has an ethics department. If there is a serious ethical issue you should contact the BMA on **020 7383 6286**. 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 a senior colleague such as your educational supervisor. The BMA provides a confidential counselling service available 24 hours a day. The service is run by professional counsellors and provides help for BMA members and their families on personal, emotional and work-related problems. Just call **08459 200169**.

Health support

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

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

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 LETB/postgraduate deanery.

Occupational health

Occasionally, doctors have physical, emotional or psychological problems (just like everyone else) which might have an impact on their future career choice. If you need confidential help or support, you can refer yourself to your trust's occupational health service and access other support services through your LETB/postgraduate 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.

The LETB/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 LETB/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, M-F
- 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. The NHS expects a climate of openness and dialogue which encourages all staff to feel able to raise concerns about patient safety or other such matters in a reasonable and responsible way – without fear of victimisation. 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-and-improve/raising-concerns-at-work-whistleblowing/speaking-up-charter>
- National Whistleblowing helpline – www.wbhelpline.org.uk

- General Medical Council – www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp
- NHS Employers – <http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing>

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

The FSD is the head of the foundation school and is accountable to the 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.

Foundation school manager

The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM is accountable to the FSD and with administrative support, may represent the school in allocation, recruitment and training matters.

Clinical supervisor

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

Your clinical supervisor is responsible for:

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

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

Educational supervisor

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

The educational supervisor must be involved in teaching and training, and should help your professional and personal development. Your educational supervisor is responsible for:

- 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/T)

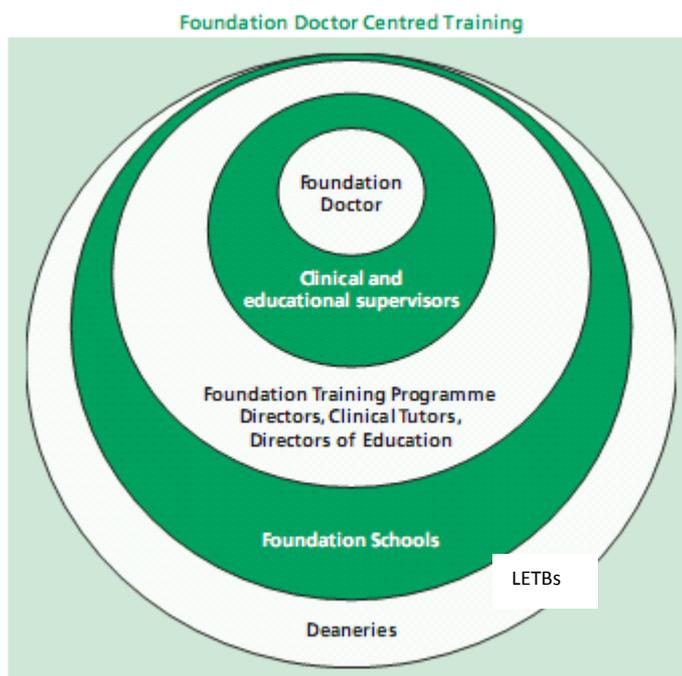
An FTPD/T is the individual appointed by the LETB/deanery and employing organisation to manage, lead and quality control a foundation training programme.

Foundation schools

Foundation schools are not bricks and mortar institutions, but rather a conceptual grouping of institutions, which is administered by an actual (rather than conceptual) staff. The foundation school staff brings together medical schools, the local LETB/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).



Deaneries and local education training boards (LETBs)

In England, from 1st April 2013, postgraduate deaneries became part of the newly formed Local Education Training Boards. There are 13 LETBs across England. Wales and Northern Ireland still have a postgraduate deanery and there are four in Scotland, each headed by a postgraduate dean.

The deaneries/LETBs 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 education (i.e. F1). Universities/medical schools are also responsible for ensuring that information about their graduates' significant educational, health, or other problems during the course of their student career are passed to those responsible for foundation training.

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 (including GP).

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

The contact information for each medical royal college can be found by going to www.aomrc.org.uk or by calling **0207 490 6810**.

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. Due to limited resource, the UKFPO can only be contacted by email: enquiries@foundationprogramme.nhs.uk.

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 Reference Guide

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

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

Should you have any feedback for the next revision, please write to enquiries@foundationprogramme.nhs.uk

Academic Rough Guide

This guide is aimed at anyone interested in the Academic Foundation Programme - medical students considering an AFP; foundation doctors who have secured an AFP place or those interested in a career in academia; and academic supervisors. It includes many useful tips from academic foundation doctors, recent 'graduates' of the Academic Foundation Programme and leaders from the exciting fields of research, education and medical management.

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.

