

Contents

1.	Introduction	2
2.	Guiding Principles	3
3.	Organisation of postgraduate training	5
4.	Shape of the Foundation Programme	8
5.	Foundation school structures, roles and responsibilities	10
6.	Faculty recruitment, accreditation and development	21
7.	Quality assurance, management and control	22
8.	Becoming a foundation doctor	29
9.	The learning environment	40
10.	Progressing as a foundation doctor and completing the Foundation Programme	45
11.	Appendices	58
	a. Sample job description for a Foundation School Director (FSD)	59
	b. Sample job description for a Foundation School Manager (FSM)	62
	c. Sample job description for Foundation Training Programme Director/Tutor (FTPD/T)	64
	d. Conditions of taking up a training post	66
	e. Security standards for Foundation Programme e-portfolios	67
	f. Embedded taster experiences template	71
	g. Foundation Achievement of Competence Document (FACD)	77
12.	Glossary of terms	78

1. Introduction

- 1.1 This document (formerly known as the Foundation Programme Operational Framework) provides guidance to deaneries and foundation schools about the structures and systems required to support the delivery of the third edition of the *Foundation Programme Curriculum* (the Curriculum). First published in 2005, the Operational Framework was revised in 2007 and 2009. The second edition (2010) takes account of the changes to the Curriculum and has been renamed the Foundation Programme Reference Guide (the Reference Guide).
- 1.2 There are four key objectives underpinning the second edition of the Reference Guide:
- it applies across the UK;
 - it sets out what is required to deliver the Curriculum;
 - it provides guidance for deanery/foundation school quality management; and
 - where appropriate, it is aligned to the Reference Guide for Postgraduate Specialty Training in the UK (Gold Guide).
- 1.3 Within the Reference Guide, descriptions of the structures and systems required for foundation training are provided under the most relevant section heading. This means that readers may have to consult different sections when considering specific aspects of foundation training.
- 1.4 If deaneries/foundation schools derogate from this guidance; they should justify and publish their reasons for derogating together with the revised processes.
- 1.5 Ownership of the Reference Guide rests with the four UK health departments.
- 1.6 The next review of the Curriculum and Reference Guide is proposed for 2014/15.
- 1.7 If you would like to comment on the Reference Guide, please write to the UK Foundation Programme Office at enquiries@foundationprogramme.nhs.uk or:

UK Foundation Programme Office
Regus House
Falcon Drive
Cardiff
CF10 4RU

2. Guiding Principles

- 2.1 The Foundation Programme is designed to equip doctors with the generic medical and professional competences necessary for safe and effective patient care in the national health service. The two-year programme provides a bridge between medical school and specialty training.
- 2.2 The specific objectives of foundation training are for the new medical graduate to:
- develop and gain confidence in their clinical skills, particularly when they are treating acutely-ill patients so that they can reliably diagnose and care for seriously-ill patients;
 - display professional attitudes and behaviour in their clinical practice;
 - demonstrate their competence in these areas through a thorough and reliable system of assessment;
 - have the opportunity to explore a range of career opportunities through working in different settings and in different areas of medicine; and
 - complete the requirements for eligibility to apply for full registration with the General Medical Council (GMC) at the end of the first year of the Foundation Programme.

Quality Assured

- 2.3 Quality assured by the GMC, the Foundation Programme is curriculum-driven. The *Foundation Programme Curriculum* (the Curriculum) and the assessment system was approved by the GMC and the Postgraduate Medical Education and Training Board (PMETB) prior to the merger of these two bodies.
- 2.4 Foundation doctors are assessed against defined competences. Training is set within a two-year structured and supervised programme which is primarily based in the workplace.
- 2.5 Deaneries are responsible for ensuring that they meet or exceed *The Standards for Training for the Foundation Programme* in *The New Doctor* as set by the GMC.

Curriculum-driven

- 2.6 The Foundation Programme is both time and outcome-based. The Curriculum builds on the requirements of the GMC's *The New Doctor* and describes the outcomes that foundation doctors need to demonstrate, before they can complete the first year (F1) and the second year (F2) satisfactorily. It supports professional development and seeks to promote life-long learning.
- 2.7 Foundation doctors should demonstrate that they have met the defined outcomes in the workplace using structured assessment tools.
- 2.8 To complete F1 satisfactorily, a foundation doctor must be able to demonstrate the outcomes for F1 on different occasions and in different clinical settings. These outcomes must be demonstrated as a professional in the workplace, showing they have progressed from the competence required of a medical student. To satisfy the application requirements for full GMC registration, provisionally registered doctors must also pay a fee, complete a declaration of fitness to practise and have an acceptable primary medical qualification.

2. Guiding Principles

- 2.9 To complete the Foundation Programme satisfactorily, a foundation doctor must be able to perform consistently well and have taken increasing levels of responsibility. This will prepare the foundation doctor for the next steps in their medical career as they enter specialty training.

Structured and time-based

- 2.10 The two-year Foundation Programme comprises a series of clinical placements configured to enable foundation doctors to acquire and demonstrate the outcomes set out in the Curriculum.
- 2.11 Deaneries/foundation schools must prospectively approve each rotation and must monitor that they are fit for the purpose of foundation training i.e. meet or exceed the requirements set by the GMC.
- 2.12 Foundation doctors must complete 12 months in approved F1 placements and meet the other requirements to be considered for the Attainment of F1 Competence Document and completion of the Certificate of Experience needed for an application for full registration with the GMC [see 10.1 – 10.3 (& section 10: table 1)]. Similarly, foundation doctors must complete 12 months in approved F2 placements and meet the other requirements to receive a Foundation Achievement of Competence Document (FACD) (see 10.14 & section 10: table 2).

Supervised training

- 2.13 All foundation doctors must be appropriately supervised with ready availability of support in the workplace by a clinical supervisor (see 5.37 - 5.41). Foundation doctors in an academic programme will also have an academic supervisor or equivalent (see 5.42 – 5.44).
- 2.14 Each foundation doctor must have an educational supervisor who is responsible for the educational agreement, overall supervision and management of their educational progress during a training placement or series of placements (see 5.32 – 5.36).
- 2.15 Educational supervisors are accountable to a Foundation Training Programme Director/ Tutor (FTPD/T), who is responsible for the rotations and training that make up F1, F2 or a two-year Foundation Programme (see 5.24 – 5.31).

3. Organisation of postgraduate training

The General Medical Council (GMC)

- 3.1 In April 2010 the Postgraduate Medical Education and Training Board (PMETB) was merged with the General Medical Council (GMC).
- 3.2 The GMC is the independent statutory body that regulates undergraduate medical education and postgraduate medical education and training in the UK. Postgraduate training covers both the Foundation Programme and specialty, including GP training.
- 3.3 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.

Scope and responsibilities

- 3.4 The GMC is responsible for setting content and standards for programmes for provisionally registered doctors leading to full registration, for setting and securing the maintenance of standards for postgraduate medical education and training in the United Kingdom, developing and promoting postgraduate medical education and training and for maintaining the specialist register and the GP register.
- 3.5 The GMC secures the maintenance of standards by Quality Assuring the Foundation Programme (QAFP).
- 3.6 The GMC has determined that the bodies that may provide, arrange or be responsible for programmes for provisionally registered doctors are postgraduate deaneries, or equivalent, in the UK. An acceptable programme for provisionally registered doctors is one that is for the time being recognised by the GMC as providing provisionally registered doctors with an acceptable grounding for future practice as a fully registered medical practitioner.
- 3.7 The GMC also holds and maintains the medical registers. All doctors wishing to practise medicine in the UK must be on the *List of Registered Medical Practitioners* and have a licence to practise. Activities requiring registration and licensing include working as a doctor in the health service, prescribing drugs and signing statutory certificates (e.g. death certificates). Further information about the GMC's responsibilities is available on the GMC website (www.gmc-uk.org).
- 3.8 The GMC does not have responsibility for delivering postgraduate medical education and training – this, along with workforce planning, is within the remit of the four UK health departments, through the deaneries, Local Education Providers (LEPs) and medical royal colleges and faculties.

3. Organisation of postgraduate training

The health departments

- 3.9 The Foundation Programme is delivered across all four UK countries. The four UK health departments are responsible for setting education policy, workforce planning, providing funding and ensuring the delivery of postgraduate medical education and training to meet their policy objectives.

The UK Foundation Programme Office

- 3.10 The UK Foundation Programme Office (UKFPO) is responsible for promoting the consistent delivery of the Foundation Programme across the UK. It issues guidance on foundation training and coordinates the national recruitment process. With its network of committees and through stakeholder engagement, the UKFPO enables the sharing of best practice to help raise the standards of training. It is funded by and is accountable to the four UK health departments.

Postgraduate deaneries

- 3.11 Deaneries, or equivalents, in the UK are responsible for ensuring that the Foundation Programme is delivered in accordance with the standards set by the GMC (and the PMETB prior to the merger of these two bodies). The standards that must be delivered are set out in the contracts or agreements between deaneries and LEPs. These standards and any other local requirements form the basis of the deanery's quality management processes.
- 3.12 Deaneries have a particular duty to ensure that all Foundation Programme products, services and facilities embody the principles and practices of current and future Equalities legislation, and as a result have a specific role in ensuring that procedures, policies, practices and environments are not inherently discriminatory for deaf and disabled doctors. (See the '*anticipatory duty*' set out in the Disability Discrimination Act, as amended).

Foundation schools

- 3.13 Deaneries deliver foundation training through foundation schools (see section 5).

Universities/medical schools

- 3.14 In the UK, the F1 year comprises the final year of basic medical education. Responsibility for the F1 year including confirming that foundation doctors have met the requirements for full registration through the Certificate of Experience rests with universities/medical schools or their designated representatives in deaneries/foundation schools.
- 3.15 Medical students or graduates must have approval from their university/medical school to accept a programme which will enable them to complete basic medical education (i.e. F1). Appropriate mechanisms must be in place to ensure that the responsibility for signing the Certificate of Experience is clear and that this is communicated to medical graduates.

3. Organisation of postgraduate training

- 3.16 Universities/medical schools are also responsible for ensuring that information about graduates' significant educational, health, or other problems during the course of their student career are passed to those responsible for foundation training (see 8.37 – 8.39).

Employers and LEPs

- 3.17 Foundation doctors are employed. The employing organisation however, may be different from where the doctor is actually working and being trained. The term Local Education Providers (LEPs) is used to describe the environment in which this training is taking place and includes primary, secondary and academic placements.
- 3.18 Employers and LEPs are responsible for providing safe and effective patient care and must ensure a safe working environment (see 5.48 – 5.58 for more information about the responsibilities of employers).
- 3.19 Employers and LEPs have a duty to monitor the implementation of all relevant Equality legislation, including the provision of general and specialist training covering all equality areas, for staff involved in recruitment, education and teaching, assessment, investigative and other panels etc.

4. Shape of the Foundation Programme

Two year programmes, F1, F2, lengths of placements

- 4.1 The Foundation Programme is a two-year programme comprising the F1 and F2 years.
- 4.2 Satisfactory completion of the F1 year allows the foundation doctor to apply for full registration with the GMC. Satisfactory completion of F2 results in the award of the Foundation Achievement of Competence Document (FACD) (see appendix 11g).
- 4.3 On behalf of the GMC, deaneries/foundation schools are responsible for prospectively approving the individual placements and rotations that make up the Foundation Programme. In addition, through their quality management processes, deaneries/foundation schools are responsible for ensuring that the placements are structured as managed rotations, and enable foundation doctors to meet the requirements for satisfactory completion of F1 and the Foundation Programme.
- 4.4 The *Foundation Programme Curriculum* (the Curriculum) follows a spiral model. This means that foundation doctors are expected to acquire and demonstrate the same broad outcomes by the end of F1 and by the end of F2 but at a higher level of competence for F2. There are however different detailed competences between F1 and F2.
- 4.5 Individual placement lengths may vary with placements typically lasting 3, 4 or 6 months. They must be long enough to allow foundation doctors to become members of the team and allow team members to make reliable judgements about foundation doctors' abilities, performance and progress.
- 4.6 The placements configured as a rotation for F1 must provide a balanced programme and enable the acquisition and demonstration of the outcomes and competences set by the GMC in *The New Doctor* and described in the Curriculum. Similarly, the placements configured as a rotation for F2 must provide a balanced programme and enable the acquisition and demonstration of the outcomes and competences described in the Curriculum. It is important that the two-year Foundation Programme is also balanced and that foundation doctors are able to train within a range of different specialties and settings.
- 4.7 From time to time, vacancies arise in a Foundation Programme. Under such circumstances, the deanery/foundation school must agree with the employer how to carry out the recruitment process (see 4.12 - 4.15).

Academic Foundation Programmes

- 4.8 Academic and related (e.g. e-learning, leadership, pharmaceutical medicine) Foundation Programmes provide foundation doctors with the opportunity to develop their research, teaching and/or leadership skills and explore academia as a career at the same time as developing their clinical and generic skills. These training opportunities are the product of local innovation. By convention, the term "Academic" is used only to describe programmes with a research or teaching focus.
- 4.9 Foundation doctors appointed to an academic or related programme must demonstrate that they have met the requirements for satisfactory completion of F1 and the Foundation Programme (see section 10). While there is much variation in how these programmes are structured, these programmes must support the acquisition

4. Shape of the Foundation Programme

and demonstration of the outcomes and competences described in the Curriculum. They typically last two years although occasionally vacancies arise at F2. Academic and related activities, whether structured as a stand-alone placement or regular time throughout the programme should not exceed one third of the time allocated to training in F2.

- 4.10 As academic and related Foundation Programmes typically provide less time for the development of clinical and generic skills, there is currently a separate recruitment process to identify applicants who are likely to be able to meet all of the clinical and academic requirements within the programme (see 8.29 – 8.30).
- 4.11 All doctors appointed to academic or related programmes should have an academic supervisor or equivalent (see 5.42 – 5.44). At the beginning of the academic programme or placement, they should agree what they should achieve, along with the support needed to make this possible.

Filling gaps in programmes, locum appointments

- 4.12 Gaps in training programmes can be filled with either “Locum Appointment for Training” (LAT) or “Locum Appointment for Service” (LAS) depending on whether training is offered through the placement, or whether the locum is employed solely for service purposes.
- 4.13 Doctors appointed to LAT and LAS posts must have appropriate clinical supervision.
- 4.14 LAS posts are used for service delivery and will not enable appointees to meet the requirements for satisfactory completion of F1 or the Foundation Programme.
- 4.15 LATs should last a year and are typically only available at F2. Doctors appointed to F2 LAT posts should follow the Curriculum, have an educational supervisor and subject to satisfactory performance will be eligible for the FACD. The Foundation School must be involved in the recruitment of doctors to LAT posts.

5. Foundation school structures, roles and responsibilities

Foundation schools

- 5.1 Foundation schools are the structures through which deaneries deliver foundation training. The responsibilities of the foundation school typically include running the recruitment process and arranging the provision of foundation training.
- 5.2 Foundation schools are led by a Foundation School Director (FSD) who may also be an associate dean (see 5.13 – 5.16).
- 5.3 Foundation schools may be co-terminus with the deanery. There may be more than one foundation school within a deanery, or it may cross deanery boundaries. The exact governance structure will depend on local circumstances.
- 5.4 The organisational structures may vary but there should be at least one forum for engaging key partners in both the strategic and operational aspects of the school. The following two paragraphs describe the respective roles of a foundation school board and a foundation school management committee.
- 5.5 The foundation school board sets the overall strategy for all Foundation Programmes in the school, so that they can provide foundation training in line with national standards set by the GMC. The dean or nominated deputy should chair the board which includes representatives from the university/medical school, foundation school(s), lay people, foundation doctors and employers/Local Education Providers (LEPs) e.g. acute care, mental health and primary care .
- 5.6 The foundation school management committee considers operational issues. This is chaired by the FSD and includes the Foundation Training Programme Directors/Tutors (FTPD/Ts) within the school.

Educational infrastructure and facilities

- 5.7 Responsibility for delivering foundation training is shared between the deanery/ foundation school and the employing healthcare organisation/LEP.
- 5.8 The deanery/foundation school requires effective partnerships with LEPs to ensure that educational facilities and infrastructures are adequate to deliver the *Foundation Programme Curriculum* (the Curriculum). The deanery/foundation school must review facilities as part of their quality management processes.
- 5.9 The deanery/foundation school must ensure foundation doctors have access to appropriate learning resources and facilities, including libraries, IT facilities, skills labs, simulated patient environments and teaching accommodation. Foundation doctors should have opportunities to develop and improve their clinical and practical skills, in clinical skills labs and simulated patient environments.

Deanery

- 5.10 The deanery is responsible for demonstrating through quality management systems, that the LEP is meeting or exceeding the standards for training for the Foundation Programme as set out in *The New Doctor*. This includes ensuring that the Foundation Programme is delivered in accordance with the Curriculum.

5. Foundation school structures, roles and responsibilities

- 5.11 The postgraduate dean or nominated deputy should normally chair the committee responsible for setting the overall strategic direction of the foundation school e.g. the foundation school board. The dean is responsible for confirming whether foundation doctors have achieved the required standard for satisfactory completion of the Foundation Programme although may delegate this role.
- 5.12 UK universities/medical schools may delegate responsibility for completing the Certificate of Experience for their medical graduates. UK medical graduates should confirm the arrangements with their medical school. Non-UK medical graduates should confirm the arrangements with the deanery/foundation school where they are training.

