

The UK  
**Foundation  
Programme**  
Reference Guide

July 2012



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# 1. Introduction

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- 1.1 This document provides guidance to deaneries and foundation schools about the structures and systems required to support the delivery of the [Foundation Programme Curriculum 2012](#) (the Curriculum). First published in 2005, the Operational Framework was revised in 2007 and 2009. The second edition, published in 2010, was renamed the [Foundation Programme Reference Guide](#) (the Reference Guide).
- 1.2 There are four key objectives underpinning 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 The Reference Guide has been updated in response to Professor John Collins' report [Foundation for Excellence \(FFE\)](#). The key changes are:
  - Chapter 2:** sets out the agreed Purpose of the Foundation Programme (FFE Rec 1)
  - Chapter 4:** clarifies the optimal placement length (FFE Rec 10)
  - Chapter 7:** outlines the exceptional arrangements for swapping F2 rotations (FFE Rec 14) and has been updated to reflect the *Improving Selection to the Foundation Programme* project (FFE Recs 4 and 5) and changes to Transfer of Information (FFE Recs 31 and 33)
  - Chapter 8:** reflects the changes required to support the Curriculum (2012) (FFE Recs 2, 15, 20 and 22). It reaffirms that deaneries/foundation schools should provide details about how trainees can raise concerns if they consider that there is not an appropriate balance between education and training (FFE Rec 28). It also describes a range of options for providing community experience (FFE Recs 13 and 16)
  - Chapter 9:** provides guidance for the support and management of doctors in difficulty (during both F1 and F2)
  - Chapter 10:** introduces the F1 Annual Review of Competence Progression (F1 ARCP) process
  - Chapter 11:** introduces the F2 Annual Review of Competence Progression (F2 ARCP) process. There is significant overlap between the process for sign-off in F1 (Chapter 10) and F2 (Chapter 11) but there are also important differences.
- 1.4 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.
- 1.5 If deaneries/foundation schools derogate from this guidance, they should justify and publish their reasons for derogating together with the revised processes.
- 1.6 Ownership of the Reference Guide rests with the four UK health departments.
- 1.7 The next review of the Curriculum and Reference Guide is proposed for 2015.
- 1.8 If you would like to comment on the Reference Guide, please write to the UK Foundation Programme Office at [enquiries@foundationprogramme.nhs.uk](mailto:enquiries@foundationprogramme.nhs.uk) or:  
UK Foundation Programme Office, Regus House, Falcon Drive, Cardiff, CF10 4RU.

## 2. The purpose of the Foundation Programme

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- 2.1 The Foundation Programme is part of the continuum of medical education. It is the only point in medical training which is common to all United Kingdom medical students and doctors and ensures that newly qualified doctors develop their clinical and professional skills in the workplace in readiness for core, specialty or general practice training.
- 2.2 The Foundation Programme aims to ensure that all doctors deliver safe and effective patient care and aspire to excellence in their professional development in accordance with GMC guidance.
- 2.3 During the programme, foundation doctors work in a supportive environment where they are appropriately managed and supervised, enabling them to learn through service delivery whilst ensuring that patients are not put at risk. Foundation doctors practise within their own level of competence and are provided with adequate supervision and feedback to reach higher levels of competence in existing skills and to acquire new skills. The Foundation Programme builds on and develops the responsibilities of clinical professionalism. Satisfactory progress through the Foundation Programme indicates that a doctor is moving towards independent practice.
- 2.4 Throughout medical school and the Foundation Programme, medical students and graduates should draw upon career information and guidance and reflect on their abilities, interests and opportunities, as well as anticipated service needs to make informed choices about their future career. Refer to the Career Management section in the Reference Guide (see 8.42 – 8.43) and to [www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk) and [www.nhscareers.nhs.uk](http://www.nhscareers.nhs.uk).
- 2.5 The Foundation Programme aims to:
- build on undergraduate education by instilling recently graduated doctors with the attributes of professionalism and the primacy of patient welfare which are required for safe and effective care of patients with both acute and long term conditions
  - provide generic training that ensures foundation doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing both acute and long term conditions, regardless of the specialty
  - provide the opportunity to develop leadership, team working and supervisory skills in order to deliver care in the setting of a contemporary multidisciplinary team and to begin to make independent clinical decisions with appropriate support
  - provide each foundation doctor with a variety of workplace experience in order to inform their career choice. Whatever career path is entered subsequently, all foundation doctors must have opportunities to understand community care provision and the majority should be offered community placements.
- 2.6 In addition, deaneries/foundation schools in partnership with universities offer a small number of academic foundation programmes. These programmes provide appointees with opportunities to develop their academic skills and consider whether they wish to pursue a career as a clinical academic. All appointees must also meet the outcomes of foundation training.

### Outcomes of foundation training

- 2.7 Foundation year 1 (F1) enables medical graduates to begin to take supervised responsibility for patient care and consolidate the skills that they have learned at medical school. Satisfactory completion of F1 allows the relevant university (or their designated representative in a postgraduate deanery or foundation school) to recommend to the GMC that the foundation doctor can be granted full registration.

## 2. The purpose of the Foundation Programme

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- 2.8 Foundation year 2 (F2) doctors remain under clinical supervision (as do all doctors in training) but take on increasing responsibility for patient care. In particular they begin to make management decisions as part of their progress towards independent practice. F2 doctors further develop their core generic skills and contribute more to the education and training of the wider healthcare workforce e.g. nurses, medical students and less experienced doctors. At the end of F2 they will have begun to demonstrate clinical effectiveness, leadership and the decision making responsibilities that are essential for hospital and general practice specialty training. Satisfactory completion of F2 will lead to the award of a foundation achievement of competence document (FACD) which indicates that the foundation doctor is ready to enter a core, specialty or general practice training programme.

## 3. Organisation of postgraduate training

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### The General Medical Council (GMC)

- 3.1 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.
- 3.2 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

- 3.3 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.
- 3.4 The GMC secures the maintenance of standards by quality assuring the Foundation Programme.
- 3.5 The GMC has determined that the bodies that may provide, arrange or be responsible for programmes for provisionally registered doctors in the UK are postgraduate deaneries, or equivalent, and local education providers. An acceptable programme for provisionally registered doctors is one that is recognised by the GMC as providing provisionally registered doctors with an acceptable grounding for future practice as a fully registered medical practitioner. Therefore, provisionally registered doctors are not eligible to undertake work as a locum appointment for service (LAS).
- 3.6 The GMC also holds and maintains the medical register. 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](#).

### The health departments

- 3.7 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 (UKFPO)

- 3.8 The UKFPO manages the national application process to the Foundation Programme, issues guidance on foundation training and promotes the consistent delivery of the Foundation Programme across the UK. Working with partners, the UKFPO enables the sharing of good practice to help raise the standards of training. It is funded by and is accountable to the four UK health departments.

## 3. Organisation of postgraduate training

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### Postgraduate deaneries

- 3.9 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 in [The Trainee Doctor](#). 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.
- 3.10 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. As a result, they have a specific role in ensuring that procedures, policies, practices and environments are not inherently discriminatory for disabled doctors in accordance with the duty to make reasonable adjustments as required by the [Equality Act 2010](#) (England, Scotland and Wales) and the [Disability Discrimination Act 1995](#) (Northern Ireland).