Glossary of Abbreviations

AFP	Academic Foundation Programme
ALS	Advanced life support
APS	Approved practice setting
ARCP	Annual Review of Competence Progression
BMA	British Medical Association
CBD	Case-based Discussion
CSR	Clinical Supervisor's Report
DOPS	Direct Observation of Procedural Skills
EPM	Educational Performance Measure
FACD	Foundation Achievement of Competence Document
FPAS	Foundation Program Application System
FTPD/T	Foundation Training Programme Director/Tutor
GMC	General Medical Council
LEP	Local Education Provider
Mini-CEX	Mini-Clinical Evaluation Exercise
PDP	Personal Development Plan
SJT	Situational Judgement Test
TAB	Team Assessment of Behaviour
UKFPO	UK Foundation Programme Office

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

General Medical Council: www.gmc-uk.org

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

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

Appendix 1: Applying for GMC registration

Applying for provisional registration

The GMC will contact you in April with instructions on how to apply for registration. You will also receive a pin and password to access GMC Online. Once you receive these you will be able to login to GMC Online to complete your application for provisional registration.

Upon first log on, check that all your details on GMC Online are correct.

If you have forgotten your login details, you can contact the GMC. However, keep in mind that it may take up to five working days to receive the details.

As part of the application, you must:

- Enter a commencement date (when you want your provisional registration to start) of no later than three months after the date you submit your application. Please check with your employer about the commencement date for your provisional registration and licence to practise. Your employer may require you to hold registration during your induction week.
- Complete the declaration of fitness to practise. The Registrar has the discretion to request additional information or evidence to help make a decision on whether or not to grant registration. Requests for additional information may include asking you to submit a recent (less than six months old) Criminal Records Bureau (CRB) report. The CRB report can take between six and eight weeks to arrive. All of this could impact on the time it takes to process your application, so please apply as soon as possible.
- Pay the registration application fee of £90. You will need a valid credit or debit card to hand when you complete your application. If you later wish to withdraw your application, the GMC will send you a full refund of the registration application fee within two weeks of your request. Please note, however, that in some cases a scrutiny fee of £90 may apply.

Your university supplies the GMC with a list of successful graduates, so you will not need to send the GMC your certificate to finalise your registration.

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

Applying for full registration with a licence to practise

You can make your application online via your GMC Online account on the GMC website. www.gmc-org.uk.

Before you begin, check that you have your GMC Online log in information (GMC reference number and your password) and that these enable you to access your account. You will have used these to apply for provisional registration before the start of F1. Please note that you will not need a PIN to log in, just your GMC number and password.

If you cannot remember your password, you do not need to contact the GMC. You can request a new password on the GMC Online login page by clicking “forgotten password”.

As well as making an application for full registration with a licence to practise, you will also need to have a certificate of experience completed by your medical/foundation school (or LETB/deanery where applicable). This form is only available as part of your online application; you can download it after you have paid the fee. You should print the certificate immediately, or save and print it later.

You must submit the certificate of experience to your medical/foundation school with any additional evidence that they require to confirm your completion of the programme.

The GMC will write to you in mid-May with instructions on how to make your application for full registration. You should follow the steps below:

- Log into GMC Online via www.gmc-uk.org. The 'GMC Online for doctors' link is located on the right hand side of the GMC homepage. You will need your GMC reference number and your password in order to log in. Once logged in, you should choose *My Details* from the menu on the left and make sure that your personal details are correct.
- Next, you need to choose *My Registration*, followed by *My Applications*, and then follow the instructions on the screen.
- Enter a commencement date (when you want your full registration with a licence to practise to start) of no later than three months after the date you submit your application. Check with your employer the date you need your full registration with a licence to practise to start.
- Complete the declaration of fitness to practise. The Registrar has the discretion to request additional information or evidence to help make a decision on whether or not to grant registration with a licence to practise. Requests for additional information may include asking you to submit a recent (less than six months old) Criminal Records Bureau (CRB) report. The CRB report can take between six and eight weeks to arrive. All of this could extend the time it takes to process your application, so please apply as soon as possible.
- Pay the registration fee. In 2015 the fee is £200 but make sure to check the website for any changes. You will need a valid credit or debit card to hand when you complete your application. If you later wish to withdraw your application, you will receive a full refund of the registration fee within two weeks of your request. However in some cases, a scrutiny fee of £90 may apply.

Once your online application is complete, you have applied and paid online and we have your certificate of experience, your application will be processed. We will only contact you if we need to request further information. There is no need for you to contact us but you can check the progress of your application by accessing 'My Applications' via your MyGMC online account. Your registration with a licence to practise, when approved and granted, will only appear online on the List of Registered Medical Practitioners (LRMP) from the date you chose your registration with a licence to practise to start. However, when your application is granted you will receive a certificate of proof of entry on the Register through the post.

Please note that payment and processing of the registration fee is not proof of registration with a licence to practise.

Once registration has been granted, a certificate confirming your registration will be sent to your registered address. You will then be able to continue your medical education and training as a fully registered doctor