Foundation School Director (FSD)

- 5.13 The FSD is the head of the foundation school and is accountable to the dean. Supported by a Foundation School Manager (FSM) and appropriate administrative staff, the FSD helps set the strategic direction of the school and is responsible for quality management. Responsibilities include:
- 5.14 Strategic development:
- to set the strategic direction of the school under the guidance of the dean;
 - to work collaboratively with medical school(s) to aid seamless transition from undergraduate to foundation training;
 - to work collaboratively with LEPs to ensure foundation doctors have access to high quality foundation training;
 - to provide an annual report to the UK Foundation Programme Office (UKFPO);
 - to attend and represent the foundation school at national FSD meetings and UKFPO conferences.
- 5.15 Quality management:
- on behalf of the deanery, to set in place appropriate quality management processes to ensure the school meets the *Standards for Training for the Foundation Programme* as described in *The New Doctor*;
 - to ensure that there are clear procedures to immediately address any concerns about patient safety;
 - to ensure there are open, transparent, fair and effective processes for recruitment, selection and appointment of foundation doctors;
 - to work with LEPs, FTPD/Ts, educational supervisors and clinical supervisors to ensure a consistent and coordinated approach to the delivery of the Curriculum. This includes induction, effective supervision, teaching programme, assessments, an appropriate workload, personal support and time to learn;
 - to ensure that only foundation doctors who meet the standards for satisfactory completion of F1 and the Foundation Programme are signed off;
 - to ensure that there are systems in place that can support doctors' differing needs. This includes promoting equality of opportunity and promoting positive attitudes towards doctors with disabilities;

5. Foundation school structures, roles and responsibilities

- to ensure that there are systems in place to support doctors who wish to train flexibly, those returning after a career break, and those at risk of not meeting the requirements for satisfactory completion of F1 or the Foundation Programme;
- to ensure that the school provides timely, accurate and appropriate career information;
- to ensure that an appeals panel meets when necessary (including making sure that all appeal panel members have had equality and diversity training);
- to collect and analyse equality and diversity data (including outcome data) and make changes to local processes if issues are identified. The impact of these changes will subsequently be monitored;
- to ensure that the UKFPO is informed about issues regarding non-EEA doctors sponsored under the UK Border Agency Tier 4 visa.

5.16 Faculty development:

- to ensure that there are open, transparent, fair and effective processes for the recruitment, selection and appointment of foundation faculty;
- to contribute to the annual appraisal of FTPD/Ts in partnership with their employers;
- to promote faculty development by enabling training and support for trainers.

Foundation School Manager (FSM)

5.17 The FSM is responsible for the management of the operational and resource-related activities of the foundation school. Reporting to the FSD and with administrative support, the FSM may represent the school and/or deanery in recruitment and medical education matters which relate to the Foundation Programme. Responsibilities include:

5.18 Programme management:

- to manage the recruitment process for foundation training in accordance with the national and deanery processes. To include coordination and planning of annual scoring events and interview panels with due regard to the requirements of equality, diversity and employment legislation;
- to ensure systems are in place to record and maintain a database of foundation doctor and post details, enabling accurate monitoring and reporting including flexible training posts and foundation doctors requiring additional educational support;
- to develop, maintain and monitor a process for the approval of all foundation training programmes within the foundation school. To work with the FSD to balance the national requirements of the Foundation Programme with local constraints, negotiating with local health care organisations to secure the availability of appropriate training programmes.

5.19 Communications and liaison:

- to develop and maintain strong links with all key stakeholders to ensure the effective communication and successful delivery of policies and procedures relating to the Foundation Programme;

5. Foundation school structures, roles and responsibilities

- to provide a support and advice service on all aspects of foundation training to medical students, foundation doctors and the local foundation faculty;
- to attend and represent the foundation school at national managers meetings and UKFPO conferences.

5.20 Governance and quality management:

- to support the quality management process in accordance with deanery policy;
- to provide regular reports for the foundation school board and committees and to deliver presentations in relation to foundation training as required;
- to organise and contribute to the submission of the schools annual report to the UKFPO;
- to ensure that all data held by and transferred out of the foundation school conforms to the principles of information governance including compliance with the obligations set out within the Data Protection Act 1998 in relation to personal data.

5.21 Systems development:

- to develop, maintain and monitor systems for the collection, entry and analysis of assessment data to support F1 sign-off, application for full registration with the GMC and Foundation Programme sign off;
- to develop, maintain and monitor policies and procedures which meet the requirements laid down in the Reference Guide with reference to the acquisition of foundation competences outside the UK; appeals; doctors requiring additional educational support; flexible training; taster days and time out of the Foundation Programme.

5.22 Marketing and promotion:

- where relevant, to coordinate the school's marketing activities, including the management of the foundation school's website, development of promotional materials and arranging open evenings and careers events.

5.23 Resource management:

- to be involved in the line management of foundation school administrative staff including allocation of work, recruitment, appraisals, staff development and performance management;
- where relevant, to monitor and manage the foundation school's budgets to ensure adequate resource provision for the school's recruitment and educational activities.

Foundation Training Programme Director or Tutor (FTPD/T)

5.24 In partnership with LEPs, the FTPD/T is responsible for the management and quality control of a F1 programme, F2 programme or a two-year Foundation Programme. There must be a named FTPD/T for each programme.

5.25 Only clinicians committed to and engaged in teaching and training foundation doctors should undertake the role.

5. Foundation school structures, roles and responsibilities

- 5.26 The post of FTPD/T is funded through the deanery/foundation school. The FTPD/T's responsibilities should be reflected in their job plan. FTPDs should be allocated the equivalent of one session of programmed activity for every 20-40 posts. In England, the FTPD/T is typically accountable to the LEP Director of Medical Education; in Scotland and Wales FTPD/Ts are accountable to the deanery; whilst Northern Ireland FTPD/Ts are accountable to both the Associate Dean for Foundation and to the Director of Medical Education within the LEP.
- 5.27 Training:
- FTPD/Ts must be trained for their role. They must understand and demonstrate ability in the use of the approved workplace-based assessment tools and be clear as to what is deemed acceptable progress. In addition, they should understand and be able to monitor progress, provide appraisals, provide career support and identify and contribute to the support of foundation doctors needing additional help;
 - FTPD/Ts should complete training in equality and diversity, assessing and appraising foundation doctors and any other aspects of their role usually every three years. The deanery/foundation school and LEPs must agree who is responsible for maintaining a register of FTPD/T training.
- 5.28 Responsibilities:
- to work with local educators (e.g. the director of medical education, clinical tutors) to manage and quality control a specified foundation training programme;
 - to ensure that the training programme meets the requirements of the educational contracts or agreements for foundation training;
 - to ensure that each programme and its constituent rotations have a current job plan that meets the educational aims specified for the programme and map to the Curriculum;
 - to ensure that each placement in the programme meets the educational aims specified for the placement. This should include a clear description that outlines how the competences including the general professional competences are covered in each placement.
- 5.29 To ensure that all foundation doctors in the programme have access to suitable training. This includes:
- providing access to suitable induction, coordinated generic teaching and educational supervision;
 - providing access to clinical supervision and trained assessors;
 - monitoring the attendance and performance of each foundation doctor at regular intervals and initiating remedial support for any doctor in difficulty;
 - collecting evidence about attendance and performance to corroborate the content of individual foundation doctor's e-portfolios and enable decisions about recommendations for registration and certification;
 - evaluating induction, generic teaching and supervision and to ensure it meets the required standards.

5. Foundation school structures, roles and responsibilities

- 5.30 To work with the LEP(s) for the effective development of a local faculty of educators capable of delivering foundation training:
- to ensure that all educational and clinical supervisors have received appropriate training (including equality and diversity training) for their role as educators, supervisors and assessors;
 - to ensure that all educational supervisors are familiar with the required national documentation to be completed prior to full registration with the GMC, completion of foundation training and for revalidation;
 - to ensure that there is a sufficient number of trained staff able to assess foundation doctors;
 - to ensure that there is an effective method of selection and reselection of educational and clinical supervisors in conjunction with the director of medical education/clinical tutor, local HR departments and the deanery;
 - to ensure there is a database of local educators (educational supervisors, clinical supervisors, trained assessors).
- 5.31 To work with the FSD and faculty to ensure foundation training benefits from a coordinated approach:
- to liaise regularly with the FSD, FSM and other FTPD/Ts to ensure that best practices are shared and there is a coordinated approach to the development and management of foundation training programmes;
 - to attend foundation school management committee meetings (or equivalent).

Educational supervisor

- 5.32 An educational supervisor is a registered and licensed medical practitioner who is selected and appropriately trained to be responsible for the overall supervision and management of a specified foundation doctor's educational progress during a training placement or series of placements. The educational supervisor is responsible for the foundation doctor's educational agreement.
- 5.33 Only doctors committed to and engaged in teaching and training foundation doctors should undertake the role. Educational supervisors help foundation doctors with their professional and personal development. They must enable foundation doctors to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
- 5.34 LEPs must ensure that educational supervisors have adequate support and resource to undertake their training role. There must be adequate time specifically identified for this role in their job-plan and appraisal.
- 5.35 Training for educational supervisors:
- all educational supervisors should usually receive training every three years and demonstrate their competence in promoting equality and valuing diversity. They must understand and demonstrate ability in the use of the approved workplace-based assessment tools and be clear as to what is deemed acceptable progress. In addition, they should understand and be able to monitor progress, provide appraisals, provide career support and identify and contribute to the support of foundation doctors needing additional help;

5. Foundation school structures, roles and responsibilities

- Foundation schools should maintain a register of educational supervisors including details and dates of training. This responsibility may be devolved to LEPs.

5.36 The educational supervisor must:

- meet with the foundation doctor around the beginning of each placement to agree how the learning objectives for this period of training will be met and confirm how formative feedback and summative judgments will be made;
- make sure that the foundation doctor's performance is appraised at appropriate intervals including providing the results of multi-source feedback. If concerns are identified, the educational supervisor should ensure that the foundation doctor has access to the necessary support to address these issues and involve the FTPD/T and FSD as appropriate;
- make sure that the foundation doctor has the opportunity to discuss their career reflections and planning;
- make sure that the foundation doctor has the opportunity to discuss issues or problems, and to comment on the quality of the training and supervision provided;
- make sure that doctors and other health and social care workers who have worked with the foundation doctor have an opportunity to provide constructive feedback about their performance;
- undertake and/or facilitate workplace based assessments of the foundation doctor;
- inform the clinical director, head of service or medical director and the clinical supervisor, FTPD/T and FSD of serious weaknesses in their foundation doctor's performance that have not been dealt with and any problems with training programmes. The educational supervisor should tell the foundation doctor the content of any information about them that is given to someone else;
- meet with the foundation doctor to assess whether they have met the necessary outcomes. The educational supervisor must complete an end of placement review form for each placement and only confirm satisfactory service if the foundation doctors have met the necessary outcomes;
- where appropriate and with the foundation doctor's knowledge; ensure that relevant information is handed over to the clinical supervisor for their next placement and if necessary the educational supervisor so that appropriate training and supervision can be arranged. Information that should always be passed on includes assessment results.

Clinical supervisor

5.37 A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified foundation doctor's clinical work and providing constructive feedback during a training placement. In some foundation schools there is an appointed educational supervisor for each placement and the roles of clinical and educational supervisor are merged (see 5.32 – 5.36 as above).

5.38 Only doctors committed to training foundation doctors should undertake the role of clinical supervisor. They must enable foundation doctors to learn by taking responsibility for patient management within the context of clinical governance and patient safety. It may be appropriate to delegate some supervision to other doctors although the clinical supervisor remains accountable for patient care and responsible for the supervision of the foundation doctor.

5. Foundation school structures, roles and responsibilities

5.39 LEPs must ensure that clinical supervisors have adequate training, support and resource to undertake their training role. There must be adequate time set aside for this role in their job-plan and appraisal.

5.40 Training for clinical supervisors:

- all clinical supervisors should usually receive training every three years and demonstrate their competence in promoting equality and valuing diversity. In addition clinical supervisors must understand and demonstrate ability in the use of the approved workplace-based assessment tools and be clear as to what is deemed acceptable progress;
- foundation schools should maintain a register of clinical supervisors including details and dates of training. This responsibility may be devolved to LEPs.

5.41 The clinical supervisor must:

- make sure that foundation doctors are never put in a situation where they are asked to work beyond their competence without appropriate support and supervision. Patient safety must be paramount at all times;
- make sure that there is a suitable induction to the ward/department/practice;
- meet with the foundation doctor at the beginning of each placement to discuss what is expected in the placement, learning opportunities available and the foundation doctor's learning needs;
- provide a level of supervision appropriately tailored for the individual foundation doctor. This includes making sure that no foundation doctor is expected to take responsibility for, or perform, any clinical activity or technique if they do not have the appropriate experience and expertise;
- provide regular feedback on the foundation doctor's performance;
- undertake and facilitate workplace based assessments;
- make sure that the foundation doctor has the opportunity to discuss issues or problems and to comment on the quality of the training and supervision provided;
- investigate and take appropriate steps to protect patients where there are serious concerns about a foundation doctor's performance, health or conduct. The clinical supervisor should discuss these concerns at an early stage with the foundation doctor and inform the educational supervisor. It may also be necessary to inform the clinical director, head of service or the medical director, the educational supervisor, FTPD/T and FSD;
- complete the clinical supervisor's report at the end of the placement and communicate with the educational supervisor (where appropriate) concerning progress during the placement.

Academic supervisor

5.42 Foundation doctors in an academic or related Foundation Programme should also have an academic supervisor (or equivalent). The academic supervisor is responsible for overseeing a specified foundation doctor's academic work and providing constructive feedback during an academic or related placement.

5. Foundation school structures, roles and responsibilities

- 5.43 The academic supervisor should agree the academic learning objectives and how they will be achieved at the beginning of the academic placement or programme. The academic supervisor is responsible for the assessment of academic progress and confirming what has been achieved within the academic component of the programme.
- 5.44 The academic supervisor may be the same person as the educational supervisor. If they are not the same person, it is essential that the academic supervisor liaises with the educational supervisor to ensure that academic objectives are complementary to the clinical and generic requirements of the Foundation Programme.

Careers lead

- 5.45 The role of career lead may be undertaken by the foundation school director or by another member of the deanery/foundation school faculty.
- 5.46 The key responsibilities of the careers lead are:
- to ensure that all foundation doctors have access to generic career workshops;
 - to support the development of 'taster' opportunities;
 - to ensure foundation doctors are made aware of locally and nationally provided careers information;
 - to act as the point of contact for educational supervisors and FTPD/Ts for careers advice.
- 5.47 This may include:
- supplying/signposting additional information about careers;
 - holding career planning meetings with foundation doctors who are referred with complex career issues;
 - referring foundation doctors who may need more tailored personal support to a specialty career lead or the deanery careers team.

Employers

- 5.48 Employers are contracted to provide foundation training.
- 5.49 They issue contracts of employment for foundation doctors, their supervisors and other educational staff. It is their responsibility to confirm that a foundation doctor holds the appropriate GMC registration before allowing them to commence work. All foundation doctors' hours and work intensity must be in accordance with the requirements of the 'New Deal' and the Working Time Regulations.
- 5.50 Employers must ensure that there are systems and processes in place to induct, supervise, support, train, assess and monitor the progress of foundation doctors. This includes ensuring that foundation doctors are not required to work beyond their level of competence. There must be clear procedures to immediately address any concerns about patient safety arising from the training of foundation doctors.

5. Foundation school structures, roles and responsibilities

- 5.51 They must provide a safe working environment and protect their employees from bullying and harassment. This includes protecting employees from sexist, sexual and transphobic bullying.
- 5.52 There must be clear whistle-blowing policies so foundation doctors can confidentially raise concerns about patient care or about their training. Whistle-blowing refers to raising concerns by employees about possible fraud, crime, danger or other serious risk that could threaten patients, colleagues, the public or the organisation's reputation.
- 5.53 Employers must ensure that foundation doctors do not carry out inappropriate tasks (see 9.37 – 9.42).
- 5.54 Employers are also responsible for ensuring that there are appropriate facilities for high quality and safe training. This includes provision of appropriate teaching facilities, clinical skills facilities, libraries and IT facilities to access the e-portfolio and e-learning modules.
- 5.55 Employers must ensure that processes for recruitment to any vacant foundation posts, supervisory and other educational roles are open, fair and effective. This includes monitoring equality and diversity data, analysing the results and taking action as required.
- 5.56 Employers must make reasonable adjustments if required by foundation doctors with disabilities (see GMC *Gateways' Guidance* for more information http://www.gmc-uk.org/static/documents/content/Disability_guidance.pdf).
- 5.57 Wherever practicable, employers should ensure that appointees to foundation posts have a period working with the F1 doctor who is in the post they will take up. This "shadowing" period should normally last one week and take place as close to the point of employment as is possible. It is distinct from the general induction sessions provided for new employees and foundation doctors.
- 5.58 Employers as LEPs (and other LEPs) are responsible for the quality control of the training they deliver and this will be reviewed by deanery quality management processes.