### Foundation schools

- 3.11 Deaneries deliver foundation training through foundation schools (see 5.1 – 5.6).

### Universities/medical schools

- 3.12 In the UK, the F1 year comprises the final year of basic medical education. Therefore universities/medical schools are responsible for the F1 year. Their responsibilities include confirming that foundation doctors have met the requirements for full registration through the completion of the Certificate of Experience.
- 3.13 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). UK medical graduates who do not complete a prospectively approved programme for provisionally registered doctors and receive a Certificate of Experience will not be eligible to apply for full registration with the GMC.
- 3.14 Universities/medical schools may delegate responsibility for completion of the Certificate of Experience to their designated representatives in deaneries/foundation schools. 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.
- 3.15 Universities/medical schools are also responsible for ensuring that transfer of information (TOI) regarding graduates' significant educational, health, or other problems during the course of their student career are passed to those responsible for foundation training (see 7.46 – 7.55).

### Employers and local education providers (LEPs)

- 3.16 Foundation doctors are employed. The employing organisation, however, may be different from that in which the doctor is actually working and being trained. The term local education provider (LEP) is used to describe the environment in which this training is taking place and includes primary, secondary and academic placements.
- 3.17 LEPs must provide an environment for training that will meet the standards set by the GMC and any other local requirements.
- 3.18 Employers and LEPs are responsible for providing safe and effective patient care and must ensure a safe working environment (see 5.51 – 5.61 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. This includes the provision of general and specialist training covering all equality areas, for staff involved in recruitment, education and teaching, assessment, investigative and other panels, and any other relevant process.

## 4. Shape of the Foundation Programme

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### Two year programmes, F1, F2, lengths of placements

- 4.1 The Foundation Programme is a two-year programme comprising F1 and F2 rotations.
- 4.2 Satisfactory completion of the F1 year allows the foundation doctor to apply for full registration with the GMC. Satisfactory completion of the Foundation Programme (F2) will result in the award of the foundation achievement of competence document (FACD), which enables appointees to take up a specialty training appointment (see appendix 13h).
- 4.3 On behalf of the GMC, deaneries/foundation schools are responsible for prospectively approving 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 revisit the same areas of practice in F2 as for F1 but take on increasing responsibility for patient care. The outcomes for F2 include those for F1 to indicate that foundation doctors are building on previous experience and practising at a more sophisticated and increasingly independent level. Please see the Curriculum for details.
- 4.5 Individual placement lengths may vary with placements typically lasting four or six 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 for a F1 rotation must provide a balanced programme and enable the acquisition and demonstration of the competences and outcomes set by the GMC in [The Trainee Doctor](#) and described in the Curriculum. Similarly, the placements configured as a rotation for F2 must also provide a balanced programme and enable the acquisition and demonstration of the competences and outcomes described in the Curriculum. It is important that the two-year Foundation Programme is also balanced and that foundation doctors are able to experience different specialties and settings, avoiding duplication.
- 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 – 4.16).

### Academic foundation programmes

- 4.8 Academic 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.
- 4.9 Foundation doctors appointed to an academic programme must demonstrate that they have met the requirements for satisfactory completion of F1 and the Foundation Programme. While there is much variation in how these programmes are structured, they must support the acquisition and demonstration of the competences and outcomes described in the Curriculum. They typically last two years although occasionally vacancies arise at F2. Academic training, 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. Shape of the Foundation Programme

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- 4.10 As academic foundation programmes typically provide less time for the development of clinical and generic skills, there is a different application process to identify applicants who are likely to be able to meet all of the clinical and academic requirements within the programme (see 7.31 – 7.32).
- 4.11 All doctors appointed to academic programmes must have an academic supervisor or equivalent (see 5.44 – 5.47). 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. Suggested learning outcomes for doctors interested in developing their research, medical leadership and management, or teaching capabilities can be found in the *Academic Compendium*.

### Filling vacancies in programmes (locum appointments)

- 4.12 Vacancies in training programmes can be filled with either “Locum Appointment for Training” (LAT) or “Locum Appointment for Service” (LAS) posts depending on whether training is offered through the placement or whether the locum is employed solely for service purposes. By definition, these posts are time-limited.
- 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. LAS posts must not be undertaken by provisionally registered doctors.
- 4.15 LAT posts 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. However, the duration of LAT posts will not be extended if the foundation doctor does not meet the requirements for satisfactory completion of F2. The foundation school must be involved in the recruitment of doctors to LAT posts.
- 4.16 Vacancies that arise at F1 are typically advertised as LAS posts and therefore only doctors eligible for full registration with the GMC may apply.

## 5. Foundation school structures, roles and responsibilities

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### Foundation schools

- 5.1 Foundation schools are the structures through which deaneries deliver foundation training. The responsibilities of the foundation school typically include managing the national application 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 5.14 – 5.17).
- 5.3 Foundation schools may be coterminous 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 board should include representatives from the university/medical school, foundation school(s), academic foundation programme, 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 typically includes the foundation training programme directors/tutors (FTPD/Ts), the foundation school manager (FSM) and LEP representatives.

### 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 LEPs are meeting or exceeding the standards for postgraduate training for the Foundation Programme as set out in [The Trainee Doctor](#). This includes ensuring that the Foundation Programme is delivered in accordance with the Curriculum.
- 5.11 Foundation schools should maintain a register of clinical and educational supervisors demonstrating that they meet the standards in [The Trainee Doctor](#) including details and dates of training. This responsibility may be devolved to LEPs.

## 5. Foundation school structures, roles and responsibilities

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- 5.12 The postgraduate dean or nominated representative 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.
- 5.13 UK universities/medical schools usually delegate responsibility for completing the Certificate of Experience for their medical graduates to a deanery/foundation school. 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)

- 5.14 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.

FSD responsibilities include:

- 5.15 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
  - To attend and represent the foundation school at national FSD meetings and UKFPO conferences.
- 5.16 Quality management:
- On behalf of the deanery, to set in place appropriate quality management processes to ensure the school meets the standards for postgraduate training as set out in [The Trainee 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 allocation of foundation doctors
  - To work with LEPs when recruiting to LAT appointments (see 4.15)
  - 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, educational engagement, 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 positive attitudes towards doctors with disabilities
  - To ensure that there are systems in place to support doctors who wish to train less than full-time, 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

## 5. Foundation school structures, roles and responsibilities

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- To ensure that any foundation panel consists of members with appropriate equality and diversity knowledge and 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 GMC are notified of trainees whose practice causes concern
- To ensure that the medical school of graduation is informed of any significant concerns relating to provisionally registered doctors
- To ensure that the UKFPO is informed of any relevant activity regarding non-EEA UKFPO Tier 4 sponsored doctors.

### 5.17 Faculty development:

- To ensure that there are open, transparent, fair and effective processes for the recruitment, selection and appointment of foundation faculty and for the quality management of their performance as trainers, and to take appropriate action where necessary
- To ensure that the deanery/foundation school contributes to the annual appraisal of FTPD/Ts in partnership with their employers
- To promote faculty development by enabling training and support for trainers
- To contribute to deanery processes in line with the GMC requirements for the recognition and approval of trainers.

### Foundation school manager (FSM)

5.18 The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM is accountable to the FSD and, with administrative support, the FSM may represent the school and/or the deanery in allocation, recruitment and training matters which relate to the Foundation Programme.

Responsibilities include:

### 5.19 Programme management:

- To manage the national application process for foundation training in accordance with national and deanery processes
- To ensure systems are in place to record and maintain a database of foundation doctor and post details, enabling accurate monitoring and reporting including less than full-time training programmes and foundation doctors requiring additional educational support.

### 5.20 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 managers' meetings and UKFPO conferences.

### 5.21 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

## 5. Foundation school structures, roles and responsibilities

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- To organise and contribute to the submission of the school's 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](#) and other relevant legislation in relation to personal data.

### 5.22 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 Tier 4 sponsored doctor activity, acquisition of foundation competences outside the UK (see 12.19 – 12.23); time out of the Foundation Programme; less than full-time training; doctors requiring additional educational support; taster days and appeals.

### 5.23 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.

### 5.24 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)

5.25 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.

5.26 Only clinicians who are registered and licensed medical practitioners, selected and appropriately trained and are familiar with teaching and training foundation doctors should undertake the role.

5.27 The post of FTPD/T is funded through the deanery/foundation school. The FTPD/T's responsibilities should be reflected in their job plan and sufficient time should be identified to undertake this role. As a guide, FTPD/Ts should be allocated the equivalent of one session of programmed activity for every 20-40 foundation doctors. 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.

### 5.28 Training:

- FTPD/Ts must be trained for their role. They must understand and demonstrate ability in the use of the approved assessment tools and supervised learning events (SLEs), and be clear as to what is deemed acceptable progress. In addition, they should understand and be able to monitor foundation doctors' progress, lead the Annual Review of Competence Progression (F1/F2 ARCP), 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

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- 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.

### 5.29 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 outcomes, including the general professional outcomes, are covered in each placement
- To chair the Annual Review of Competence Progression (ARCP) panels within their programme
- To ensure that all foundation doctors in the programme have access to suitable training. This includes:
  - o providing access to suitable induction, coordinated generic teaching and educational supervision
  - o providing access to clinical supervision and trained assessors
  - o monitoring the attendance and educational engagement of each foundation doctor at regular intervals and initiating additional or remedial support where necessary
  - o monitoring the performance of each foundation doctor at regular intervals and initiating remedial support for doctors in difficulty
  - o collecting evidence about attendance and performance to corroborate the content of individual foundation doctor's e-portfolios
  - o evaluating shadowing, induction, generic teaching and supervision and to ensure it meets the required standards.
- To work with the LEP(s) for the effective development of a local faculty of educators capable of delivering foundation training:
  - o to ensure that all educational and clinical supervisors have received appropriate training for their role as educators, supervisors and assessors
  - o to ensure that all educational supervisors are familiar with the required documentation to be completed prior to full registration with the GMC, completion of foundation training and for revalidation
  - o to ensure that there is a sufficient number of trained staff able to supervise, provide feedback and assess foundation doctors
  - o 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.

## 5. Foundation school structures, roles and responsibilities

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- 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 good 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 (ES)

- 5.30 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. Only clinicians committed to and engaged in teaching and training foundation doctors should undertake the role.
- 5.31 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.
- 5.32 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 addressed as part of their appraisal.
- 5.33 Educational supervisors must be trained for their role including:
- understanding of assessment methodology and feedback
  - knowledge in the use of the approved assessment and supervised learning event (SLE) tools
  - understanding of the sign off and F1/F2 ARCP process
  - completion of equality and diversity training (usually every three years).
- 5.34 The educational supervisor must meet with the foundation doctor and complete the relevant sections of the e-portfolio. These include the:
- initial meeting with the educational supervisor form
  - personal development plan for next placement (this can be combined with the end of placement report where appropriate)
  - midpoint placement review (optional)
  - educational supervisor's end of placement report
  - mid year review (optional)
  - educational supervisor's end of year report
  - where necessary, complete an additional action plan.
- 5.35 Educational supervisor responsibilities include:
- meeting with the foundation doctor around the beginning of each rotation to confirm how formative feedback and summative judgements will be made and to be clear as to what is deemed acceptable progress when considering performance
  - meeting with the foundation doctor around the beginning of each placement to agree how specific learning objectives (outcomes and competences) for this period of training will be met
  - supporting and identifying foundation doctors needing additional help
  - reviewing the foundation doctor's performance at appropriate intervals including providing the results of multi-source and SLE 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, with the foundation doctor's knowledge, involve the FTPD/T and FSD as appropriate

## 5. Foundation school structures, roles and responsibilities

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- sharing relevant information and areas for development with the clinical supervisor for the next placement (and if necessary the educational supervisor)
- ensuring that the foundation doctor has the opportunity to reflect and discuss their engagement with the educational process, their performance, career opportunities, identifying issues or problems with the quality of the training and supervision. The educational supervisor must raise concerns with FTPD/T and FSD (and if necessary, the clinical director, head of service or medical director and the clinical supervisor if serious training or patient safety concerns are raised)
- completing an end of year assessment (educational supervisor's end of year report) confirming that the doctor has demonstrated the requirements for satisfactory completion on F1/F2.

### Clinical supervisor (CS)

- 5.36 A clinical supervisor is a registered and licensed medical practitioner, 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 5.30 – 5.35 as above).
- 5.37 Only clinicians 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.
- 5.38 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 this must be addressed as part of their appraisal.
- 5.39 Clinical supervisors must be trained for their role including:
- understanding of assessment methodology and feedback
  - knowledge in the use of the approved assessment and supervised learning event (SLE) tools
  - understanding of the sign off and F1/F2 ARCP process
  - completion of equality and diversity training (usually every three years).
- 5.40 The clinical supervisor must meet with the foundation doctor and complete:
- induction meeting with clinical supervisor form
  - clinical supervisor's end of placement report
  - where necessary, complete an additional action plan.
- 5.41 Clinical supervisor responsibilities include:
- making 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
  - making sure that there is a suitable induction to the ward/department/practice
  - meeting 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
  - ensuring that the foundation doctor is supervised appropriately. 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

## 5. Foundation school structures, roles and responsibilities

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- seeking regular feedback from the placement supervision group on the foundation doctor's performance
- providing regular feedback to the foundation doctor on their performance
- undertaking and facilitating assessments and SLEs
- providing the foundation doctor with the opportunity to discuss issues or problems and to comment on the quality of the training and supervision received and, with the foundation doctor's knowledge, involve the ES, FTPD/T and FSD as appropriate
- investigating and taking 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 ES, FTPD/T and FSD (and if necessary, the clinical director, head of service or medical director if serious training or patient safety concerns are raised)
- completing the clinical supervisor's end of placement report, with input from the placement supervision group and communicate with the educational supervisor (where appropriate) any concerns regarding progress during the placement.

### Placement supervision group

- 5.42 The placement supervision group should consist of doctors more senior than F2, including at least one consultant or GP principal, senior nurses (band 5 or above) and allied health professionals. It is recognised that not every placement will offer contact with multiple senior doctors and in some cases the foundation doctor will only work with one or two doctors. In these cases the pool of health care professionals making the assessment of performance will be smaller, but conversely, the degree of interaction and number of interactions between foundation doctor and trainer will be expected to be greater.
- 5.43 The placement supervision group is responsible for:
- observing the foundation doctor's performance in the workplace
  - providing feedback on practice to the foundation doctor
  - providing structured feedback to the named clinical supervisor
  - undertaking and facilitating supervised learning events (SLEs).