Foundation doctor

- 5.59 Foundation doctors are expected to take control of their own learning and become fully involved in the educational and assessment processes of their foundation training.
- 5.60 Their responsibilities include:
- demonstrating professional behaviour in line with *Good Medical Practice*;
 - becoming familiar with the requirements for satisfactory completion of F1 and the Foundation Programme;
 - becoming fully involved in the education and assessment processes, including attending core generic training sessions, meeting regularly with their educational supervisor and maintaining an up-to-date e-portfolio;
 - taking part in the school's career-management process to help them match their skills, interests and ambitions with the available opportunities; and

5. Foundation school structures, roles and responsibilities

- taking part in systems of quality assurance and quality improvement in their clinical work and training (e.g. audit). In particular, foundation doctors should complete the national trainee survey.
- 5.61 All foundation doctors are assigned an educational supervisor. Foundation doctors must make arrangements to see their educational supervisors as regularly as is required by their foundation school.
- 5.62 Foundation doctors, wherever possible, should raise any difficulties with their educational supervisor and keep them informed of their progress. Foundation doctors who have difficulties arranging appointments with their educational supervisor should contact the relevant foundation training coordinator in the postgraduate centre or their FTPD/T.
- 5.63 If a foundation doctor has concerns about poor quality care, harassment, criminal offences, fraud or corruption they should follow their employer's or deanery/foundation school's whistle-blowing policy.

6. Faculty recruitment, accreditation and development

- 6.1 Processes for recruiting to foundation faculty positions must be fair, open and effective.
- 6.2 This guide describes the roles and responsibilities for Foundation School Directors (FSDs), Foundation School Managers (FSMs), Foundation Training Programme Directors (FTPD/Ts), educational supervisors and clinical supervisors (see section 5). These should be used as the basis for locally defined and published criteria for each role. Appointments to faculty positions should be made against these locally published criteria. Model job descriptions for FSDs, FSMs and FTPD/Ts are given in appendix 11a, 11b and 11c respectively.
- 6.3 The deanery/foundation school must be involved in the appointment of FTPD/Ts. FTPD/Ts should be involved in the selection of educational and clinical supervisors.
- 6.4 All foundation faculty must have specific training and be appraised for their role. The exact training required will depend on the role; however all must be trained in equality and diversity.
- 6.5 It is essential that the faculty are made aware of and are able to access support to help them undertake their roles and responsibilities. This includes ensuring that there are clear lines of accountability.

7. Quality assurance, management and control

- 7.1 In order to ensure the delivery of high quality education for the two years of the Foundation Programme and to promote its continuing improvement; a robust and rigorous evaluation of the education delivered has to be in place. Overall responsibility for this now rests with the General Medical Council (GMC) as the regulator of the Foundation Programme. The GMC and the Postgraduate Medical Education and Training Board (which merged with the GMC in 2010), established a single system that sets out the standards and criteria for quality assurance of the Foundation Programme, known as Quality Assurance of the Foundation Programme (QAFP).
- 7.2 There are three levels of quality activity:
- Quality Assurance - carried out by the GMC
"This encompasses all the policies, standards, systems and processes directed to ensuring maintenance and enhancement of the quality of postgraduate medical education in the UK including the Foundation Programme. The GMC undertakes planned and systematic activities to provide public and patient confidence that postgraduate medical education satisfies given requirements for quality within the principles of good regulation."
 - Quality Management - carried out by the deanery
"This refers to the arrangements by which the deanery discharges its responsibility for the standards and quality of postgraduate medical education, including the Foundation Programme. It satisfies itself that local education and training providers are meeting the standards set by the GMC through robust reporting and monitoring mechanisms."
 - Quality Control - carried out at Local Education Provider (LEP) level
"This relates to the arrangements (procedures, organisation) within LEPs (health boards, national health service trusts, independent sectors) that ensure postgraduate medical trainees including foundation doctors receive education and training that meets local, national and professional standards."

Quality Assurance

- 7.3 The GMC have set national standards for the delivery and outcomes of the Foundation Programme. Deaneries/foundation schools are required to demonstrate that the standards have been met through reports and visits. There are nine domains of activity described:
- 1 patient safety;
 - 2 quality assurance, review and evaluation;
 - 3 equality, diversity and opportunity;
 - 4 recruitment, selection and appointment;
 - 5 delivery of Curriculum including assessment;
 - 6 support and development of trainees, trainers and local faculty;
 - 7 management of education and training;
 - 8 educational resources and capacity;
 - 9 outcomes.

7. Quality assurance, management and control

- 7.4 *The Standards for Training for the Foundation Programme* in *The New Doctor* describes who is responsible for meeting the standards in each domain and the criteria by which its achievement is judged. The type of evidence that deaneries/foundation schools should be collecting is also set out. Full information on QAFP standards can be accessed by downloading *The New Doctor* from the GMC website at http://www.gmc-uk.org/static/documents/content/New_Doctor09_FINAL.pdf. The standards set by the regulator are mandatory, but the processes by which deaneries/foundation schools quality manage the programme and (LEP) quality control the programme provision are not specified.
- 7.5 The GMC's process for quality assuring the Foundation Programme is through QAFP visits and associated monitoring processes. Visits are carried out a deanery level as the deanery is responsible for the quality of the education delivered in its foundation school(s). Visiting teams include doctors (consultants, GPs, specialty trainees and foundation doctors) and lay people. The QAFP team visits each deanery, as it is the organisation responsible for the quality of the education delivered in its foundation school(s). The QAFP visit is a four stage process:
- 1 **information gathering:** deaneries provide information in response to a self-assessment document;
 - 2 **visiting:** a team of visitors considers the information and carries out a visit to the deanery in order to verify the information provided;
 - 3 **reporting:** the visiting team produces a report of their findings, which after a factual accuracy check, is scrutinised and endorsed by the regulator. Following endorsement, the deanery is provided with a final report and a right to reply within 28 days. Reports and deanery responses are published on the GMC website (<http://www.gmc-uk.org>);
 - 4 **follow-up:** requirements and recommendations are followed up by the GMC in order to monitor the deanery's progress.
- 7.6 Full information on QAFP can be obtained from the GMC website at www.gmc-uk.org.

Quality Management

- 7.7 The deanery is the key organisation in ensuring the quality of the delivery of the Foundation Programme through its quality management programme. This may be managed either directly or through its foundation school(s). The QAFP visiting team audits each deanery's quality management processes to ensure that the standards in *The New Doctor* are met.
- 7.8 Deanery quality management processes must cover all the domains, criteria and standards set out in the *Standards for training for the Foundation Programme* in *The New Doctor*. A deanery may however decide to set more detailed standards in some areas of activity in order to promote programme development. The precise processes by which deaneries undertake their quality management are not defined and may vary in relation to local arrangements and local strategies.
- 7.9 The deanery is also responsible for the quality of education delivered by all LEPs in its school(s) where foundation doctors are placed and must supervise quality control processes at employer and LEP level (this includes all employers and all placements, including those in the community). Again, the precise method of such supervision is not prescribed in the QAFP standards.

7. Quality assurance, management and control

7.10 Several of the standards set by the regulator require deaneries to collect quality management data on a regular basis. In order to minimise the burden of data collection, quality management processes should wherever possible reflect the timeframe, domains, standards and criteria described by QAFP. From 2009, foundation schools also collect data for the Foundation Programme Annual Report which should also help in the review of programme provision.

7.11 Table 1 below sets out some of the main types of quality management processes that might be used in deanery quality management. The list is not exhaustive and some elements may not apply in some foundation schools.

Section 7: Table 1

<p>Deanery policy/ strategy on Foundation Programmes</p>	<p>These should be clearly set out, with dates for implementation and review. Each should include details of their own internal quality control process and how often they are to take place. Some functions will be devolved to foundation schools or to LEPs - accountability for both education delivery and quality control must then be clearly defined. These might include:</p> <ul style="list-style-type: none"> • policies for each of the QAFP domains; • educational governance; • job descriptions / person specifications for educators; • training to develop teaching skills; • recruitment policies for both supervisors and trainees; • policies on programme construction and placements; • equal opportunities policy/single equality scheme; • provision of careers advice; • policies for supporting underperforming trainees.
<p>Service Level Agreements (SLA) or other contracts</p>	<p>Any arrangement by which the deanery devolves responsibility for education provision, should be covered by a Service Level Agreement or other contract agreement (see quality control below) and subjected to regular monitoring and review including equality and diversity.</p>
<p>Trainee feedback</p>	<p>Questionnaires and surveys are a widely used method of gauging foundation doctors' opinions. The results need to be thoroughly analysed and where appropriate, used for reviewing and changing the programme. If the information collected never results in change, then its continuing collection should be questioned. The results should be made available to the foundation doctors and the faculty concerned in a timely manner. Feedback can be obtained using the following:</p> <ul style="list-style-type: none"> • distributing end of post/year questionnaires to solicit feedback on the quality of the post and/or programme, e.g. to include clinical and educational supervision, induction programme, workload, bullying and harassment; • checking employers'/LEPs' EWTD monitoring returns;

7. Quality assurance, management and control

	<ul style="list-style-type: none"> • evaluation forms for quality management of the programme should include an evaluation of the quality of education delivery, both workplace based and classroom teaching; • completion of assessments - problems, timing, by whom, value to trainee; • face to face feedback - during supervision meetings or structured interviews.
Faculty feedback	<p>The deanery should be seeking to involve their faculty in the continuing development of the programme. Information may be collected in a number of ways, such as:</p> <ul style="list-style-type: none"> • through end of placement or end of year questionnaires; • as part of the appraisal process with the consent of the foundation doctor.
Administrative monitoring	<p>A large amount of valuable quality information is routinely collected through deanery and school management activities. These are particularly useful in demonstrating the achievement of targets and benchmarking activities. Useful data includes:</p> <ul style="list-style-type: none"> • recruitment and appointment statistics; • programme allocation and construction; • equal opportunities information - ethnicity, gender, doctors with disabilities; • flexible training; • attendance rates at taught sessions; • delivery of mandatory training e.g. equality and diversity, induction, life support; • assessments - timing and problems; • outcomes – including reasons for failure to complete F1, the Foundation Programme and entry to ST1; • underperformers – numbers, training extensions and outcomes.
Curriculum delivery	<p>There are many other useful methods for collecting this data:</p> <ul style="list-style-type: none"> • foundation school overview of content and timetable; • critical review of session learning plans; • peer observation; • sharing events for faculty.
Site visits	<p>These should concentrate on gathering information that is not available in any of the other processes. Site visits should:</p> <ul style="list-style-type: none"> • be part of a comprehensive quality management strategy; • include an element of external and independent inspection with lay input; • be timetabled to minimise disruption to clinical services;

7. Quality assurance, management and control

Site visits	<ul style="list-style-type: none">• follow a published procedure including feedback processes and actions on requirements and recommendations;• involve all stakeholders;• be carried out by visitors trained for the task;• provide opportunities for trainees to give their opinion.
--------------------	---

Quality Control

- 7.12 Deaneries typically hold SLAs or similar contracts with LEPs. These agreements must clearly describe the lines of accountability, the quality management and quality control processes and any standards for learning environments and the educational facilities provided. This is particularly important where there are joint appointments (e.g. FTPD/Ts). The actions to be taken if either party does not meet the terms of the agreement should be transparent, as should the processes for monitoring them.
- 7.13 LEPs are also the employers of the teaching faculty of clinical supervisors and educational supervisors. They may also employ the FTPD/Ts. Quality control processes should demonstrate compliance with the SLA or similar contract and will be subject to deanery quality management.
- 7.14 Much of the learning experience for foundation doctors is from providing patient care in the workplace under appropriate clinical supervision and at appropriate intensity. This is supplemented by formal taught sessions provided at LEP level or possibly by the foundation school itself. Some topics, such as Advance Life Support, may be provided externally. By definition, workplace-based assessments are carried out at LEP level.
- 7.15 LEP quality control should monitor all these activities, their uptake and quality to ensure that foundation doctors receive education and training that meets deanery and national standards, and that the terms of the SLA or other contract are also being met. Such monitoring might include:
- course evaluation/feedback;
 - attendance rates;
 - investigation of poor attendance;
 - end of post questionnaires;
 - interviews of both foundation doctors and trainers.
- 7.16 Many of these processes can also be used in deanery quality management and should not be duplicated.

Approval of Foundation Programmes (including supernumerary programmes)

- 7.17 Deaneries in the UK are responsible for providing the Foundation Programme. They must prospectively approve the rotations and monitor them as above, to ensure that they meet the *Standards for training for the Foundation Programme in The New Doctor*.

7. Quality assurance, management and control

- 7.18 Deaneries/foundation schools should ensure that two year programmes are constructed to:
- reflect the needs and priorities of the national health service;
 - allow achievement of the outcomes and competences as set out in the *Foundation Programme Curriculum* (the Curriculum);
 - provide a provisionally registered doctor an acceptable foundation for future practice as a fully registered medical practitioner;
 - provide experiences of healthcare delivery in a variety of settings including the community and promote broad-based learning across both years of the Foundation Programme;
 - be balanced in specialty content;
 - allow foundation doctors to gain understanding of the interfaces between different types of care delivery; and
 - promote recruitment to shortage specialties.
- 7.19 The foundation school must provide clear programme descriptions describing how the outcomes, including the general professional competences, will be covered in the placements in F1 and in F2. Learning in placements should be supported and reinforced by a generic teaching programme.

Foundation Programmes that cross deanery boundaries

- 7.20 Some deaneries/foundation schools have training opportunities outside their deanery or school boundaries. Where this happens, the LEP should not normally have links with more than two deaneries/foundation schools.
- 7.21 Foundation schools that form such links should have at least three to six training opportunities at these linked LEPs.
- 7.22 The deanery/foundation school where the LEP is based is normally responsible for the quality management and coordination of the education delivered.
- 7.23 Foundation doctors allocated to foundation placements outside their deanery or school boundaries will undertake their training in accordance with the requirements of the foundation school where the LEP is based. If they meet the requirements for satisfactory completion, the FTPD/T based in the LEP should complete the Attainment of F1 Competence (or equivalent) and the Foundation Achievement of Competence Document (FACD) (see appendix 11g).
- 7.24 Foundation doctors should send their Attainment of F1 Competence at the end of the F1 year or the FACD at the end of F2, to the foundation school where they were originally allocated. The foundation doctor should follow the process set out by their medical school for submission of the Certificate of Experience at the end of F1. However, Foundation doctors, who are granted an inter-foundation school transfer or are successful in their application for an F2 programme outside their original foundation school, will become the responsibility of the new foundation school. They must send their FACD to this new foundation school and not the foundation school of entry.

7. Quality assurance, management and control

- 7.25 Foundation doctors in linked training opportunities, who are experiencing difficulties in their training, must be supported at first by the local FTPD/T. If the doctor is still having difficulties, the deanery/foundation school where the foundation doctor was originally allocated, must be contacted to design a remedial (support) programme. Although this may take place in the deanery/foundation school where the LEP is based, the arrangements should be made jointly with the foundation doctor's allocated deanery/foundation school. If the support programme needs extra funding, the costs will normally be met by the deanery/foundation school where the foundation doctor was originally allocated.

Acquisition of foundation competences outside of the UK

Training as a provisionally registered doctor outside of the UK

- 7.26 Medical students wishing to undertake their first postgraduate training year (training as a provisionally registered doctor) outside of the UK should seek the advice of their medical school.
- 7.27 In exceptional circumstances, the medical school in partnership with the local postgraduate deanery may prospectively approve training as a provisionally registered doctor outside of the UK and upon satisfactory completion, support an application for full registration with the GMC. The medical school and local deanery should publish their policy relating to training as a provisionally registered doctor undertaken outside of the UK.

F2 training outside of the UK

- 7.28 Foundation doctors wishing to undertake F2 outside of the UK should contact their deanery/foundation school in which they are completing their F1 year. This means that foundation doctors should complete their first year of foundation training in the foundation school considering their application.
- 7.29 Deaneries/foundation schools should publish their policy on acquisition of foundation competences outside of the UK and make this available to those applying to the Foundation Programme. Not all deaneries/foundation schools support F2 abroad.
- 7.30 Prospective approval must be granted if the training outside of the UK is to count towards the requirements for satisfactory completion of the Foundation Programme. It is the foundation doctor's responsibility to arrange a suitable placement and confirm that the unit has agreed to provide training, assessment and support in accordance with the requirements for satisfactory completion of the Foundation Programme.

8. Becoming a foundation doctor

Applying for a two-year Foundation Programme

- 8.1 The Foundation Programme is a two-year programme consisting of an appropriate balance of placements across a range of specialties. Every foundation doctor follows a particular rotation.
- 8.2 Two-year Foundation Programmes constitute the normal postgraduate training route and are open to the following:
- graduates from UK medical schools who are eligible for provisional registration with a licence to practise with the GMC;
 - medical graduates from European Economic Area (EEA) and Swiss medical schools who are eligible for provisional registration with a licence to practise with the GMC; and
 - non-EEA International Medical Graduates (IMGs) who are eligible for provisional registration with a licence to practise with the GMC and have the right to work in the UK.
- 8.3 Access to places in foundation training programmes is through an open, fair and transparent competitive recruitment process across the UK, in line with equal opportunities and employment law. All entrants to the Foundation Programme must demonstrate that they meet the person specification and eligibility criteria published on the UK Foundation Programme Office (UKFPO) website at www.foundationprogramme.nhs.uk.
- 8.4 The two-year Foundation Programme will not be available to those who are already eligible for full registration with the GMC.
- 8.5 Before applying for a two-year Foundation Programme, applicants must confirm that they are eligible to apply. UK medical schools confirm that their final year medical students meet the eligibility criteria on their students' behalf (see 3.14 – 3.15). For applicants from non-UK medical schools or those who qualified more than two years prior to the start of the Foundation Programme to which they are applying, there is a period for submitting their details for eligibility checking.
- 8.6 The process for medical graduates who are eligible to apply to a two-year Foundation Programme will be published on the UKFPO website (www.foundationprogramme.nhs.uk) a minimum of 6 weeks before the recruitment process begins.
- 8.7 Applicants may appeal against decisions made as part of the process of allocating foundation doctors to foundation schools, where they believe that the published process was not followed in relation to their application. The UKFPO is responsible for publishing and managing the appeals processes.