### Academic supervisor

- 5.44 Foundation doctors in an academic foundation programme should also have an academic supervisor. The academic supervisor is responsible for overseeing a specified foundation doctor's academic work and providing constructive feedback during an academic or related placement.
- 5.45 All academic supervisors should usually receive equality and diversity training every three years and demonstrate their competence in promoting equality and valuing diversity.
- 5.46 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.
- 5.47 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.

## 5. Foundation school structures, roles and responsibilities

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### Careers lead

- 5.48 The role of careers lead may be undertaken by the FSD or by another member of the deanery/foundation school faculty.
- 5.49 The key responsibilities of the careers lead are:
- to ensure that all foundation doctors have access to generic careers 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.
- 5.50 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

- 5.51 Employers are contracted to provide foundation training.
- 5.52 Employers issue contracts of employment for foundation doctors, their supervisors and other educational staff. They manage and implement any appropriate employment policies fairly and equitably and where concerns arise in relation to the capability, performance or conduct of the foundation doctor they ensure that these are managed appropriately working closely with clinical trainers, supervisors and the deanery. It is their responsibility to confirm that a foundation doctor holds the appropriate GMC registration and has the right to work in the UK 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.
- 5.53 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.
- 5.54 They must provide a safe working environment and protect their employees from bullying and harassment. This includes protecting employees from any form of discrimination because they have a protected characteristic for the purpose of the [Equality Act 2010](#).
- 5.55 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 the raising of concerns by employees about possible fraud, crime, danger or other serious risk that could threaten patients, colleagues, the public or the organisation's reputation.
- 5.56 Employers must ensure that foundation doctors do not carry out inappropriate tasks (see 8.45 – 8.50).
- 5.57 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. Foundation school structures, roles and responsibilities

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- 5.58 Employers must ensure that processes for recruitment to any vacant foundation posts, and 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. They must work with FSDs when recruiting to LAT appointments.
- 5.59 Employers must make reasonable adjustments if required for foundation doctors with disabilities (see GMC [Gateways' Guidance](#) for more information).
- 5.60 Wherever practicable, employers should ensure that appointees to the Foundation Programme have a period shadowing the F1 doctor who is in the post they will take up. This "shadowing" period should normally last a minimum of four days and include employee induction. It should take place as close to the point of employment as is possible. (See Shadowing 7.40 – 7.45)
- 5.61 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. GMC approval of foundation training is at both LEP and deanery level.

### Foundation doctors

- 5.62 Foundation doctors are expected to take control of their own learning and become fully involved in the educational, supervised learning and assessment processes of their foundation training.
- 5.63 Their responsibilities include:
- abiding by the conditions of taking up a training post (see appendix 13d)
  - demonstrating professional behaviour in line with [Good Medical Practice](#)
  - working within the HR policies and procedures as outlined by the local education provider during induction
  - becoming familiar with the requirements for satisfactory completion of F1 and the Foundation Programme
  - becoming fully involved in the educational, supervised learning and assessment processes, including attending core generic training sessions, meeting regularly with their educational and clinical 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
  - taking part in systems of quality assurance and quality improvement in their clinical work and training. In particular, foundation doctors should complete the GMC trainee survey, the F2 outcome survey, and end of placement or end of year surveys required by their deanery/foundation school.
- 5.64 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.
- 5.65 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 or have concerns about the quality of their training should contact their FTPD/T.
- 5.66 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

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- 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/tutors (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 13a, 13b and 13c respectively. The GMC sets standards for trainers in [The Trainee Doctor](#).
- 6.3 The deanery/foundation school should 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.
- 6.6 The foundation school will contribute to the deanery's activities in meeting the GMC requirements for the recognition and approval of trainers.

## 7. Becoming a foundation doctor

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### Applying for a two-year foundation programme

- 7.1 The Foundation Programme is a two-year programme consisting of an appropriate balance of placements across different specialties. Every foundation doctor follows a particular rotation.
- 7.2 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;
  - Nationals from the European Economic Area (EEA) and Switzerland (and those entitled to be treated as such) who are eligible for provisional registration with a licence to practise with the GMC; and
  - 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.
- 7.3 Access to places in foundation training programmes is through an open, fair and transparent competitive application 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 UKFPO website at [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk).
- 7.4 The two-year Foundation Programme is not available to those who are already eligible for full registration with the GMC.
- 7.5 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. 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, must submit their details for eligibility checking in the timeframe laid out by the UKFPO.
- 7.6 The process for medical graduates who are eligible to apply to a two-year foundation programme will be published on the UK Foundation Programme Office website a minimum of six weeks before the application process begins.
- 7.7 If applicants believe that the published process was not followed in relation to their application, they may appeal against decisions made as part of the process of allocating foundation doctors to foundation schools. 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

- 7.8 Any F1 or F2 vacancies that arise outside the national application process will be filled using local recruitment processes agreed between the foundation school and the local employer(s) (see 4.12 – 4.16). These will be advertised on the relevant websites.

### Matching to two-year programmes (F1 and F2)

- 7.9 Some foundation schools allocate successful applicants to two-year rotations where all placements are known at the beginning of foundation training. Other schools will allocate only the F1 year initially, with a process for allocation to F2 guaranteeing that the successful applicant will be allocated to a F2 rotation, subject to progression. Each foundation school must publish details about the process used to match to either F1 or two-year programmes, prior to the opening of the Foundation Programme national application process.

## 7. Becoming a foundation doctor

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- 7.10 The matching process should take into account an individual applicant's special circumstances where possible.
- 7.11 In exceptional circumstances, schools which specify the two years of placements at appointment may consider requests to change the F2 rotation. Deaneries/foundation schools should publish their process on their websites.
- 7.12 Schools which only specify the F1 rotation at the beginning of the two-year programme should run an allocation process to the F2 rotation. The process should be published in advance and enable the foundation doctor to discuss choices with the educational supervisor or FTPD/T. The F2 rotation available to the foundation doctor should complement their F1 rotation, to ensure that they have a two-year programme with an appropriate breadth of experience.
- 7.13 All rotations are subject to change. Appointees must be notified of changes to their rotations.
- 7.14 Appointees to foundation schools may appeal on the grounds that the programme allocation process was not followed. Each foundation school is responsible for publishing and managing the appeals process.

### Pre-allocation to a foundation school (special circumstances)

- 7.15 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 the UKFPO. The specific criteria for special circumstances are determined nationally. Special circumstances information is published on the UKFPO website at [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk).
- 7.16 UK medical students who wish to remain in a certain geographical area to undertake their F1 training for specific caring or health reasons 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 application process for foundation training.
- 7.17 UK medical schools may also nominate students with educational special circumstances for pre-allocation to their local foundation school.
- 7.18 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.
- 7.19 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 also 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.
- 7.20 All applicants must adhere to the rules of the national application process. This means that the application score is sufficient to meet the national application criteria to be placed on the primary list. Pre-allocation on the grounds of special circumstances cannot be guaranteed for those on the reserve list.
- 7.21 Approved special circumstances will result in applicants being pre-allocated to a particular foundation school for their F1 training.
- 7.22 Approval of pre-allocation does not guarantee a specific LEP or rotation within the foundation school.
- 7.23 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 national application process.

## 7. Becoming a foundation doctor

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7.24 The UKFPO is 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.

### Recruitment to locum appointments

7.25 Vacancies or gaps in training programmes can be filled by locums where there is a service/workforce requirement to do so (see 4.12 – 4.16).

### Foundation doctors with the Defence Deanery

7.26 Military foundation doctors within the Defence Medical Services (incorporating Royal Navy, Army and RAF) are placed into selected civilian foundation programmes. The selected foundation training programmes are aligned to Ministry of Defence Hospital Units (MDHUs) within national health service 'host' trust hospitals. At present (2012) the MDHUs are at Derriford, Portsmouth, Peterborough, North Allerton, QE Birmingham and Frimley Park.

7.27 The Defence Postgraduate Medical Deanery (DPMD) quality manages and supports military doctors throughout their foundation training process.

7.28 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). Defence Medical Services (DMS) foundation doctors will undertake the full two-year Foundation Programme.

7.29 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 their civilian (non-military) colleagues.

7.30 DMS foundation doctors who satisfactorily complete the Foundation Programme should receive a foundation achievement of competence document (FACD) in the same way as their civilian (non-military) colleagues.

### Recruitment to academic foundation programmes

7.31 Foundation schools in partnership with universities, employers and the UKFPO are responsible for recruiting to two-year and F2 stand-alone academic foundation programmes.

7.32 The UKFPO coordinates applications to academic foundation programmes and is responsible for publishing details of the nationally agreed application process and timetable each year.

### Individual placement descriptors

7.33 Deaneries/foundation schools should publish placement descriptors setting out the clinical focus, location, supervision arrangements, sample timetable and the outcomes that can typically be achieved in the placement.

7.34 These placement descriptors should be made available to prospective applicants to the Foundation Programme, and if applicable, when considering preferences for matching to F2. The UKFPO website also hosts a guidance document to support these descriptors. 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 or the employer must ensure that the appointee is informed.

### Induction

7.35 There are at least three levels of induction:

- Deanery/foundation school;
- Employer/local education provider (LEP); and
- Departmental/workplace.

## 7. Becoming a foundation doctor

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- 7.36 Whenever foundation doctors change their 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. Foundation doctors should ensure that they formally handover their patients to the next foundation doctor when they change placement.
- 7.37 Deanery/foundation school induction should include information about:
- 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/tutors (FTPD/Ts), educational supervisors, clinical supervisors
  - contact details for the foundation school
  - less than full-time training educational issues
  - GMC ethical guidance; outcomes in [The Trainee Doctor](#); the Curriculum; the requirements for satisfactory completion; how performance and progress will be assessed; educational and clinical supervision including the name and 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
  - 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
  - the deanery/foundation school whistle-blowing policy.
- 7.38 Employer/LEP induction should include:
- 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)
  - contact details of their educational supervisor, FTPD/T
  - 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
  - health and safety at work, including how to register with a local general practitioner and the importance of looking after their own health
  - the employer/LEP whistle-blowing policy.
- 7.39 Departmental induction should include:
- familiarisation with the working environment
  - contact details of the clinical supervisor
  - formal handover of patient care and local systems in the department or workplace. There must also be effective handover procedures during the placement.

### Shadowing

- 7.40 To ensure that all new appointees to the Foundation Programme are equipped with the local knowledge and skills needed to provide safe, high quality patient care from their first day as a F1 doctor, they should normally undertake a “shadowing” period. This should include ward-based shadowing of the F1 job that they will be taking up and corporate induction.
- 7.41 Shadowing placements should take place as close to the start of work as possible, preceding the appointee taking up his/her role as a F1 doctor in July/August.

## 7. Becoming a foundation doctor

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- 7.42 Appointees to the Foundation Programme must be registered with the General Medical Council and have appropriate medical indemnity insurance by the first day of shadowing.
- 7.43 Arrangements for shadowing should be organised by collaborative working between the deanery/foundation school and the local education provider. Shadowing placements should be delivered by the local education provider. Current F1 doctors need to be available to be shadowed at the end of July and should understand the expectations on them during this period.
- 7.44 LEPs should provide a timetabled block of ward-based shadowing lasting at least two days (i.e. at least 50% of the minimum four days). The ward-based component should include the opportunity to shadow a clinical handover. In addition, appointees could have the opportunity to shadow F1 doctors undertaking an out of hours shift, if this is part of the role they will be taking up.
- 7.45 The induction component of the shadowing period for new F1 doctors should be comprehensive but time efficient to allow maximum time for ward-based shadowing. This should include IT training, which will typically be required at very beginning of the shadowing period. IT departments need to work closely with medical staffing and postgraduate centres to ensure that the appropriate level of access to systems is available to all appointees from the first day of shadowing.

### Transfer of information (TOI)

- 7.46 The transfer of information (TOI) processes are a means of supporting medical students during the transition from medical school to foundation school, and during the F1 year.
- 7.47 Under the [Medical Act 1983](#), universities have formal responsibility for confirming that doctors at the end of F1 are eligible for full registration. It is therefore essential that there is a two-way transfer of information between the university/medical school and the deanery/foundation school until the point of full registration with the GMC.
- 7.48 The TOI process aims to highlight doctors who may require additional support during the Foundation Programme. In particular, it is essential that information regarding any potential patient safety issues, significant educational, health, welfare, absences, other problems and areas of the student's relative weakness are passed to those responsible for foundation training.
- 7.49 The TOI process is facilitated by completion of a TOI form.
- 7.50 The TOI form is completed by the student. Information on the TOI form is endorsed by the medical school and medical schools may provide further information where appropriate. TOI forms should be shared only with relevant individuals at the applicant's allocated foundation school. There are two key components to the form:
- Information concerning health and welfare
  - Information concerning educational progress.

### Health and welfare

- 7.51 Health and welfare information aims to highlight health and welfare issues that may be of relevance to the setting or delivery of the Foundation Programme. This allows the student to manage their health in a professional manner.

### Educational progression

- 7.52 Educational progress information outlines any additional support that may be required during the Foundation Programme. This information will be used by the educational supervisor to assist the student in producing a personal development plan as a new foundation doctor and to identify any additional educational support that may be needed. This also allows the medical school to meet the GMC requirement of ensuring

## 7. Becoming a foundation doctor

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that graduates' areas of relative weakness are fed into their Foundation Programme portfolios.

- 7.53 Completion of the TOI form does not replace the need to report any fitness to practise issues to the GMC or to inform the LEPs HR/Occupational Health departments of any health issues.
- 7.54 Every applicant applying for the Foundation Programme (via the national application process) is required to comply with the TOI process and complete a TOI form.
- 7.55 The TOI form and full details of the relevant TOI processes are published on the UKFPO website at [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk).