F1 or F2 appointment: application process for foundation training opportunities that are not part of a two-year Foundation Programme

- 8.8 Any F1 or F2 vacancies that arise outside the national recruitment round will be filled using local recruitment processes agreed between the foundation school and the local employer(s) (see 4.12 – 4.15).

8. Becoming a foundation doctor

Matching to two-year programmes, F1 and F2

- 8.9 Some foundation schools allocate successful applicants to two-year rotations where all placements are known at the beginning of foundation training. Other schools only describe the placements in the first year of foundation training. Each foundation school must publish details about the process used to match to either F1 or two-year programmes, prior to the opening of national foundation recruitment.
- 8.10 The matching process should take into account an individual applicant's special circumstances where possible.
- 8.11 Schools which only describe the F1 rotation at the beginning of the two-year programme should run a competitive process to allocate F2 rotations. The process should be published in advance and enable the foundation doctor to discuss choices with the educational supervisor. The F2 rotations available to foundation doctors should complement their F1 rotation, to ensure that they have a two-year programme with an appropriate breadth of experience.
- 8.12 All rotations must meet local service need and training capacity and are subject to change. Appointees must be notified of changes to their rotations.
- 8.13 Appointees to foundation schools may appeal against decisions made as part of the process of matching foundation doctors to rotations. Each foundation school is responsible for publishing and managing the appeals process.

Pre-allocation to a foundation school (special circumstances)

- 8.14 There is a UK-wide process for pre-allocation of applicants to particular foundation schools on the grounds of special circumstances. It is run under the governance of the Medical Schools Council (MSC) in collaboration with UKFPO. Special circumstance information is published on the UKFPO website at www.foundationprogramme.nhs.uk.
- 8.15 UK medical students who wish to remain in a geographical area for specific caring or health reasons to undertake their F1 training can apply to their medical school to be considered for pre-allocation on the grounds of special circumstances. It is the responsibility of the medical school to inform its students of this process, as part of the information that is given about the national recruitment process for foundation training.
- 8.16 UK medical schools may also nominate students with educational special circumstances for pre-allocation to their local foundation school.
- 8.17 Each UK medical school is responsible for convening a local panel to consider applications from its undergraduate students, which includes a deanery/foundation school representative. The panels must keep strictly to the published national timeline.
- 8.18 Those who qualified two or more years prior to their expected date of entry to the Foundation Programme, and those who are not graduates from UK medical schools, can apply to the UKFPO for consideration of their special circumstances. The UKFPO follows a similar process for those wishing to remain in a specific geographical area for specific care, health or other accepted criteria.

8. Becoming a foundation doctor

- 8.19 Approved special circumstances will result in applicants being pre-allocated to a particular foundation school for their F1 training, provided that their application score is sufficient to meet the national allocation criteria. Approval of pre-allocation on the grounds of special circumstances does not guarantee a specific programme within the foundation school.
- 8.20 All applicants must adhere to the rules of the national recruitment process. This means that they must still complete and submit an application which will be scored. Applicants will have to score highly enough to meet the national allocation criteria. This score may also be used as part of the process of matching to programme.
- 8.21 An applicant pre-allocated to a foundation school on the grounds of special circumstances will not be permitted to link their application to another individual in the recruitment process.
- 8.22 Medical schools are responsible for publishing and managing the appeals process against decisions made in relation to pre-allocation to a particular foundation school on the grounds of special circumstances, where they handled the initial request. The UKFPO will do the same for those requests it handles.

Recruitment to locum appointments

- 8.23 Vacancies or gaps in training programmes can be filled by locums where there is a service/workforce requirement to do so (see 4.12 – 4.15).

Foundation doctors with the Defence Deanery

- 8.24 Foundation doctors within the Defence Medical Services (DMS) are primarily placed into Ministry of Defence (MOD) sponsored Foundation Programmes or within Foundation Programmes managed by the national health service.
- 8.25 The DMS have a number of foundation training programmes based in its Ministry of Defence Hospital Units (MDHUs) within national health service host trust hospitals. All of these foundation training opportunities are managed according to the standards set by the GMC and deliver the outcomes required by the *Foundation Programme Curriculum* (the Curriculum).
- 8.26 DMS foundation doctors will take the full two-year Foundation programme.
- 8.27 DMS foundation doctors who satisfactorily complete the F1 stage of the Foundation Programme will be recommended to the GMC for full registration, in the same way as for their civilian (non-military) colleagues.
- 8.28 DMS foundation doctors who satisfactorily complete the Foundation Programme should receive a Foundation Programme Achievement of Competence Document (FACD) in the same way as their civilian (non-military) colleagues.

Recruitment to academic Foundation Programmes

- 8.29 Foundation schools in partnership with universities, employers and the UKFPO are responsible for recruiting to two-year and F2 stand-alone academic and related

8. Becoming a foundation doctor

Foundation Programmes. Recruitment occurs within a nationally agreed recruitment window. Foundation schools must use the nationally agreed person specification as a minimum requirement for academic and related Foundation Programmes.

- 8.30 The UKFPO coordinates recruitment to two-year academic and related Foundation Programmes and is responsible for publishing details of the nationally agreed recruitment process and timetable each year.

Job descriptions

- 8.31 Deaneries/foundation schools should publish approved job descriptions setting out the clinical focus, location, supervision arrangements, sample timetable and the competences that can typically be achieved in the placement.
- 8.32 These job descriptions should be made available to prospective applicants at the time of recruitment to the Foundation Programme, and if applicable, when considering preferences for matching to F2. Deaneries/foundation schools and employers may however need to change the exact arrangements for each placement at short notice. If this is the case, the deanery/foundation school must ensure that the appointee is informed.
- 8.33 These job descriptions form the basis of the description of each rotation that outlines how the outcomes will be covered in the F1 year and in the F2 year (see 7.17 – 7.19).

Induction

- 8.34 The requirements for induction are set out in *The New Doctor* (2009).
- 8.35 There are at least three levels of induction: deanery/foundation school, employer/ Local Education Provider (LEP) and departmental/workplace. Whenever foundation doctors change working environment and when they progress to F2, there should be a formal induction to ensure that foundation doctors are aware of their roles and responsibilities, supervision arrangements and where to seek help. There must also be a formal handover of patients when starting F1 or changing placement.
- 8.36 Formal induction should include information about:
- employment issues (including their status as new doctors and their role in the inter-professional and interdisciplinary team, health and safety matters, and the name of the person responsible for these issues within the employing organisation, clinical governance and audit arrangements);
 - how the school is structured (including the roles and responsibilities of the dean, the university/medical school, the FSD and foundation school office, foundation training programme directors/tutor, educational supervisors, clinical supervisors);
 - contact details of their educational supervisor, FTPD/T and the foundation school;
 - flexible training educational issues;
 - GMC ethical guidance; outcomes in *The New Doctor*; the Curriculum; the requirements for satisfactory completion; how performance and progress will be assessed; educational and clinical supervision including the name and

8. Becoming a foundation doctor

contact details of the educational supervisor for each placement and how clinical supervision will be provided and by whom; how the quality of training is monitored; and educational opportunities available in the placement and the programme;

- formal handover of patient care and local systems in the department or workplace. There must also be effective handover procedures during the placement;
- health and safety at work, including how to register with a local general practitioner and the importance of looking after their own health;
- what to do when there are any problems and about the support networks available (including occupational health, counselling and disability services). This should include information about systems to support and manage doctors in difficulty and who to contact; and
- the deanery/foundation school and employer/LEP whistle-blowing policy.

Transfer Of Information (TOI)

8.37 The TOI process is a means of supporting medical students as they move from medical school to foundation school. The TOI process is also one of the mechanisms utilised by the medical schools in regard to passing on information that relates to patient safety.

8.38 The TOI process aims to highlight doctors who may require additional support during their Foundation Programme. There are two components:

- information for FSDs and FTPDs;
- information for educational supervisors.

8.39 Under the Medical Act 1983, universities have formal responsibility for confirming that doctors at the end of F1 are fit to be put on the Medical Register. It is therefore important that there is effective transfer of information between the medical school and the foundation school.

Information for FSD and FTPD/T

8.40 The TOI process requires appointees to the Foundation Programme to complete a form describing any issues that might be relevant to their training (the TOI form is published on the UKFPO website at www.foundationprogramme.nhs.uk). The questions on the form are designed to highlight whether the student has had significant educational, health or other problems during the course of their student career.

8.41 Isolated events relating to absences, health or assessments should not raise any concerns about that student. However, patterns are of relevance (i.e. failure of a series of exams throughout the course or a series of periods of absence or discontinuation of course).

8.42 Information may be sensitive and confidential and therefore the forms must only be shared with those who need to be aware of the information to support the appointee. For foundation schools this would include only foundation school officers and the FTPD/T. The foundation school must ensure that all data held by and transferred out of the school conforms to the principles of information governance including compliance with the obligations set out within the Data Protection Act 1998 in relation to personal data.

8. Becoming a foundation doctor

- 8.43 The TOI form must not be used at any point to determine future professional progress either from F1 to F2, or subsequent to this.
- 8.44 Medical schools should review the forms and are responsible for distributing the TOI forms to the relevant foundation schools after the results of finals are known. The foundation school should transfer the forms to the relevant FTPD/Ts prior to commencement of the first placement.
- 8.45 If there are concerns, the FTPD/T should arrange an early meeting with the relevant foundation doctor. At that meeting any potential problems should be highlighted and an appropriate action plan agreed. A decision on who should share this information would form part of that agreement.
- 8.46 Appointees are required to disclose any information pertinent to patient safety (e.g. fitness to practise issues, blood borne viruses) to human resources departments, occupational health departments and the GMC. It is also advisable if applicants inform their FSD at an early stage so that a suitable rotation can be identified.
- 8.47 It is strongly recommended that the copy of the TOI form held by the FTPD/T is either destroyed or returned to the foundation doctor (a copy is kept centrally at the relevant medical school until foundation doctors are signed off for full registration and at the foundation school for the duration of foundation training).

Information for educational supervisors

- 8.48 While it is essential that the outcomes are achieved by all graduates, medical schools should also make arrangements so that graduates' areas of relative weakness are fed into their Foundation Programme e-portfolios so they can be reviewed by the educational supervisor.

Deferring the start of foundation training

- 8.49 An applicant who has been accepted onto the Foundation Programme may only defer the start date of their training for statutory reasons (e.g. maternity leave, sickness).
- 8.50 Wherever possible, applicants are asked to give their foundation school as much notice as possible of the need to defer the start date. This may allow the foundation school to offer the foundation placement to someone else.

Medical graduates who start foundation training out of phase

- 8.51 The Foundation Programme starts in August and concludes two years later for foundation doctors working full time who meet the requirements for satisfactory completion.
- 8.52 Foundation training that starts after August or is due to conclude later than August is referred to as "out of phase". There are separate arrangements for doctors who do not meet the requirements for satisfactory completion (see 10.42 – 10.65).

8. Becoming a foundation doctor

- 8.53 Deaneries/foundation schools in partnership with employers can provide training out of phase to foundation doctors who have had to defer the start of their Foundation Programme for statutory reasons or are resuming training after a period of confirmed absence for statutory reasons. Deaneries/foundation schools should also make clear the arrangement for foundation doctors who wish to train flexibly.
- 8.54 Foundation doctors who are out of phase should discuss their training needs with their FTPD/T or FSD. Depending on the availability of local resource, deaneries/foundation schools may offer an extra F1 or F2 placement to appointees who are training out of phase to enable them to complete in August. Foundation doctors, following discussion with their FTPD/T or FSD, may also choose to delay their return to training to enable them to complete training in August if this option is available.

Changing foundation schools and Inter-Foundation School Transfers (IFST)

- 8.55 There are two ways in which foundation doctors can change from one foundation school to another:
- inter-foundation school transfers;
 - competitive application process.

Inter-Foundation School Transfers (IFST)

- 8.56 Foundation doctors who have special reasons for transferring to a different foundation school once they have been accepted for foundation training should discuss the matter with:
- their FSD if they have not yet taken up their appointment; or
 - their FTPD/T if they are already in the training programme.
- 8.57 Except in exceptional circumstances, transfers will only take place either at the start of foundation training (F1), or at the start of the F2 year. Arrangements for inter-foundation school transfers must be agreed between the FSDs and must satisfy the following criteria:
- there are places available in the receiving foundation school; and
 - both foundation schools agree that the foundation doctor needs to transfer because of a change in their circumstances since being allocated to their current school.
- 8.58 The originating deanery/foundation school is responsible for managing any appeals against decisions to approve inter-foundation school transfers. They should convene a panel with at least three members, who were not involved in the original decision. The appeal will consider whether the process was followed. It is not possible to appeal against the unavailability of places in the receiving school.

8. Becoming a foundation doctor

Competitive application process

8.59 Foundation doctors should be strongly encouraged to stay in their appointed foundation school for the whole of their two-year programme. Some foundation doctors may however wish to withdraw from a Foundation Programme so that they can join another foundation school for F2. If they do not meet the requirements for an inter-foundation school transfer they will have to apply (see 8.56 - 8.58 above) for an advertised F2 rotation i.e. LAT. Before applying, foundation doctors should discuss this with their educational supervisor and must act in accordance with their professional and employment obligations.

Flexible training

8.60 Foundation doctors wishing to train flexibly must compete with all other applicants for entry into the Foundation Programme.

8.61 Deaneries and foundation schools should make it clear how foundation doctors may access flexible training. The conditions for access to flexible training, funding and study-leave arrangements should be clear and fair.

8.62 Once accepted into foundation training, foundation doctors who are training flexibly should have equal access to foundation training opportunities.

8.63 The current main reasons for taking flexible training are:

- a disability, which means the doctor needs individual arrangements;
- ill health;
- responsibility for caring for children (men and women);
- responsibility for caring for ill/disabled partner, relative or other dependant.

8.64 Although foundation doctors taking flexible foundation training may meet the necessary competences before they complete two full years of training, they still need to 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.

8.65 Foundation doctors taking flexible training should usually be offered slot-sharing arrangements; that is typically two doctors working in the same post.

8.66 Out-of-hours contracts for all F1 and F2 doctors depend on service need. Employers are responsible for meeting the cost of out-of-hours work.

8.67 The deanery/foundation school is responsible for publishing their process and managing appeals against decisions relating to flexible training.

8. Becoming a foundation doctor

Foundation doctors with disabilities

- 8.68 Applicants with disabilities issues must compete with all other applicants for foundation training programmes. Any such applicants will be treated in line with the laws on employment and equal opportunities. More information is available in the GMC guidance document *Gateways to the Profession* (http://www.gmc-uk.org/static/documents/content/Disability_guidance.pdf).
- 8.69 Following allocation to foundation schools, the FSDs must take into account the needs of applicants with disabilities. Applicants should be informed of the deanery/foundation school process to support those with a disability. Postgraduate deans and foundation schools are encouraged to design individual foundation training programmes to help foundation doctors with disabilities to meet the requirements for satisfactory completion. The outcomes set out in the Curriculum should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment.
- 8.70 Employers must make reasonable adjustments if disabled appointees require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also take into account the assessments of progress and individual appointee's educational needs and personal preferences, including relevant domestic commitments wherever possible.

Foundation doctors with health issues

- 8.71 Applicants with specific health issues must compete with all other applicants for foundation training programmes. Any such applicants will be treated in line with the laws on employment and equal opportunities.
- 8.72 Following allocation to foundation schools, the FSDs must take into account the needs of applicants with specific health needs. Applicants should inform their FSD at an early stage so that a suitable rotation can be identified.

Time out of Foundation Programme (TOFP)

- 8.73 Foundation doctors who want to take TOFP should first discuss this with their educational supervisor.
- 8.74 The duration of TOFP will usually be 12 months to avoid foundation doctors becoming out of phase with the Foundation Programme. Foundation schools will typically only grant TOFP at the end of F1 so that the time out is taken between the end of F1 and the beginning of F2. Time out during F1 or F2 placements will only be considered in exceptional circumstances.
- 8.75 Foundation doctors may ask to take time out of their two-year Foundation Programme for a number of reasons, including:
- gaining clinical experience outside of the Foundation Programme;
 - undertaking a period of research;
 - a planned career break.

8. Becoming a foundation doctor

- 8.76 Foundation doctors who take time outside of UK national health service employment as part of the TOFP process are able to count prior national health service for the purposes of incremental credit and starting salary, sick pay, and maternity leave entitlements subject to the terms of service. Any service or employment outside the national health service will not count for national health service pension purposes. More information about terms of service in each of the four countries can be found at: for England and Wales see: <http://www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPRreg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx>, for Scotland see: [http://www.sehd.scot.nhs.uk/pcs/PCS2007\(DD\)10.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)10.pdf), for Northern Ireland see: <http://www.dhsspsni.gov.uk/terms-and-conditions-of-service-june-2008.pdf>.
- 8.77 If, after discussion, a doctor decides to go ahead with their request to take time out, they should fill in a TOFP request form and send it to the FSD (the TOFP form is published on the UKFPO website at www.foundationprogramme.nhs.uk). The request will be reviewed in line with the foundation school's procedures.
- 8.78 The FSD will need to receive such requests by the end of the 6th month of the F1 year unless there are exceptional circumstances.
- 8.79 The FSD may set an upper limit on the number of foundation doctors who will be permitted to take TOFP, as there are a limited number of places in F2 programmes.
- 8.80 If the FSD agrees to one year out of the Foundation Programme, the foundation doctor will be able to return to their foundation school at the end of that year but not necessarily to the same rotation as originally allocated.
- 8.81 If a foundation doctor's request for time out has been agreed but their plans change, the foundation school will try to arrange an appropriate training opportunity for the doctor at short notice but the school cannot guarantee to do so.
- 8.82 It is the foundation doctor's responsibility to tell their FSD six months before the start date of their F2 year that they plan to return to the Foundation Programme. If the foundation doctor does not contact the FSD, the foundation school will make one attempt to contact the foundation doctor by e-mail using the address supplied by the foundation doctor. If the foundation doctor does not reply within 15 days, the school will assume that the foundation doctor has permanently withdrawn from the Foundation Programme. If this happens, the foundation school is no longer required to hold a F2 rotation and the foundation doctor would need to apply for a vacant F2 appointment in open competition.
- 8.83 Foundation doctors may appeal against the decision of the FSD not to grant TOFP. The foundation school will publish and manage an appeals process. Foundation doctors may normally appeal against the decision on the grounds that the process was not applied with appropriate diligence or due care; or that there is evidence of prejudice, bias or conflict of interest in the handling of the application. The appeal should be heard by a panel comprising at least three people, none of whom were involved in the original decision.

8. Becoming a foundation doctor

Permanent withdrawal from the Foundation Programme

- 8.84 A foundation doctor can decide to withdraw permanently from a two-year Foundation Programme. Before doing so, they should seek advice from their educational supervisor, FTPD/T or FSD. Medical students who have not yet taken up their place in a Foundation Programme should discuss their intention to withdraw with their medical school.
- 8.85 Those considering withdrawing from the Foundation Programme should be informed about how to access specialist career support from their medical school, university careers service and the deanery careers service.
- 8.86 Medical students and foundation doctors must act in accordance with the GMC's rules on accepting posts and then refusing them, i.e. they must give the foundation school sufficient time to make suitable arrangements to meet patient and service needs (*Good Medical Practice*, paragraph 49: http://www.gmc-uk.org/static/documents/content/GMC_GMP_0911.pdf). Appointees and employees are expected to meet the terms and conditions of their contract if they wish to resign.

9. The learning environment

The educational framework for the Foundation Programme

- 9.1 The Foundation Programme is a structured programme. It is curriculum-driven, draws upon assessments from a number of viewpoints, is supervised with regular appraisal and is managed by a Foundation School Director (FSD) with support from Foundation Training Director/Tutors (FTPD/Ts).
- 9.2 The *Foundation Programme Curriculum* (the Curriculum) sets out the outcomes expected of a foundation doctor completing F1 and the Foundation Programme. It also sets out how they will be assessed. The Curriculum and assessment process is the same across the UK.
- 9.3 Foundation doctors must maintain an e-portfolio which provides a record of their educational progress and achievements throughout the Foundation Programme.
- 9.4 Foundation doctors must be supervised in the workplace and have a named educational supervisor (see 5.32 – 5.36).
- 9.5 There must be a named FTPD/T to manage each Foundation Programme (see 5.24 – 5.31).

Learning agreement

- 9.6 Foundation doctors should have a learning agreement for each placement within the rotations. This should set out their specific aims and learning objectives and be based on the requirements for satisfactory completion. It should also be mapped to the Curriculum.
- 9.7 At the beginning of each placement the foundation doctor should agree this with their educational supervisor. The learning agreement should form the basis of all appraisal discussions.

Induction

- 9.8 See section 8 (8.34 – 8.36).

The foundation e-portfolio

- 9.9 All foundation doctors must maintain an e-portfolio and use it to support their educational and professional development and career planning. The primary purpose of the e-portfolio in the Foundation Programme is to help doctors record and reflect on their progress and achievements.
- 9.10 The e-portfolio should include summaries of feedback from the educational supervisor, clinical supervisors' report, significant achievements or difficulties, reflections of educational activity, career reflections and the results of the Foundation Programme assessments. It will help the foundation doctor to demonstrate progression during their foundation training.
- 9.11 The e-portfolio will be reviewed to inform the judgement about whether a foundation doctor has met the requirements for satisfactory completion of F1 and the Foundation Programme.

9. The learning environment

- 9.12 The security standards for foundation e-portfolios are set out in appendix 11e. Deaneries/foundation schools and e-portfolio providers must ensure their Foundation Programme e-portfolios conform to these standards.

Educational appraisal

- 9.13 Foundation doctors must meet with their educational supervisor around the beginning, and end of each placement. It may be appropriate to combine the end of one placement meeting with the beginning of the next placement meeting. If issues or concerns are identified, they should meet more regularly to ensure that these are addressed as early as possible.
- 9.14 Educational supervision should include educational appraisal.
- 9.15 The purpose of educational appraisal is to:
- help identify educational needs at an early stage by agreeing educational objectives which are SMART (Specific, Measurable, Achievable, Realistic, Time bound);
 - provide a mechanism for reviewing progress at a time when remedial action can be taken quickly;
 - assist in the development of self-reflection and self-appraisal that will be needed throughout a professional career;
 - assist in the development of career management skills;
 - enable learning opportunities to be identified in order to facilitate a foundation doctor's access to these;
 - provide foundation doctors with a mechanism for giving feedback on the quality of the training provided; and
 - make training more efficient and effective for the foundation doctor.
- 9.16 All doctors who hold registration with a licence to practise will be required to participate in regular systems of appraisal, as part of revalidation, once it is introduced. Foundation doctors should maintain records of their meetings with their educational supervisor in their e-portfolios.

Workplace-based assessments

- 9.17 The assessment tools and process are described in the Curriculum. The purpose of assessment in the Foundation Programme is to:
- highlight achievements and areas of excellence;
 - promote regular feedback;
 - supply and demonstrate evidence of progression linked to the Curriculum; and
 - identify doctors who may need additional help.
- 9.18 The Foundation Programme aims to enable foundation doctors to develop their competence under supervision. Assessments with constructive feedback can support learning and enable the foundation doctor to reflect on their strengths and weaknesses and target their learning.

9. The learning environment

- 9.19 The standard of competence is what is expected at the end of F1 and the end of F2. Therefore foundation doctors may not meet this level at the beginning of the year but should show evidence of progress during the year.
- 9.20 All those engaged in assessing learning encounters in the workplace must be trained in the assessment methodology, providing feedback and in equality and diversity awareness. They should also be competent in the procedure or activity under assessment.
- 9.21 Clinical supervisors should draw upon their own observations and feedback from their health and social care colleagues when completing their end of placement report.

Generic teaching and study leave

- 9.22 The generic teaching programme and study leave are provided to support the objectives of the Foundation Programme. In particular, both the generic teaching programme and study leave should be used to support the acquisition of the outcomes and competences set out in the Curriculum and to enable foundation doctors to explore career options.
- 9.23 There should be a generic teaching programme in both F1 and F2. The generic teaching programme should be mapped to the Curriculum. A register of attendance should be maintained.
- 9.24 Study leave which has not been allocated to the generic teaching programme, may be taken as long as this is consistent with maintaining clinical services. Study leave must be agreed far in advance as not to disrupt services and it must be supported by the educational supervisor. It can only be used to:
- support the aims of the Foundation Programme;
 - achieve the foundation outcomes; and
 - explore career opportunities and improve wider professional development.
- 9.25 Study leave should not be used to prepare for specialist examinations during foundation training.
- 9.26 Foundation doctors training flexibly are entitled to pro-rata access to study leave funding and time allocations.

Foundation doctors in foundation year one (F1)

- 9.27 F1 doctors are entitled to three hours of in-house, formal education as part of their working week which should be relevant, protected ('bleep-free') and appropriate to their F1 training. Foundation doctors must not be on duty and should give their pagers to someone else so that they can take part.
- 9.28 This weekly in-house, formal education may be aggregated to release whole days for generic training during F1.
- 9.29 This should include a generic teaching programme mapped to the Curriculum.

9. The learning environment

- 9.30 F1 doctors may not apply for study leave. However, local arrangements may exist to enable F1 doctors to undertake tasters towards the end of the F1 year.

Foundation doctors in foundation year two (F2)

- 9.31 F2 doctors may receive three hours of in-house, formal education as part of their working week which should be relevant, protected ('bleep-free') and appropriate to their F2 training.
- 9.32 F2 doctors may take up to 30 days study leave, as long as this is consistent with maintaining essential service.
- 9.33 During the F2 year, attendance at foundation generic training programmes is compulsory. Formal education programmes which support generic professional training are part of the foundation doctor's study leave allowance and should offer a minimum of ten days training per annum, and should be mapped to the Curriculum. Both study leave funding and time available to F2 doctors can be used for the generic teaching programme.

Career management

Key principles in career management for foundation doctors

- 9.34 Effective career planning and management support are an integral part of postgraduate medical education and training. The following principles are central to this process:
- foundation doctors should be encouraged to adopt a pragmatic, realistic outlook and to recognise that their desired career path may only be attainable within the context of the job market and their personal circumstances;
 - foundation doctors are expected to be proactive in the planning and progression of their career; building on career management skills learnt at medical school to be further consolidated throughout the duration of their career;
 - they should be encouraged to develop career planning skills during their time in the Foundation Programme which can be facilitated by increasing their awareness of their personal work values, strengths and attributes;
 - exploration of wider potential career options and reflection is encouraged before the narrowing of options and more detailed consideration takes place;
 - foundation doctors should be aware that careers can change direction due to ill health, disability and work life balance issues. Foundation doctors should seek careers support if their circumstances change;
 - they are encouraged to consider their possible career pathways and subsequent specialty training programmes when choosing F1 and F2 taster attachments (see appendix 11f) audit projects and research.

Career management resources for foundation doctors

- 9.35 Foundation doctors must have access to accurate and up to date information in order for informed and realistic decisions to be made. The following will help facilitate this approach:
- foundation doctors should be aware of sources of information on competition ratios such as the UK Medical Careers (www.medicalcareers.nhs.uk), UK Foundation Programme Office (UKFPO) (www.foundationprogramme.nhs.uk) and NHS

9. The learning environment

Employers websites (www.nhsemployers.org);

- careers information is available from the UK Medical Careers, the UKFPO, deaneries and the royal colleges and faculties websites;
- careers publications should be available in postgraduate medical libraries (e.g. BMJ Careers);
- educational supervisors should discuss the foundation doctor's career aspirations and sources of advice and information.

Community placements

- 9.36 The Foundation Programme should equip foundation doctors with the skills they need to manage acute, chronic and multiple health problems across different healthcare settings. This could be delivered by providing a placement in a community setting (e.g. general practice, public health, palliative care, community paediatrics, psychiatry).

Inappropriate tasks

- 9.37 Patient safety must be paramount at all times. Foundation doctors should only undertake tasks which they are competent in or are learning to be competent in with adequate supervision. The Foundation Programme must provide appropriate opportunities for foundation doctors to consolidate, acquire and demonstrate all of the outcomes and competences set out in the Curriculum.
- 9.38 Foundation doctors must not be put in a position where they are asked to work beyond their competence without appropriate support and supervision from their clinical supervisor e.g. the prescription or transcription of cytotoxic or immunosuppressive drugs.
- 9.39 The majority of foundation training typically takes place in the workplace. Appropriate secretarial and ward clerk support must be provided to support foundation doctors in their service and educational work. To ensure that foundation doctors maximise their learning opportunities, they should not routinely be engaged in tasks such as delivering requests/samples for investigations, phlebotomy or chasing X-rays.
- 9.40 Duties such as clerking for endoscopy lists (day cases), day case surgery or angiography (day cases) must only be carried out by foundation doctors when such work forms an educational and/or natural part of the continuity of patient care.
- 9.41 Tasks such as exercise ECGs and minor surgery are only appropriate for foundation doctors to carry out if there is a clear training component, i.e. supervision by a more senior doctor or further involvement in the patient's care.
- 9.42 Before seeking consent both the foundation doctor and supervisor must be satisfied that the foundation doctor understands the proposed intervention, its risks and is prepared to answer associated questions the patient or carer may ask. If the foundation doctor is unable to do this, they must have access to a supervisor with the required knowledge. Foundation doctors must act in accordance with GMC guidance on consent [*Consent: patients and doctors making decisions together (2008)*].

10. Progressing as a foundation doctor and completing the Foundation Programme

Requirements for satisfactory completion of F1

- 10.1 The Foundation Programme is both time and outcome-based. Provisionally registered doctors with a licence to practise must complete one year in an approved programme to be eligible to apply for full registration.
- 10.2 The GMC and PMETB have approved the *Foundation Programme Curriculum* (the Curriculum) published by the Academy of Medical Royal Colleges Foundation Committee and four UK health departments. The outcomes set out in *The New Doctor* have been mapped to the Curriculum. F1 doctors must demonstrate the outcomes set out in the Curriculum on different occasions and in different clinical settings as a professional in the workplace demonstrating a progression from the competence required of a medical student. F1 doctors are also encouraged to gain additional appropriate experience.
- 10.3 The requirements for satisfactory completion of F1, with guidance notes, are set out in Table 1 below. By confirming that a foundation doctor has met all the requirements for satisfactory completion of F1, the Foundation Training Programme Director/Tutor (FTPD/T), Foundation School Director (FSD) and medical school dean or their authorised signatories must be satisfied that the foundation doctor has achieved the required outcomes of training and practices in line with the principles of professional practice set out in *Good Medical Practice*.

Section 10: Table 1

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).
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.
A satisfactory End of Placement Final Review form for each placement	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. If this is the case, the FTPD/T should discuss this with the FSD. The last end of placement review must be satisfactory. The completed form should draw upon the evidence required overleaf.

10. Progressing as a foundation doctor and completing the Foundation Programme

A satisfactorily completed Summary of Evidence Presented form, which should have all sections appropriately completed	F1 doctors must record how they have demonstrated each outcome.
Satisfactory completion of the required number of assessments	
Evidence that the F1 doctor can carry out the procedures required by the GMC	The foundation doctor should use a logbook and be assessed by an appropriate practitioner. An appropriate practitioner would be a more senior doctor or a senior nurse or other health professional, who is skilled and trained in the procedure concerned and in assessment.
A valid Intermediate 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.
Participation in systems of quality assurance and quality improvement	Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training. In particular, foundation doctors should complete the national trainee survey.
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.

Review of progress in F1

- 10.4 The New Doctor sets out guidance on monitoring the progress of F1s in the *Standards for training for the Foundation Programme* in the *New Doctor*.
- 10.5 The requirements for satisfactory completion of F1 must be made clear during induction. Around the beginning of each placement, foundation doctors must meet with their educational supervisors to agree how the learning objectives for this period of training will be met. Educational supervisors must make sure that a foundation doctor's performance is appraised at appropriate intervals and that those who have worked with the foundation doctor have an opportunity to provide constructive feedback (e.g. TAB, clinical supervisor's report).
- 10.6 Foundation doctors must meet with their educational supervisor to assess whether they have met the necessary outcomes. The educational supervisor must only confirm satisfactory service if the foundation doctor has participated in the educational process and met the required outcomes.

10. Progressing as a foundation doctor and completing the Foundation Programme

- 10.7 Regular review of progress and clear lines of communication enable the early identification of foundation doctors needing additional help. Guidance on the identification, support and management of doctors in difficulty is set out in 10.27 – 10.28.
- 10.8 The foundation school must publish its timeline for the review of progress by the FTPD/T. It is the responsibility of foundation doctors to collect evidence of their progress in their e-portfolio.
- 10.9 Where possible, the FTPD/T should convene a panel comprising at least two members to consider whether the foundation doctor has met the requirements for satisfactory completion. All members of the panel should have completed equality and diversity training usually within the last three years. The foundation doctor should typically only attend if there are concerns that the requirements have not been met (see 10.42 – 10.65).
- 10.10 If the FTPD/T or panel is satisfied that the foundation doctor has met the requirements, the FTPD/T should sign the Attainment of F1 Competence form. It is recommended that the FTPD/T or panel use a check-list to confirm that they have considered all of the requirements and add any comments to explain the judgment.
- 10.11 The Attainment of F1 Competence form, with any supporting documentation, should be forwarded to the FSD of the current foundation school (or other authorised signatory), who should counter-sign the form if satisfied that the foundation doctor has met the requirements for satisfactory completion of F1.
- 10.12 There should be a similar arrangement for monitoring the progress of foundation doctors training flexibly and adjustments made to the timetable for the review by the end of 12 months.
- 10.13 Universities/medical schools or their designated representative in the deaneries use the Attainment of F1 Competence form when completing the Certificate of Experience to certify that a provisionally registered doctor has satisfactorily completed a programme for provisionally registered doctors.