### Deferring the start of foundation training

- 7.56 An applicant who has been accepted onto the Foundation Programme may only defer the start date of their training for a statutory reason (e.g. maternity leave, sickness).
- 7.57 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

- 7.58 The Foundation Programme starts in July/August and concludes two years later for foundation doctors working full time who meet the requirements for satisfactory completion.
- 7.59 Foundation training that starts after July/August or is due to conclude later than July/August is referred to as "out of phase". There are separate arrangements for doctors who do not meet the requirements for satisfactory completion (see sections 10 and 11).
- 7.60 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 less than full-time.
- 7.61 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 four or six month F1 or F2 placement to appointees who are training out of phase to enable them to complete in July/August. Foundation doctors, following discussion with their FTPD/T or FSD, may also choose to delay their return to training to enable them to get into phase with the start of specialty training if this option is available.

### Changing foundation schools and inter-foundation school transfers

- 7.62 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 transfer (IFST)*

- 7.63 The specific criteria for IFSTs are aligned to the criteria set for special circumstances. Foundation doctors who believe they meet the nationally agreed criteria 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.

## 7. Becoming a foundation doctor

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- 7.64 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 relevant change in their circumstances since being allocated to their current school.
- 7.65 The originating deanery/foundation school is responsible for managing any appeals against decisions to reject inter-foundation school transfers. The appeal will consider whether the agreed national process was followed. It is not possible to appeal against the unavailability of places in the receiving school. Both schools must abide by the decision of the appeal's panel.

### *Competitive application process*

- 7.66 Some foundation doctors may 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 (see 7.63 – 7.65) they will have to apply 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.

### *Less than full-time training*

- 7.67 Foundation doctors wishing to train less than full-time must compete with all other applicants for entry into the Foundation Programme.
- 7.68 Deaneries and foundation schools should make it clear how foundation doctors may access less than full-time training. The conditions for access to less than full-time training, funding and study-leave arrangements should be clear and fair.
- 7.69 Once accepted into foundation training, foundation doctors who train less than full-time should have equal access to foundation training opportunities.
- 7.70 While there may be other reasons for wishing to train less than full-time, the main reasons include:
- a disability, which means the doctor needs individual arrangements
  - ill health
  - responsibility for caring for children
  - responsibility for caring for ill/disabled partner, relative or other dependant.
- 7.71 Although foundation doctors undertaking less than full-time 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.
- 7.72 Foundation doctors taking less than full-time training should typically be offered slot-sharing arrangements (typically two doctors working in the same post).
- 7.73 The deanery/foundation school is responsible for publishing their process and managing appeals against decisions relating to less than full-time training.

### *Foundation doctors with disabilities*

- 7.74 Applicants with disabilities 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](#) and in the GMC statement on disability in medical education and training published on the GMC website.

## 7. Becoming a foundation doctor

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- 7.75 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 tailor 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.
- 7.76 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 wherever possible.

### Foundation doctors with health issues

- 7.77 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.
- 7.78 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)

- 7.79 Foundation doctors who want to take time out of the Foundation Programme (TOFP) should first discuss this with their educational supervisor.
- 7.80 The duration of TOFP will usually be for 12 months to avoid foundation doctors becoming out of phase with the Foundation Programme. However, foundation schools may grant TOFP for longer periods. 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.
- 7.81 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.
- 7.82 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 employment for the purpose 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 countries can be found at: [www.nhsemployers.org](http://www.nhsemployers.org) (for England and Wales); [www.sehd.scot.nhs.uk](http://www.sehd.scot.nhs.uk) (for Scotland); and [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) (for Northern Ireland).
- 7.83 Foundation doctors who take time out of the Foundation Programme are advised to consult the [GMC website](#) about options for GMC registration. A discussion with the educational supervisor, FTPD/T or FSD is also advisable.

## 7. Becoming a foundation doctor

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- 7.84 Foundation doctors who take time out of F1 to undertake training outside the UK will require a Certificate of Experience from their medical school confirming they have successfully completed the requirements of F1 in order to apply for full GMC registration. No other evidence will be accepted. If the foundation doctor cannot provide the Certificate of Experience they are not eligible for full registration and will be limited to applying for provisional registration on their return. Further guidance can be found on the GMC website: [http://www.gmc-uk.org/doctors/registration\\_applications/uk\\_internships.asp](http://www.gmc-uk.org/doctors/registration_applications/uk_internships.asp).
- 7.85 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 (a national TOFP form is published on the UKFPO website at [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk) although deaneries/foundation schools may have their own forms). The request will be reviewed in line with the foundation school's procedures.
- 7.86 The FSD will need to receive such requests by the end of the sixth month of the F1 year unless there are exceptional circumstances.
- 7.87 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.
- 7.88 If the FSD agrees to TOFP, the foundation doctor will be able to return to their foundation school at the end of the agreed period but not necessarily to the same LEP or rotation as originally allocated.
- 7.89 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.
- 7.90 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 in accordance with an agreed process. If the foundation doctor does not contact the FSD as agreed, 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.
- 7.91 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.

### Permanent withdrawal from the Foundation Programme

- 7.92 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 and the local FSD.
- 7.93 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.
- 7.94 Medical students and foundation doctors must act in accordance with the GMC's guidance in [Good Medical Practice](#) 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. Appointees and employees are expected to meet the terms and conditions of their contract if they wish to resign (see 10.54 – 10.55 and 11.50 – 11.51 resignation).

## 8. The learning environment

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### The educational framework for the Foundation Programme

- 8.1 The Foundation Programme is a structured programme. It is curriculum-driven, draws upon assessments from a number of viewpoints, is supervised with regular educational appraisal and is managed by a foundation school director (FSD) with support from foundation training programme directors/tutors (FTPD/Ts).
- 8.2 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.
- 8.3 All foundation doctors who have full registration and a licence to practise with the GMC (i.e. F2 doctors) will be required to participate in a revalidation process.
- 8.4 Foundation doctors must maintain an e-portfolio which provides a record of their educational progress and achievements throughout the Foundation Programme.
- 8.5 There must be a named FTPD/T to manage each foundation programme (see 5.25 – 5.29).
- 8.6 Foundation doctors must be supervised in the workplace and have a named educational supervisor (see 5.30 – 5.35).

### Approved practice settings for doctors new to full registration

- 8.7 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 approved practice setting (APS) 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.
- 8.8 The requirement stops once 12 months practice has been completed. To reflect this on the list of registered medical practitioners (LRMP) entry they need to notify the GMC by completing an on-line process. Full details are on the GMC website at: [http://www.gmc-uk.org/doctors/registration\\_applications/release\\_from\\_aps\\_p1.asp](http://www.gmc-uk.org/doctors/registration_applications/release_from_aps_p1.asp)

### The foundation e-portfolio

- 8.9 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.
- 8.10 The e-portfolio includes personal development plans, summaries of feedback from the educational supervisor, clinical supervisors' reports, 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.
- 8.11 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.
- 8.12 The security standards for foundation e-portfolios are set out in appendix 13e. Deaneries/ foundation schools and e-portfolio providers must ensure their foundation programme e-portfolios conform to these standards.

### Induction and shadowing

- 8.13 See section 7 (7.35 – 7.45).

## 8. The learning environment

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### Personal development plan (PDP)

- 8.14 Foundation doctors should have a personal development plan for each placement within the rotation. This should set out the specific aims and learning objectives and be based on the requirements for satisfactory completion of F1/the Foundation Programme. It should also be mapped to the Curriculum.
- 8.15 At the beginning of each placement the foundation doctor should agree the PDP with their educational supervisor and record it in their e-portfolio. The PDP should form the basis of all appraisal discussions.