Requirements for satisfactory completion of the Foundation Programme

- 10.14 The requirements for satisfactory completion of the second year of the Foundation Programme with guidance notes are set out in Table 2 as overleaf. By confirming that a foundation doctor has met all the requirements for satisfactory completion, the FTPD/T, postgraduate dean or their authorised signatories must be satisfied that the foundation doctor has completed at least one year in an approved F2 programme, achieved the required outcomes set out in the Curriculum and demonstrated the principles of professional practice set out in *Good Medical Practice*.

10. Progressing as a foundation doctor and completing the Foundation Programme

Section 10: Table 2

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 End of Placement Final Review form for each placement	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 satisfactory completion of the Foundation Programme. If this is the case, the FTPD/T should discuss this with the FSD. This should include the evidence required below.
An acceptable attendance record at foundation teaching sessions	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 satisfactorily completed Summary of Evidence Presented form, which should have all sections appropriately completed	F2 doctors should record how they have demonstrated each outcome.
Satisfactory completion of the required number of assessments	
Evidence that the foundation doctor can carry out the procedures required by the GMC	The Curriculum requires F2 doctors to maintain and improve their skills in the procedures required by the GMC for successful completion of F1. By the end of F2, foundation doctors should be able to help others with difficult procedures and guide F1 doctors in teaching others.
A valid Advanced Life Support (or equivalent) certificate	
Evidence of involvement in audit	The Curriculum requires that F2 doctors have been actively involved in undertaking a clinical audit, and recognise how it relates to the improvement of clinical standards and addresses the clinical governance agenda.

10. Progressing as a foundation doctor and completing the Foundation Programme

Participation in systems of quality assurance and quality improvement	Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training. In particular, foundation doctors should complete the national trainee survey.
Signed probity and health declarations	A separate form should be signed for F2.

Review of progress in F2

- 10.15 Like F1, the requirements for satisfactory completion of the Foundation Programme must be made clear during induction. Around the beginning of each placement, foundation doctors must meet with their educational supervisors to agree how the learning objectives for this period of training will be met. Educational supervisors must make sure that foundation doctor's performance is appraised at appropriate intervals and that those who have worked with the foundation doctor have an opportunity to provide constructive feedback (e.g. TAB, clinical supervisor's report).
- 10.16 Foundation doctors must meet with their educational supervisor to assess whether they have met the necessary outcomes. The educational supervisor must only confirm satisfactory service if the foundation doctor has participated appropriately in the educational process and met the required outcomes.
- 10.17 Regular review of progress and clear lines of communication enable the early identification of foundation doctors needing additional help. Guidance on the identification, support and management of doctors in difficulty is set out in 10.27 – 10.28.
- 10.18 Towards the end of the Foundation Programme, the FTPD/T must formally review the foundation doctor's progress. It is the responsibility of foundation doctors to collect evidence of their progress in their e-portfolio. The FTPD/T will not chase the foundation doctor.
- 10.19 Where possible, the FTPD/T should convene a panel comprising at least two members to consider whether the foundation doctor has met the requirements for satisfactory completion. All members of the panel must have completed equality and diversity training; this usually means within the last three years. The foundation doctor should typically only attend if there are concerns that the requirements have not been met (see 10.42 – 10.65).
- 10.20 If the FTPD/T or panel is satisfied that the foundation doctor has met the requirements, the FTPD/T should sign the Foundation Achievement of Competence Document (FACD). It is recommended that the FTPD/T or panel use a check-list to confirm that they have considered all of the requirements and add any comments to explain the judgment.
- 10.21 The FACD with any supporting documentation, should be forwarded to the current foundation school and the dean (or other authorised signatory), who will counter-sign the form if satisfied that the foundation doctor has met the requirements for satisfactory completion of the Foundation Programme.

10. Progressing as a foundation doctor and completing the Foundation Programme

10.22 There should be a similar arrangement for monitoring the progress of foundation doctors training flexibly and in academic programmes. Foundation schools should also review the academic foundation doctors' progress and provide a record of their academic achievements in the programme.

Approved Practice Settings (APSs) for doctors new to full registration

10.23 UK graduates new to full registration, international medical graduates or those returning to the medical register after prolonged absence from UK practice, are required to work initially within an APSs in the UK for a period of 12 months. An APS is an organisation approved by the GMC as suitable for doctors new to full registration.

10.24 Doctors who want the requirement to work within an APS need to provide the GMC with evidence that they have completed a satisfactory pattern of experience. A satisfactory pattern will be:

- 12 months satisfactory UK experience in F2 within the last three years;
- one year's satisfactory UK experience within the last three years in supervised posts in the health service (excluding posts undertaken under provisional registration), each of at least three months duration;
- one year's satisfactory UK experience in the last three years in certain posts accepted by the GMC (for example posts undertaken under approved head of department sponsorship schemes).

10.25 The evidence required to support such applications will be:

- the FACD, for those who have undertaken F2 in the Foundation Programme in the UK; or
- if they are not in the Foundation Programme, structured GMC reports completed by their supervising consultant(s) covering the full period of experience and confirming that they have satisfactorily completed that experience.

10.26 Foundation doctors who undertake F2 outside the UK will have to ensure that their first year of practice as a fully registered doctor in the UK is undertaken in an APS. A FACD relating to F2 placements undertaken outside the UK will not be accepted for release from the APS requirement. In order to be released from the requirement to work in an APS, they will have to provide evidence that they have satisfactorily completed an accepted pattern of experience as described above.

Doctors in difficulty

10.27 Foundation doctors require close supervision and should not be expected to exceed their level of clinical competence. Occasionally foundation doctors fall below the standards expected of them. This could be for a number of reasons including problems with their health, attitudes, knowledge or skills. Often these factors are interrelated, so educational supervisors and other members of the foundation school team should be vigilant for co-existent health problems when considering concerns about attitudes or skills.

10. Progressing as a foundation doctor and completing the Foundation Programme

10.28 Managing and supporting doctors in difficulty depends on a close working relationship between a foundation doctor's employer, human resources, occupational health and the deanery/foundation school.

Doctors who are underperforming

10.29 Underperformance may be identified by a number of routes, which include:

- the foundation doctor's reluctance or failure to take part in all the necessary training modules;
- the foundation doctor's reluctance or failure to get fully involved in the assessment process;
- concerns raised by clinical supervisors, educational supervisors, clinical directors or other members of the healthcare team; or
- serious incidents, events or complaints.

10.30 Clinical and educational supervisors should look out for signs of problems, and be ready to offer support to foundation doctors. It is essential that the clinical and educational supervisors agree who will raise concerns. Concerns should be raised early and formally with the foundation doctor. If the clinical supervisor raises concerns, the educational supervisor must also be informed. The educational supervisor may also wish to seek advice from the FTPD/T and the deanery/foundation school.

10.31 If concerns relate to patient safety, the FTPD/T should discuss the matter with the relevant clinical director, head of service, medical director or general practice to ensure that appropriate measures are in place. The deanery/foundation school must also be informed.

Doctors who are ill

10.32 Illness, particularly stress related or psychological illness, can first present as underperformance.

10.33 Foundation doctors, who have health problems that are impairing or may impair their performance, should contact occupational health for a specialist opinion and guidance. The employer may also refer the foundation doctor to occupational health.

10.34 Occupational health may recommend a review of the foundation doctor's training programme. If this is the case, the educational supervisor should meet with the foundation doctor to review their learning needs. The educational supervisor should work with the FTPD/T to adapt the rotation if feasible.

10.35 As part of the induction process, FTPD/Ts should ensure that foundation doctors are made aware of the employer's policy on informing the employer of illness and cover arrangements.

10. Progressing as a foundation doctor and completing the Foundation Programme

Misconduct

- 10.36 If a foundation doctor is alleged to be bullying, stealing, using the internet for inappropriate purposes etc. this should be managed using normal employer policies. It is important that the matter is brought to the attention of the FTPD/T and the deanery/foundation school. The educational supervisor may be required to provide information about alleged misconduct to those conducting the investigation on behalf of the employer.
- 10.37 Foundation doctors must provide information in their e-portfolio relating to probity. This may include the outcome of any procedures undertaken by their employers and a reflective report. This is in addition to the declaration of fitness to practise required by the GMC when applying for full registration (see www.gmc-uk.org for more details).

Assessing and supporting doctors in difficulty

- 10.38 When a concern has come to light, the educational supervisor should ask those involved to describe, where possible in writing, the actual events that took place. This forms the basis for the discussion with the foundation doctor. The educational supervisor should arrange an in-depth assessment, looking at the foundation doctor's health, attitudes, skills and their training environment, so that they can take appropriate supportive action. A learning plan should be devised with the foundation doctor. A summary of all discussions should be documented and agreed by the foundation doctor. All meetings, discussions and assessments should be recorded in writing.
- 10.39 The FTPD/T should be made aware early in the process that there is a problem.
- 10.40 Where a foundation doctor does not acknowledge a problem or fails to engage in the process the FTPD/T should become involved. More frequent meetings with the educational supervisor may be required to monitor progress.
- 10.41 The FTPD/T should discuss the concerns with the FSD so that appropriate support can be provided. This will typically include extra assessment, remedial support, including referral to a specialist trainee support unit if available, and during F1, involvement of the doctor's medical school. Such action may be separate to or part of the employer's performance or disciplinary procedure. The FSD should work with the deanery to ensure all support mechanisms may be accessed to support the foundation doctor.

Doctors at risk of not completing F1/F2

- 10.42 It is expected that the majority of foundation doctors will meet the required standard for satisfactory completion of F1 or F2.
- 10.43 If a foundation doctor continues to have difficulties towards the end of the training period and is at risk of not meeting the required standard for F1 or F2, the FTPD/T should convene a performance review panel.

10. Progressing as a foundation doctor and completing the Foundation Programme

The performance review panel

10.44 The panel's responsibilities include:

- considering whether the referred foundation doctor has met the required standard;
- considering whether the training experience and support have been appropriate; and
- advising the postgraduate dean/FSD about future action.

10.45 The FTPD/T should chair the panel. The other members of the panel should include a FTPD/T or educational supervisor not involved in the training of the referred foundation doctor and a lay person. All members of the panel must have completed valid training in equality and diversity awareness usually within the last three years.

10.46 The chair of the performance review panel may request further information prior to the meeting and should invite the foundation doctor to attend.

10.47 Some of the options available to the performance review panel and the FSD are described below.

Foundation Year 1 doctors at risk of not completing

10.48 If an F1 doctor is not able to demonstrate that they have met the outcomes expected of them, the FSD should work with the relevant medical school to develop appropriate 'remedial' (support) processes to support F1 doctors in achieving the necessary F1 outcomes so that they can be registered with the GMC. A remedial training placement should be arranged for a fixed period (for example, 3, 4 or 6 months).

10.49 In a small number of cases, a further fixed-term period may be agreed but the total period of this extra training should not exceed 12 months full-time equivalent.

10.50 The GMC must be informed when the medical school or their designated representative in a deanery or foundation school has determined that the outcomes for full registration have not been met by an F1 doctor and the doctor has not been signed off. This would happen after the appropriate remedial supportive measures for a foundation doctor who fails to make progress during foundation training have been followed.

10.51 Foundation doctors who are a risk to patients must not be signed off for full registration with the GMC. Information about these foundation doctors should be passed to the GMC for consideration about fitness to practise.

Foundation Year 2 doctors at risk of not completing

10.52 The management of F2 doctors who have failed to demonstrate that they have met the required standard for satisfactory completion will depend on the circumstances. Table 3 sets out guidance.

10. Progressing as a foundation doctor and completing the Foundation Programme

Section 10: Table 3 – Guidance for managing F2 doctors who do not meet the required standard

a. Doctors who fail to provide evidence of gaining FP outcomes
<ul style="list-style-type: none">• This may be, for example, as a result of failure to complete enough assessments, or to provide the outcomes for analysis on time.• Exit action: It is the foundation doctor's responsibility to do their assessments on time. If, at the end of the F2 year, they have not built up enough assessments as evidence of their competence, they will not be awarded a FACD. The educational supervisor should encourage each foundation doctor to get involved in the assessment process, and to report any difficulties they may have in doing so as soon as they arise. The educational supervisor should report to the FTPD/T any foundation doctor who does not engage in the assessment process. The FTPD/T will consider further in-depth assessment for the foundation doctor concerned, to look at their health, attitudes, skills and the training environment, and to see what support they need. At this stage the FTPD/T should involve the FSD. If, despite this support, the foundation doctor does not complete the necessary number of different types of assessments, they should be provided with a letter confirming that they have not met the required standard and that no further training will be offered.• Return to training: If the foundation doctor decides to return to training, they will have to apply for entry to the F2 programme in the normal way. If they get a place on the training programme, their e-portfolio may provide a useful starting point for a learning plan. The foundation doctor will normally be expected to complete the full set of competence assessments following their return to training, before they will be issued with a certificate of satisfactory completion. They may be given credit for the time they have already completed in training or the competences they have already achieved, but this will be at the discretion of the FSD.
b. Doctors who fail to achieve the standard for FP completion at the end of the F2 year
<ul style="list-style-type: none">• For example, assessments may reveal that the foundation doctor has not achieved the standard needed for F2 within the expected timescale.• Although the educational supervisor should do all they can to identify those foundation doctors who are struggling early on, and to provide support as soon as possible, some foundation doctors will not achieve the necessary standard within the expected timescale. This failure to progress as expected should automatically lead to a further in-depth assessment that will look at the foundation doctor's health, attitudes, skills and their training environment, and the appropriate support they need. If, at the end of the F2 year, the doctor's assessments taken together show that they have not met the necessary standard, they will not be eligible for the F2 achievement of competence document. The foundation doctor should be given an educational supervisor's report that lists the outcomes they have achieved while in the programme, and their level of performance as assessed at the time of the F2 year. This report should be filed in their e-portfolio, which the foundation doctor should keep. Depending on the nature and seriousness of the doctor's under performance, it may be appropriate to refer them to the GMC.• Remedial training: As long as the foundation doctor has been involved in the training and assessment process, and tried to improve their weaknesses, they may be granted an extension to their F2 training through a remedial training placement.

10. Progressing as a foundation doctor and completing the Foundation Programme

This placement will focus on the identified weaknesses. The FSD will have the final decision. A remedial training placement will be arranged for a fixed period, usually for 3, 4 or 6 months (full-time equivalent). In exceptional circumstances, a further fixed-term placement may be agreed. However, the total period of remedial training should not exceed 12 months (full-time equivalent) in total. The foundation doctor does not have to apply for remedial training. Instead, it will be arranged by the FSD in discussion with the foundation doctor, as far as possible to suit their individual needs. The e-portfolio will provide evidence of the outcomes the foundation doctor has already achieved, and will form the starting point for developing a learning plan. The foundation doctor will be expected to satisfactorily complete the full set of competence assessments during their remedial training. If they do, they will be issued with an FACD.

c. Doctors who fail to meet the requirements for satisfactory completion of the Foundation Programme at the end of remedial training

- In this situation, assessments reveal that the foundation doctor has failed to achieve the standard needed to complete F2 despite having an extended period of remedial training.
- **Exit action:** If, at the end of the extended period of remedial training, the doctor's assessments taken together show that they have not met the required standard, they will not be eligible for the FACD. The foundation doctor should be given an educational supervisor's report that lists the outcomes they have achieved while in the programme, and their level of performance as assessed at the end of the remedial training. This report should be filed in the e-portfolio, which the foundation doctor should keep. At this stage the foundation doctor must be referred to the GMC.
- **Return to training:** It is possible that after a career break, or experience of working in another setting, the foundation doctor, who has failed to achieve the requirements for satisfactory completion of the Foundation Programme (despite extended remedial training), may want to try again. They will have to apply for entry to F2 training opportunities through the normal competitive process. Once the foundation doctor has been appointed, the e-portfolio will provide evidence of the outcomes they have already achieved, and those they did not achieve even after remedial training. This e-portfolio can provide the basis for developing a learning plan. The foundation doctor will be expected to complete the full set of workplace-based assessments satisfactorily after they return to training, before they will be eligible for the FACD.

d. Doctors who are dismissed from an F2 placement (for example, because of misconduct)

- **Exit action:** If the foundation doctor is dismissed from one placement in the F2 rotation, this normally means they are dismissed from the Foundation Programme altogether following consideration by the FSD. The FSD should provide a letter if the foundation doctor has been dismissed from the Foundation School. The medical director (or equivalent) of the employing organisation should consider referring the foundation doctor to the Regional Director of Public Health or to the GMC, depending on the nature and seriousness of the behaviour that led to the foundation doctor's dismissal, and whether there is any doubt about their fitness to practise.
- **Return to training:** A foundation doctor returning to training will have to apply for entry to F2 in the normal way. They must state on their application form for F2 if:

10. Progressing as a foundation doctor and completing the Foundation Programme

- they have previously been dismissed for misconduct;
 - they have ever been disqualified from practice or had specific limitations put on their practice; or
 - their fitness to practise is currently under investigation, in the UK or elsewhere.
- Once the foundation doctor has been appointed, their e-portfolio will provide a basis for their learning plan. Their previous dismissal, and the behaviour that led to it, will be taken into account in setting their objectives and arranging their supervision. The foundation doctor will normally be expected to complete the full set of workplace-based assessments after they return to training, before they will get a FACD, but they may be given credit for time they have already completed or outcomes they have achieved, although this decision will be made by the FSD.

Meeting to discuss the FSD's decision

- 10.53 Once the FSD has considered the recommendations of the panel or the outcome of any action taken by the employer, the FSD should make a decision about what further action the foundation school will take.
- 10.54 The FSD or FTPD/T should meet with the foundation doctor to explain the decision. Foundation doctors should confirm that they understand the FSD's decision. The FSD or FTPD/T must ensure that the foundation doctor is made aware of the process for appeals.

Termination of a training contract

- 10.55 If a foundation doctor is dismissed for misconduct, the FSD will normally terminate the training contract. The FSD must inform the foundation doctor's current and any known future employer as part of the Foundation Programme, when terminating a training contract.
- 10.56 The FSD should inform the fitness to practise department of the GMC.
- 10.57 The employer is responsible for publishing and managing the appeals process against dismissal for misconduct.

Appeals against decisions of foundation school director

- 10.58 Foundation doctors may appeal against the decision of the FSD. They should lodge their complaint in writing within 10 working days of receiving the decision of the FSD. The appeal should be addressed to the postgraduate dean.
- 10.59 The postgraduate dean (or nominated representative) should arrange a formal appeal hearing, which should normally take place within 15 working days of receipt of a request for an appeal where practicable. Foundation doctors may support their appeals with further written evidence. All documentation which will be considered by the appeal panel must be made available to the foundation doctor.

10. Progressing as a foundation doctor and completing the Foundation Programme

- 10.60 If the panel has recommended that the foundation doctor should be withdrawn from the Foundation Programme, the postgraduate dean should assume that a formal appeals hearing will follow and take the necessary steps to arrange it. An appeal hearing in these circumstances should proceed unless the foundation doctor formally withdraws, in writing, from the programme at this stage. The dean should always confirm the position in writing with the foundation doctor where the doctor declines an appeal hearing.
- 10.61 The dean or a nominated representative will convene an appeal panel to consider the evidence and to form a judgment. It should consider representations and evidence from both the foundation doctor and from those who are closely involved with their training, such as the educational supervisor or FTPD/T. There should be no cross examination of parties. The appeal panel should include the dean or a nominated representative as chair, an independent FSD or FTPD/T from another foundation school, two consultants or GPs from the same foundation school and a doctor in training. The membership of the panel should not include members of the original performance review panel. A representative from the personnel directorate of the employer or the deanery must be present to advise the chair, for example, on equal opportunities matters and to record the proceedings of the appeal. All members of the panel should have completed equality and diversity awareness training.
- 10.62 Foundation doctors also have a right to be represented at the appeal and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but this should not normally be a legal representative or family member. If a foundation doctor however wishes to be represented by a lawyer, the appeal panel chair should normally agree to their request. Legal representatives should be reminded that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning of others to be allowed by the legal representatives.
- 10.63 In advance of the hearing, the foundation doctor and the panel members should receive all documentation relevant to the appeal. The appeals panel may conduct enquiries as appropriate. The appeal panel should make its decision on the basis of the evidence. The appeal panel has the power to overturn or modify the decision made by the FSD. If they exercise this power, the FSD will abide by their decision. The decision of the appeal panel is final.
- 10.64 The dean should notify the foundation doctor in writing of the outcome within 5 working days from the date of the appeal hearing.
- 10.65 The foundation doctor may withdraw an appeal at any stage of the procedure. If the foundation doctor wishes to withdraw their appeal, they must write to the dean.

11. Appendices

- a) Sample job description for Foundation School Director (FSD);
- b) sample job description for Foundation School Manager (FSM);
- c) sample job description for Foundation Training Programme Director/Tutor (FTPD/T);
- d) conditions of taking up a training post;
- e) security standards for Foundation Programme e-portfolios;
- f) embedded taster experiences template;
- g) Foundation Achievement of Competence Document (FACD).

a. Sample job description for a Foundation School Director (FSD)

Job Title

Foundation School Director (FSD)

Reports to

Postgraduate dean

Role overview

The FSD is responsible for the quality management of the foundation school. Supported by a foundation school management committee, a Foundation School Manager (FSM) and appropriate administrative staff, the FSD is responsible for developing the strategic direction, quality management, faculty development and external relations of the foundation school.

Key responsibilities

1. Strategic development:
 - to set the strategic direction of the school under the guidance of the dean;
 - to work collaboratively with medical school(s) to aid seamless transition from undergraduate to foundation training;
 - to work collaboratively with Local Education Providers (LEPs) to ensure foundation doctors have access to high quality foundation training;
 - to provide an annual report to the UK Foundation Programme Office (UKFPO);
 - to attend and represent the foundation school at national FSDs meetings and UKFPO conferences.
2. Governance and Quality Management:
 - on behalf of the deanery, to set in place appropriate quality management processes to ensure the school meets the standards for training for the Foundation Programme as described in *The New Doctor*;
 - to ensure that there are clear procedures to immediately address any concerns about patient safety;
 - to ensure there are open, transparent, fair and effective processes for recruitment, selection and appointment of foundation doctors;
 - to work with LEPs, Foundation Training Programme Directors/Tutors (FTPD/Ts), educational supervisors and clinical supervisors to ensure a consistent and coordinated approach to the delivery of *The Foundation Programme Curriculum* (the Curriculum). This includes induction, effective supervision, teaching programme, assessments, an appropriate workload, personal support and time to learn;
 - to ensure that only foundation doctors who meet the standards for satisfactory completion of F1 and the Foundation Programme are signed off;
 - to ensure that there are systems to identify and assist doctors with differing needs. This includes doctors who wish to train flexibly, those returning after a career break, doctors with disabilities and those at risk of not meeting the requirements for satisfactory completion of F1 or the Foundation Programme;

a. Sample job description for a Foundation School Director (FSD)

-
- to ensure that the school provides timely, accurate and appropriate career information;
 - to ensure that an appeals panel meets when necessary (including making sure that all appeals panel members have been trained in equality and diversity);
 - to collect and analyse equality and diversity data (including outcome data) and make changes to local processes if issues are identified. The impact of these changes will subsequently be monitored;
 - to ensure that the UKFPO is informed about issues regarding non-EEA doctors sponsored under the UK Border Agency Tier 4 visa.
3. Faculty development:
- to ensure that there are open, transparent, fair and effective processes for the recruitment, selection and appointment of foundation faculty;
 - to contribute to the annual appraisal of FTPD/Ts in partnership with their employers;
 - to promote faculty development by enabling training and support for trainers.
4. External relations:
- to represent the foundation school at local and national meetings.

Person Specification

	Essential	Desirable
Qualifications/Education		Higher degree Postgraduate certificate or diploma in medical education
Skills/Training	Knowledge of current educational theory and practice, and ability to maintain an up to date awareness of relevant issues Interest in maintaining up-to-date clinical skills and knowledge of local and national issues relating to standards of medical and multidisciplinary education Knowledge of the <i>Foundation Programme Curriculum and Reference Guide</i> for Foundation Training	Trained as a Foundation Programme Assessor

a. Sample job description for a Foundation School Director (FSD)

Personal Attributes	Ability to lead small and large group discussions Ability to chair meetings Ability to lead and plan strategically Ability to develop and maintain networks and relationships with other professionals at all levels Excellent communication and negotiation skills	
----------------------------	---	--

b. Sample job description for a Foundation School Manager (FSM)

Job Title

Foundation School Manager (FSM)

Reports to

Foundation School Director (FSD)/deanery business manager

Role Overview

The FSM is responsible for the management of the operational and resource-related activities of the foundation school. Reporting to the FSD and normally supported by an administrative team, they will represent the school and/or deanery in recruitment and postgraduate medical education matters, which relate to the Foundation Programme.

Key responsibilities

1. Programme management:
 - to manage the recruitment process for foundation training in accordance with the national and deanery processes. To include coordination and planning of annual scoring events and interview panels with due regard to the requirements of equality, diversity and employment legislation;
 - to ensure systems are in place to record and maintain a database of foundation doctor and post details, enabling accurate monitoring and reporting including flexible training posts and foundation doctors requiring additional educational support;
 - to develop, maintain and monitor a process for the approval of all foundation training programmes within the foundation school. To work with the FSD to balance the national requirements of the Foundation Programme with local constraints, negotiating with local health care organisations to secure the availability of appropriate training programmes.
2. Communications and liaison:
 - to develop and maintain strong links with all key stakeholders to ensure the effective communication and successful delivery of policies and procedures relating to the Foundation Programme;
 - to provide a support and advice service on all aspects of foundation training to medical students, foundation doctors and the local foundation faculty;
 - to attend and represent the foundation school at national FSM meetings and UK Foundation Programme Office (UKFPO) conferences.
3. Governance and quality management:
 - to support the quality management process in accordance with deanery policy;
 - to provide regular reports for the foundation school board and committees and to deliver presentations in relation to foundation training as required;
 - to organise and contribute to the submission of the school's annual report to the UKFPO;

b. Sample job description for a Foundation School Manager (FSM)

- to ensure that all data held by and transferred out of the foundation school conforms to the principles of information governance including compliance with the obligations set out within the Data Protection Act 1998 in relation to personal data.
4. Systems development:
 - to develop, maintain and monitor systems for the collection, entry and analysis of assessment data to support F1 sign-off, application for full registration with the GMC and Foundation Programme sign off;
 - to develop, maintain and monitor policies and procedures which meet the requirements laid down in the Reference Guide with reference to the acquisition of foundation competences outside the UK; appeals; doctors requiring additional educational support; flexible and less than full time training; taster days and time out of the Foundation Programme.
 5. Marketing and promotion:
 - where relevant, to coordinate the school's marketing activities, including the management of the foundation school's website, development of promotional materials and arranging open evenings and careers events.
 6. Resource management:
 - to be involved in the line management of foundation school administrative staff including allocation of work, recruitment, appraisals, staff development and performance management;
 - where relevant, to monitor and manage the foundation school's budgets to ensure adequate resource provision for the school's recruitment and educational activities.

c. Sample job description for Foundation Training Programme Director/Tutor (FTPD/T)

Job Title

Foundation Training Programme Director/Tutor (FTPD/T)

Reports to

In England, to the Local Education Provider (LEP) Director of Medical Education; in Scotland and Wales, to the deanery; in Northern Ireland FTPD/Ts are accountable to both the Associate Dean for Foundation and to the Director of Medical Education within the LEP.

Role Overview

The FTPD/T is responsible for the overall management and quality control of a Foundation Programme. FTPD/Ts should be allocated the equivalent of one session of programmed activity for every 20-40 posts. S/he will work with the local lead educators to ensure that each placement of the programme and the programme as a whole meets the deanery standard for training and that each trainee is able to access a comprehensive range of experiences which will enable them to gain the competences necessary for full registration and completion of foundation training.

Key Responsibilities

1. To manage and quality control a specified foundation training programme:
 - to work with local educators (e.g. the director of medical education, clinical tutors) to manage and quality control a specified foundation training programme;
 - to ensure that the training programme meets the requirements of the educational contracts or agreements for foundation training;
 - to ensure that each programme and its constituent rotations have a current job plan that meets the educational aims specified for the programme and map to the *Foundation Programme Curriculum*;
 - to ensure that each placement in the programme meets the educational aims specified for the placement. This should include a clear description that outlines how the competences including the general professional competences are covered in each placement.
2. To ensure that all foundation doctors in the programme have access to suitable training, which will allow them the opportunity to achieve the requirements for satisfactory completion of F1 and the Foundation Programme.

This includes:

 - providing access to suitable induction, coordinated generic teaching and educational supervision;
 - providing access to clinical supervision and trained assessors;
 - monitoring the attendance and performance of each foundation doctor at regular intervals and initiating remedial support for any doctor in difficulty;
 - collecting evidence about attendance and performance to corroborate the content of individual foundation doctor's e-portfolios and enable decisions about recommendations for registration and certification;

c. Sample job description for Foundation Training Programme Director/Tutor (FTPD/T)

- evaluating induction, generic teaching and supervision and to ensure it meets minimum standards.
3. To work with the LEP(s) for the effective development of a local faculty of educators capable of delivering foundation training:
- to ensure that all educational and clinical supervisors have received appropriate training (including equality and diversity training) for their role as educators, supervisors and assessors;
 - to ensure that all educational supervisors are familiar with the required national documentation to be completed prior to full registration with the GMC, completion of foundation training and for revalidation;
 - to ensure that there is a sufficient number of trained staff able to assess foundation doctors;
 - to ensure that there is an effective method of selection and reselection of educational and clinical supervisors in conjunction with the director of medical education/clinical tutor, local HR departments and the deanery;
 - to ensure there is a database of local educators (educational supervisors, clinical supervisors, trained assessors).
4. To work with the Foundation School Director (FSD) and faculty to ensure foundation training benefits from a coordinated approach:
- to liaise regularly with the FSD, Foundation School Manager (FSM) and other Foundation Training Programme Director/Tutor (FTPD/T) to ensure that best practices are shared and there is a coordinated approach to the development and management of foundation training programmes;
 - to attend foundation school management committee meetings (or equivalent).

d. Conditions of taking up a training post

(Note: this is NOT an offer of employment)

Dear Dean and Foundation School Director (FSD),

On accepting an offer to take up a training post in the _____ foundation school, part of the _____ Deanery, I agree to meet the following conditions throughout the duration of the programme:

- to always have at the forefront of my clinical and professional practice the principles of *Good Medical Practice* for the benefit of safe patient care. Foundation doctors should be aware that *Good Medical Practice* requires doctors to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance;
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers;
- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a doctor in training with other employers involved in my training, the FSD and with the dean on a regular basis;
- to maintain regular contact with my Foundation Training Programme Director/ Tutor (FTPD/T) and the foundation school and deanery by responding promptly to communications from them, usually through email correspondence;
- to participate proactively in the appraisal and assessment process;
- to ensure that I develop and keep up to date my learning e-portfolio which underpins the training process and documents my progress through the programme and supports my career planning;
- to use training resources available optimally to develop my competences to the standards set by the *Foundation Programme Curriculum* and the other requirements for satisfactory completion of F1 and the Foundation Programme;
- to support the development and evaluation of this training programme by participating actively in the national annual trainee survey and any other activities that contribute to the quality improvement of training.

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the FSD and/or the dean may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does not constitute an offer of employment.

Yours sincerely

Appointee's signature:

Appointee's name (printed):

Date:

e. Security standards for Foundation Programme e-portfolios

Introduction

Foundation doctors use e-portfolios to support their learning, collect their assessments and gather other evidence of achievements. Deaneries/foundation schools must take account of both the e-portfolio as a whole and the included assessments when making decisions about whether a foundation doctor has met the required standard for successful completion of F1 or the Foundation Programme. It is essential that the data stored in e-portfolios (and if applicable – other assessment systems) is secure and that the content relates to what the foundation doctor has actually done. All individual e-portfolio users must discharge their duties as data custodians. The postgraduate deanery and/or the host organisation (where the postgraduate deanery is hosted by another organisation) will be the data controller.

The COPMeD National E-portfolio Management Group has agreed the following security standards. These conform with the Cabinet Office Report “Data Handling Procedures in Government: Final Report”, June 2008, the Freedom of Information Act 2000 and the Data Protection Act 1998. Deaneries/foundation schools and e-portfolio providers must ensure their Foundation Programme e-portfolios conform to these standards.

Section 1 – Patient Confidentiality

Standard:

The foundation e-portfolio should not contain any data which could identify an individual patient.

Rationale:

Patient confidentiality must be respected at all times. The e-portfolio does not form part of the patient record. Therefore it must not include any data that would identify an individual patient.

Mandatory requirement:

- Providers must display instructions to users not to include patient sensitive information. Any data relating to patients must be anonymised. This includes, but is not restricted to, data recorded as part of assessments and reflective logs.

Section 2 – Trainee confidentiality and access to data

Standards:

Levels of access to data must be clearly described

Data must only be shared on a need to know basis.

Rationale:

The Foundation Programme e-portfolio exists to support the learning of foundation doctors and collate evidence of learning, assessments and other achievements. Those responsible for training foundation doctors must be able to monitor progress and access relevant data to assist making a judgment about whether the doctor has met the requirements for satisfactory completion.

e. Security standards for Foundation Programme e-portfolios

Mandatory requirements:

- all Foundation Programme e-portfolios must provide information prospectively on who has access to what data, for what purpose and for how long;
- individual foundation doctors must be made aware that they will be expected to give consent for their data to be shared with the specified job titles in Table 1 of this domain. They must also be made aware that they will be unable to use the e-portfolio if they do not give this consent;
- all Foundation Programme e-portfolios should use the job titles specified in the *Foundation Programme Reference Guide*;
- the testing for any new releases of e-portfolios must include testing of the access levels for all types of users.