### Educational appraisal

- 8.16 Foundation doctors must meet with their educational supervisor at the beginning and end of each placement. It may be appropriate to combine the end of placement meeting with the beginning of the next placement meeting but separate meeting forms must be completed. If issues or concerns are identified, they should meet more regularly to ensure that these are addressed as early as possible.
- 8.17 The foundation doctor's educational supervision should include educational appraisal. 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 are 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 training
  - provide foundation doctors with a mechanism for giving feedback on the quality of the training provided
  - make training more efficient and effective for the foundation doctor.
- 8.18 All doctors who hold registration with a licence to practise will be required to participate in regular systems of appraisal and the Annual Review of Competence Progression (ARCP) process.
- 8.19 Foundation doctors should maintain records of their meetings with their educational and clinical supervisor in their e-portfolios.

### Supervised learning events (SLEs)

- 8.20 A supervised learning event (SLE) is an interaction between a foundation doctor and trainer which leads to immediate feedback and reflective learning. They are designed to help foundation doctors develop and improve their clinical and professional practice and to set targets for future achievements.
- 8.21 SLEs use the following tools:
- Mini-clinical evaluation exercise (Mini-CEX)
  - Direct observation of procedural skills (DOPS)
  - Clinical based discussion (CBD)
  - Developing the clinical teacher.
- 8.22 The SLE process and the minimum requirements are described in the Curriculum.

## 8. The learning environment

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- 8.23 Those providing feedback should be trained. SLEs aim to:
- support the development of proficiency in the chosen skill, procedure or event
  - provide an opportunity to demonstrate improvement/progression
  - highlight achievements and areas of excellence
  - provide immediate feedback and suggest areas for further development
  - demonstrate engagement in the educational process.
- 8.24 Participation in this process, coupled with reflective practice, is an important way for foundation doctors to evaluate how they are progressing towards the outcomes expected of them (as set out in the Curriculum).

### Assessments

- 8.25 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.
- 8.26 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.
- 8.27 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.
- 8.28 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.
- 8.29 Clinical supervisors should draw upon their own observations and feedback from their health and social care colleagues who form part of the placement supervision group, when completing their end of placement report.

### Generic teaching and study leave

- 8.30 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 competences set out in the Curriculum and to enable foundation doctors to explore career options.
- 8.31 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 and a minimum of 70% attendance or equivalent should be achieved.
- 8.32 Deaneries/foundation schools will have their own study leave policies. 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 in advance to avoid disruption to services and it must be supported by the educational supervisor. It should be used to:
- support the aims of the Foundation Programme;
  - achieve the foundation outcomes; or
  - explore career opportunities and improve wider professional development.

## 8. The learning environment

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- 8.33 Study leave should not be used to prepare for specialty examinations during foundation training but may be used to take a specialty examination.
- 8.34 Foundation doctors training less than full-time are entitled to pro-rata access to study leave funding and time allocations.

### Foundation doctors in foundation year one (F1)

- 8.35 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 be released to attend and should give their pagers to someone else so that they can take part.
- 8.36 This weekly in-house, formal education may be aggregated to release whole days for generic training during F1.
- 8.37 The generic teaching programme should be mapped to the Curriculum.
- 8.38 F1 doctors are not eligible for study leave. However, local arrangements may exist to enable F1 doctors to undertake tasters towards the end of the F1 year. To fully benefit from tasters, foundation doctors should discuss their career aspirations with their educational supervisor and review their requirements for tasters and the timing around the middle of the F1 year.

### Foundation doctors in foundation year two (F2)

- 8.39 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.
- 8.40 F2 doctors may request up to 30 days study leave. The majority of this is allocated to the teaching programme, taster sessions and ALS. The remaining days can be taken to support the objectives of the Foundation Programme as long as this is consistent with maintaining essential service and is in accordance with local study leave policies.
- 8.41 During the F2 year, attendance at foundation teaching sessions 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 10 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*

- 8.42 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

## 8. The learning environment

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- 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 13f) audit projects and research.

### *Career management resources for foundation doctors*

8.43 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 following websites: [NHS Medical Careers](#), [UKFPO](#) and [NHS Employers](#)
- Careers information is available from the NHS 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 experience*

8.44 The Foundation Programme should equip foundation doctors with the skills they need to manage the whole patient. This includes assessing and managing patients with acute physical, long-term physical, mental health and multiple health conditions across different healthcare settings. As part of a balanced programme, this could be delivered by providing a placement in a community setting (e.g. general practice, public health, palliative care, community paediatrics, psychiatry). In addition, a broader, "community-facing" experience can also be provided for foundation doctors as part of hospital-based placements (e.g. emergency department, out-patient clinics, community clinics, domiciliary visits).

### *Inappropriate tasks*

8.45 The safety of patients and staff 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 competences and outcomes set out in the Curriculum.

8.46 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.

8.47 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 or phlebotomy.

8.48 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.

## 8. The learning environment

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- 8.49 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.
- 8.50 Foundation schools should make foundation doctors aware of and publish on their websites how foundation doctors can raise concerns if they believe that there is not an appropriate balance between service and training.

### Consent

- 8.51 Foundation doctors must act in accordance with GMC guidance on consent [[Consent: patients and doctors making decisions together \(2008\)](#)].
- 8.52 Before seeking consent both the supervisor and the foundation doctor must be satisfied that the foundation doctor understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so, they should have access to a supervisor with the required knowledge.

## 9. Doctors in difficulty

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- 9.1 Foundation doctors require close supervision. They must not be expected to exceed their level of clinical competence. Occasionally, foundation doctors fall below the standards of performance and progress expected of them. This can be for a number of reasons including health, personal problems, attitudes and behaviours, knowledge/understanding or skills or a combination of any of these. Often these factors are interrelated, so educational supervisors and other colleagues should be vigilant for co-existent health problems when considering concerns about attitudes or skills.
- 9.2 Managing and supporting doctors in difficulty depends on a close working relationship between a foundation doctor's employer, employer-based human resources, occupational health, the deanery/foundation school and, wherever possible, the graduating medical school. It is important that all involved parties communicate at an early stage to understand their roles and responsibilities in relation to the doctor in difficulty and implement those responsibilities in an appropriate and timely manner.

### *Doctors who are underperforming*

- 9.3 Underperformance may be identified by a number of routes, which include:
- the foundation doctor's reluctance or failure to engage fully in education and training
  - 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
  - unexplained, repeated or prolonged absences from training
  - serious incidents, events or complaints.
- 9.4 Clinical and educational supervisors should look out for signs of such problems, and be ready to offer help and advice to foundation doctors. It is essential that the clinical and educational supervisors are clear about who will raise concerns. Concerns should be raised early and firstly with the foundation doctor. The specific concerns should be documented, as should any discussion about those concerns. 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. The educational supervisor may wish to seek advice from the foundation doctor's employer.
- 9.5 If concerns relate to patient safety, the clinical supervisor, educational supervisor or the FTPD/T should discuss the matter with the relevant clinical director, head of service, medical director or general practitioner to ensure that appropriate measures are in place. The deanery/foundation school must also be informed. If concerns relate to patient safety, the clinical supervisor, educational supervisor or FPTD should discuss the matter with the relevant clinical director, head of service, medical director or general practitioner to ensure that appropriate measures are in place.