Recommended levels of access

Appendix 11e: Table 1: Job titles and access levels

Job Title	Access Level	Access Duration
Foundation doctor	All own data only	
Clinical supervisor	Shared e-portfolio content for specified foundation doctors in a particular placement of a particular Foundation Programme	During the period of supervision and for a period of 3 months following the end of the placement
Educational supervisor	Shared e-portfolio content for specified foundation doctors in a particular year of a particular Foundation Programme	During the period of supervision and for a period of 3 months following the end of the year
Foundation Training Programme Director/Tutor (FTPD/T) and nominated administrator	Shared e-portfolio content for specified foundation doctors in a particular Foundation Programme	During the Foundation Programme and for a period of 3 months following the end of the Programme
Postgraduate dean, Foundation School Director (FSD), Foundation School Manager (FSM), and other nominated administrators	Shared e-portfolio content for all foundation doctors in a particular foundation school	Indefinitely. Information should be archived
E-portfolio provider / system administrator	All data for all users subject to approval by the postgraduate dean	For such periods as are approved by the postgraduate dean

Section 3 – Quality management

Standard:

All Foundation Programme e-portfolios must employ strategies to reduce the risk of fraudulent data entry.

e. Security standards for Foundation Programme e-portfolios

Rationale:

Educational supervisors, foundation training programme directors, FSDs and deans use the data presented in the e-portfolio to make judgments about whether the foundation doctor has met the required standard for satisfactory completion of F1 or the Foundation Programme. It is essential, to ensure patient safety and preserve trust between the medical profession, patients and carers, that only doctors who meet the required standard are permitted to progress.

Mandatory requirements:

- only specially designated user accounts at a particular foundation school have the ability to create new users and to assign access levels;
- all e-portfolio providers must issue clear guidance to all users regarding the security of their login details and the consequences of sharing their details with someone else;
- the process for requesting the correction of user errors must be clearly documented and instructions issued to all e-portfolio users;
- foundation schools/deaneries must have a system for validating data and their entry. The system must be clearly documented and communicated to all e-portfolio users;
- providers should put systems in place to authenticate all users' identities (including individual doctors and assessors).

Section 4 – Aggregated data

Standard:

Any data used for analysis purposes must be aggregated and anonymised.

Rationale:

The data stored in the e-portfolio can provide information not only about participation in the process but also performance. This data is useful for the ongoing evaluation of e-portfolios and the Foundation Programme for the benefit of patient safety; service improvement; education and development.

Mandatory Requirement:

- all Foundation Programme e-portfolios must provide information prospectively on how aggregated data may be used;
- consent must be sought from individual foundation doctors for their data to be used, with a clear explanation that they are unable to continue to use the e-portfolio if they do not consent;
- only foundation doctors may download their own data. Downloads of non aggregated data is not permitted;
- data will be used for quality assurance, quality management and quality control purposes. Foundation Programme training directors may need to share aggregated data with those responsible for quality control within the Local Education Provider (LEP).

e. Security standards for Foundation Programme e-portfolios

Levels of aggregation for foundation e-portfolio analysis data

Appendix 11e: Table 2: Levels of aggregation

Level of aggregation	Access to aggregated data
Individual foundation doctor	Individual foundation doctor
Foundation placement	Educational supervisor
Foundation Programme	FTPD/T Nominated programme administrative support
Foundation school/deanery	FSD FSM Nominated foundation school administrative staff Dean Nominated deanery administrative staff
UK Foundation Programme Office (UKFPO)	Nominated UKFPO staff
LEP	Nominated person from the LEP

Section 5 – Database security

Standards:

All Foundation Programme e-portfolios must employ strategies to reduce the risk of unauthorised access.

All Foundation Programme e-portfolios must employ strategies to reduce the risk of data loss.

All Foundation Programme e-portfolios must comply with current government legislation and guidance relating to data security.

Rationale:

To encourage full participation of the Foundation Programme, all users must be assured that all reasonable steps have been taken to safeguard their data.

Mandatory Requirements:

- all providers should have a back up system;
- the strategies for managing risk must include an annual security review by an external independent body to comply with industry standard;
- the annual security review should test both the application itself and the security of the data (including hosting, back-up, etc.);
- detail relating to the robustness of the e-portfolio and the security controls employed must be made available to all e-portfolio users; this would include the extent and methods of the annual security review itself, but not its detailed results (which theoretically could compromise security);
- only foundation doctors may download their own data. Downloads of non aggregated data is not permitted.

f. Embedded taster experiences template

Foundation doctors should apply for tasters using normal study leave processes.

1. Developing High Quality Tasters

- a. The purpose of a taster experience is to:
 - enable the doctor to gain a small amount of clinical experience in a specialty in which they have not worked whilst a medical student or foundation trainee;
 - enable the doctor to explore in closer detail what a career in a specialty might entail – skills, attitudes, behaviours, essential aptitudes;
 - compare the taster specialty with others already experienced;
 - meet clinicians and explore career pathways in “unusual” specialties and settings;
 - explore opportunities available in small specialties and those specialties which have traditionally been undersubscribed.

- b. The essential components of a taster experience include:
 - opportunity to find out what is needed to succeed / progress / enjoy this specialty – skills, attributes and behaviour;
 - time with senior clinician(s) in the specialty, observing work, discussing career pathways, future opportunities, work life balance, this should include some time for 1:1 discussions;
 - time with current trainees (of various grades) in the specialty, observing work, discussing what life is like as a trainee in the specialty, work life balance, how their career choices were made, current and future shift patterns, exams, curricula, entry to specialty, this should include some time for 1:1 discussions;
 - time with key workers who support the specialty e.g. nurse practitioners, professions allied to medicine, community specialists, operating department practitioners, laboratory staff;
 - opportunity to participate in hands on activities under direct supervision;
 - opportunity to attend specialty education / training events e.g. multidisciplinary team meeting, trainee tutorial, skills lab, audit meeting.

- c. Seven steps to developing local taster opportunities:
 1. identify a lead contact in a specialty for foundation tasters (this would usually be a consultant or GP trainer);
 2. determine the number of taster weeks which might be accommodated / supported in the specialty;
 3. develop a programme which lasts for 2-5 days. This programme should explicitly state where to go for each half day, the start and finish times and who trainees should contact. (See example taster programme timetables);
 4. develop a short summary of what the foundation taster will deliver in each component;

f. Embedded taster experiences template

5. outline the objectives of the taster experience:
 - Include 1:1 time with a senior clinician (clinic, theatre, laboratory, GP surgery); time with the whole team (outpatients, ward round, team meetings) and time with trainees in the specialty. This should include some evening work which can demonstrate the out of hours experience;
 - Include educational events;
 6. develop an evaluation form which allows ongoing development of all components of the programme;
 7. ensure foundation training programme director locally has full details of all taster opportunities (and any changes which are made following evaluation) and all local foundation trainees have access to this register of tasters.
- d. Tips for a specialty: ensuring the best taster experience for the foundation trainee:
- discuss each individual placement in advance to give the foundation doctor the opportunity to identify what they wish to achieve /see /do during the placement;
 - welcome at start of day one with person who will be their main contact – explain programme again, introduce to the department, explain who to contact in an emergency, explain trainee is expected to undertake all the agreed activities, encourage reflective notes in the e-portfolio;
 - explore why individual is undertaking taster – expectations v. reality;
 - meet with foundation doctor regularly during the time to ensure satisfaction with experience so far, anything else they would like to do?;
 - at end of the taster, meet to review the experience, review reflective notes in e-portfolio and ensure evaluation form is completed.

2. Developing a Register of Tasters

A locally held register of tasters has been requested by foundation doctors i.e. tasters are already in place and may be accessed using locally agreed processes.

This local register should contain the outline programme and the short summary of the objectives of each taster. In order to develop these registers to meet the stated needs of the foundation trainees, the UK Foundation Programme Office (UKFPO) needs the help of Foundation School Director (FSD) and their local Foundation Training Programme Director/ Tutor (FTPD/T).

- a. FSD:
 - promote the development of registers of tasters and their availability within the programme / school;
 - work with the deanery career leads and Heads of Specialty Training Schools to identify specialties / locations which might be encouraged to promote and develop tasters (i.e. those with recruitment difficulties, those where career enquiries have been made, etc);
 - discuss and develop local arrangements within your deanery to facilitate “borrowing” of up to 5 days study leave from the F2 year for F1 doctors.

f. Embedded taster experiences template

b. FTPD/T:

- maintains an up-to-date local register of tasters;
- ensure all taster experiences have an agreed timetable and clearly defined objectives;
- discuss tasters with foundation doctors early in their F1 year and encourage them to plan them in to their timetable / rota;
- review all post-taster evaluations to ensure meeting needs of trainee;
- link with other taster providers to identify good practice and any barriers to successful experience;
- feed back to FSDs on tasters delivered and outcomes;
- in exceptional circumstances liaise with other local FTPD/Ts to arrange access to tasters by foundation trainees from nearby hospitals i.e. if trainee has interest in a specialty not available in their location.

Foundation schools are encouraged to include information about availability of local tasters on their web pages. The UKFPO offers to signpost these local tasters via their website at www.foundationprogramme.nhs.uk in the careers advice section.

3. Tasters in F1

In order to ensure that tasters are of benefit to foundation doctors when making timely career decisions, it may be helpful to make them accessible in the F1 year as well as F2. This is already established in some foundation schools. In practical terms, consideration could be given to borrowing some study leave entitlement from the trainee's F2 year. This opportunity is best met by development of local arrangements to enable more tasters to be undertaken before specialty applications are made.

f. Embedded taster experiences template

EXAMPLE TASTER PROGRAMME TIMETABLE 1

Taster in Anaesthetics

	AM (8.00-12.30)	PM (13.30 – 17.30)	Notes
Monday	<ul style="list-style-type: none"> • Meet Dr A – @ 9.30. discuss work of specialty • Plan for week • Introduction to department • Tour of theatres / ITU • Meet trainees and consultants 	<ul style="list-style-type: none"> • Theatre with Dr B • Inpatient list • Ward visit for pre-assessment • Preparing the theatre with ODP • Communication skills 	
Tuesday	<ul style="list-style-type: none"> • Day surgery theatre with Dr C • Suitability for day surgery 	<ul style="list-style-type: none"> • Chronic pain clinic with Dr D 	
Wednesday	<ul style="list-style-type: none"> • Acute pain ward round with Dr E • Prescribing for acute pain 	<ul style="list-style-type: none"> • Intensive Care Unit with Dr F • Out reach programmes • Care of the acutely ill patient 	Department teaching for trainees at lunchtime
Thursday	<ul style="list-style-type: none"> • Obstetric theatre with Dr A • Explore future developments in specialty 	<ul style="list-style-type: none"> • On call with Dr F until 21.00 • Emergency theatre 	Long day shift – end at 21.00 after handover to night shift
Friday	<ul style="list-style-type: none"> • Theatre with Dr C • Airway management • Visit recovery room 	<ul style="list-style-type: none"> • Attend simulator session with trainees • Review meeting with Dr A • Discuss the week and career planning for anaesthesia and critical care 	Complete evaluation and hand in Reflective entry in e-portfolio

f. Embedded taster experiences template

EXAMPLE TASTER PROGRAMME TIMETABLE 2

Taster in Cardiology

	AM (8.00-12.30)	PM (13.30 – 17.30)	Notes
Monday	<ul style="list-style-type: none"> Meet Dr A – @ 9.30. discuss work of specialty 	<ul style="list-style-type: none"> Catheter Lab with Dr B Ward visit for pre-assessment Preparing the environment Practical skills Communication skills 	
Tuesday	<ul style="list-style-type: none"> Outpatients Dr C Long term follow up Links with general practice 	<ul style="list-style-type: none"> Cardiac rehab clinic with nurse consultant 	
Wednesday	<ul style="list-style-type: none"> Ward round with Dr C Prescribing for cardiology patients Management of admissions 	<ul style="list-style-type: none"> Coronary Care Unit with Dr A Care of the acutely ill patient 	Department teaching for trainees at lunchtime
Thursday	<ul style="list-style-type: none"> Outpatients Clinic with Dr A 	<ul style="list-style-type: none"> On call with Dr F until 21.00 Emergency admissions 	Long day shift – end at 21.00 after handover to night shift
Friday	<ul style="list-style-type: none"> Research with Dr B Role of academic medicine Explore future developments in specialty 	<ul style="list-style-type: none"> Attend simulator session with trainees Review meeting with Dr A Discuss the week and career planning for cardiology 	Complete evaluation and hand in Reflective entry in e-portfolio

f. Embedded taster experiences template

EXAMPLE TASTER PROGRAMME TIMETABLE 3

Taster in General Practice

	AM (8.00-12.30)	PM (13.30 – 17.30)	Notes
Monday	<ul style="list-style-type: none"> • Meet Dr A – @ 9.30. discuss work of specialty • Plan for week • Introduction to practice and locality • Tour of surgery • Meet trainees, partners and practice staff 	<ul style="list-style-type: none"> • Afternoon visits and surgery with Dr B • Practical skills • Communication skills 	
Tuesday	<ul style="list-style-type: none"> • Surgery Dr C • Long term follow up • Links with hospitals 	<ul style="list-style-type: none"> • Diabetes clinic with practice nurse 	Attend practice meeting at lunchtime
Wednesday	<ul style="list-style-type: none"> • Minor ops session with Dr C • Developing a special interest 	<ul style="list-style-type: none"> • Afternoon visits and surgery with Dr B • Management of admissions 	Practice teaching for trainees at lunchtime
Thursday	<ul style="list-style-type: none"> • Surgery with Dr A • Explore GP contract 	<ul style="list-style-type: none"> • Attend half day release for GP STR 	Evening shift with out of hours service – finish at 21.00
Friday	<ul style="list-style-type: none"> • Morning with practice manager 	<ul style="list-style-type: none"> • Review meeting with Dr A • Discuss the week and career planning for general practice 	Complete evaluation and hand in Reflective entry in e-portfolio

g. Foundation Achievement of Competence Document (FACD)

Personal Details							
Name	GMC Number	Foundation School	Medical School				
F2 Clinical Training							
	Specialty	Educational / Clinical Supervisor	Employer	UK APS*		Date from (dd/mm/yy)	Date to (dd/mm/yy)
1				Yes	No		
2				Yes	No		
3				Yes	No		
4				Yes	No		
Recommendation by Foundation Training Programme Director/Tutor (or other authorised signatory)							
Documentation considered:							
E-portfolio & assessments						Yes	No
Record of attendance at formal teaching sessions						Yes	No
Record of attendance in employment (excluding annual leave)						Yes	No
Other:							
I confirm that the above named foundation doctor HAS met the requirements for satisfactory completion of the Foundation Programme as laid down by the GMC, the <i>Foundation Programme Curriculum</i> and the <i>Reference Guide</i>							
Name	Signature	Designation FTPD/T or Other		Date			
<i>Additional comments from FTPD/T or other</i>							
Signed by F2 Doctor							
Signature					Date		
Final Decision by Dean of the current deanery (or other authorised signatory)							
I confirm that the above named foundation doctor has ACHIEVED the required standard for satisfactory completion of the Foundation Programme.							
Name	Signature	Designation		Date			
Notes							

* UK APS = Approved practice setting in the United Kingdom. UK APS is an organisation approved by the GMC as suitable for doctors new to full registration, or returning to the medical register after prolonged absence from UK practice. See GMC for more details.

12. Glossary of terms

Appraisal	A positive process to provide feedback on the foundation doctor's performance, chart their continuing progress and identify their developmental needs.
APS	Approved practice setting.
MSC	Medical Schools' Council (Heads of Medical Schools and Deans of UK Faculties of Medicine).
Clinical Supervisor	A doctor who is selected and appropriately trained to be responsible for overseeing a specified foundation doctor's clinical work and providing constructive feedback during a training placement.
COGPED	Committee of GP Education Directors.
Competence	The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from performance, which denotes what someone is actually doing in a real life situation. (from the Workplace Based Assessment Subcommittee of the PMETB).
Competences	The skills that doctors need.
COPMED	Conference of Postgraduate Medical Deans in the UK.
Curriculum	A curriculum is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning, assessment, supervision, and feedback.
Educational Supervisor	A registered and licensed medical practitioner who is selected and appropriately trained to be responsible for the overall supervision and management of a specified foundation doctor's educational progress during a training placement or series of placements.
F1	The first foundation year which follows on from graduation from medical school and which is prior to registration with the General Medical Council (GMC).
F2	The second foundation year; follows full registration with the GMC.
Foundation Achievement of Competency Document (FACD)	Foundation Achievement of Competency Document. Awarded to the foundation doctor at the end of foundation training to indicate that the foundation competences have been successfully achieved.

12. Glossary of terms

Foundation Training Programme Director/ Tutor (FTPD/T)	The individual appointed by the Deanery and Local Education Provider (LEP) to manage and lead a Foundation Programme.
GMC	General Medical Council. 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.'
Local Education Provider (LEP)	Postgraduate education providers of placements as part of programmes for example trusts, Health Boards, general practices. There should be a service level agreement or equivalent between LEPs and the Deanery or commissioner of education.
PMETB	Postgraduate Medical and Education Training Board. Was the Competent Authority for both hospital specialties and general practice prior to the merger with the GMC in 2010.
Training Posts	These are the training opportunities contracted with foundation doctors by healthcare organisations during their individual Foundation Programmes at either F1 or F2 level.
Placements	The clinical components of an individual Foundation Programme, typically consisting of three specialties in either a F1 or F2 rotation.
Professionalism	Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients' best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs (from the Workplace Based Assessment Subcommittee of the PMETB).

12. Glossary of terms

Programme	A managed educational experience.
TOFP	Time out of Foundation Programme.
Foundation School Director	The head of the foundation school. The FSD is accountable to the postgraduate dean.