### *Doctors who are ill*

- 9.6 As part of the induction process, FTPD/Ts should ensure that foundation doctors are made aware of the employer's sickness absence policy, including their responsibilities for informing the employer of illness and cover arrangements during absences.
- 9.7 Illness, particularly stress related or psychological illness, can first present as underperformance.
- 9.8 Foundation doctors who have health problems that are impairing or may impair their performance, should contact occupational health for a specialist opinion and guidance. Foundation doctors should discuss their concerns with their employers so that they may provide advice and the employer may refer the foundation doctor to occupational health (OH). Deaneries/foundation schools can provide advice on accessing services where employers do not have established arrangements.

## 9. Doctors in difficulty

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- 9.9 Occupational health may recommend a review of the foundation doctor's training programme, including current or planned placements. 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 to meet the health needs of the foundation doctor if this is viewed as an appropriate adaptation, where feasible. The employer should be informed of the referral to occupational health and informed of any recommendations from occupational health to ensure that the foundation doctor obtains employer support and is managed appropriately in accordance with the employer's attendance management/sickness absence policy.

### *Misconduct*

- 9.10 If a foundation doctor is alleged to be bullying, stealing, using the internet for inappropriate purposes or engaging in any other inappropriate activity, this should be managed using normal employer disciplinary policies. It is important that any such matter is brought to the attention of the FTPD/T and the deanery/foundation school as soon as possible. The educational and clinical supervisors may be required to provide information about alleged misconduct to those conducting the investigation on behalf of the employer.
- 9.11 Foundation doctors must provide information in their e-portfolio of any concerns raised in relation to and involving them in misconduct. The information recorded in the e-portfolio should include the outcome of any procedures or investigations undertaken by their employers, together with a reflective report on the episode by the foundation doctor. 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](http://www.gmc-uk.org) for more details).
- 9.12 The employer should be informed at the earliest possible stage of any potential misconduct in relation to a foundation doctor, so that the employer may manage this through its internal employment procedures. It is important that the parties involved in the foundation doctor's employment, education and training are involved at the earliest opportunity in cases where foundation doctors may potentially be dismissed for misconduct. The employer is responsible for publishing and managing the appeals process against dismissal for misconduct.

### *Assessing and supporting foundation doctors in difficulty*

- 9.13 The foundation doctor's clinical and educational supervisors should record all evidence of potential concerns about a foundation doctor's progression. The FTPD/T should work with the educational supervisors to monitor the progress of foundation doctors and identify at an early stage any who may need additional support. It is important that the employer is fully informed of the situation and that any relevant employment policies are implemented appropriately.
- 9.14 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 will form the basis for any subsequent discussion with the foundation doctor. In the first instance, 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, wherever possible. If the educational supervisor concludes that it is not possible to devise and deliver an appropriate learning plan, this should be discussed with the FTPD/T. A summary of all discussions should be documented and agreed with the foundation doctor. All meetings, discussions, plans and assessments should be recorded in writing.
- 9.15 The FTPD/T should be made aware early in the process that there is a problem. This is especially important where the problem is serious, the foundation doctor does not acknowledge that a problem exists, or fails to engage in the process.

## 9. Doctors in difficulty

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- 9.16 The FTPD/T should discuss the concerns with the foundation school director (FSD) so that additional support can be provided. This may include extra assessment, and specified remedial support, including referral to a specialist trainee support unit, where this exists. Such action may be separate to or part of the employer's performance or disciplinary procedure. The FSD should ensure all available and relevant local support mechanisms can be accessed to support the foundation doctor.
- 9.17 Where additional support is required, the FTPD/T, working with the educational supervisors, should introduce targeted/remedial training to try and ensure that the foundation doctor meets the requirements for satisfactory completion of F1 or F2. This could include the convening of an ARCP panel before the end of the year to review progress and make recommendations to support the foundation doctor's training. The foundation doctor's employer should be informed of any targeted or remedial training plan.
- 9.18 It is recommended that the foundation doctor's clinical and professional performance is mapped carefully against both the Curriculum outcomes and [Good Medical Practice](#). In this way, the FTPD/T, in partnership with the deanery/foundation school, should be able to provide a targeted/remedial input to support the foundation doctor. Every effort should be made to provide clarity over the issues that require attention and these should be provided to the foundation doctors, who may require assistance in understanding what the problems are and what they need to do to try and address them. The educational supervisor or FTPD/T must meet with the foundation doctor and discuss the areas of concern and the proposed targeted training. All discussion should be documented in the e-portfolio. These measures should also be relayed to the foundation doctor, and fully documented together with all the information that has been provided to the trainee.
- 9.19 In exceptional circumstances, the deanery/foundation school should consider engaging their local trainee support unit, where such a facility exists. The deanery/foundation school should communicate any actions taken to the foundation doctor's employer in order that they can implement any appropriate employment policies and procedures. In addition, the deanery/foundation school may wish to engage an external agency especially where the problems are of such significance that the foundation doctor might not ever make sufficient progress to complete F1 or F2, even after an extension. It may be necessary to undertake additional formal assessments to support the identification and documentation of issues and concerns and the development of an adequate educational diagnosis and prescription. Such investigations may include behavioural and cognitive assessments. The foundation doctor should also be referred to the occupational health service if this has not already happened.

### F1 doctors and the medical school of graduation

- 9.20 For F1 doctors, it is essential that the deanery/foundation school maintains a close working relationship with the medical school of graduation for those foundation doctors who are identified as experiencing problems with their progress. The medical school of graduation retains responsibility for the trainee doctor until the F1 year is completed, and full registration with the GMC awarded. This may not be practically possible where the medical school of graduation is outside the UK.
- 9.21 The deanery/foundation school should work closely with the medical school of graduation to draw upon previous experience and clarify the areas of concern. This will enable the development of a specific educational prescription for any necessary extension to training. It may be necessary to undertake additional formal assessments to support the identification and documentation of issues and concerns and the development of an adequate educational diagnosis and prescription. Such investigations may include behavioural and cognitive assessments.

## 10. Progression and sign-off in F1

- 10.1 The Foundation Programme is time and outcome-based. Provisionally registered doctors with a licence to practise must complete one year (full-time equivalent) in an approved foundation programme to be eligible to apply for full registration with the GMC.
- 10.2 The GMC has approved the Curriculum published by the Academy of Medical Royal Colleges Foundation Committee and the four UK health departments. The outcomes set out in [The Trainee Doctor](#) have been mapped to the [Foundation Programme Curriculum](#) (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 level of competence required of a medical student. F1 doctors are also encouraged to gain additional appropriate experience.

### Requirements for satisfactory completion of F1

- 10.3 The requirements for satisfactory completion of F1, with guidance notes, are set out in Table 1 below. The deanery/foundation school should make the requirements clear at the beginning of the F1 year.

#### 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).
A satisfactory educational supervisor's end of year report.	The report should draw upon all required evidence listed below.
Satisfactory educational supervisor's end of placement reports.	An educational supervisor's end of placement report is not required for the last F1 placement, the educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports.	If the F1 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F1 doctor has met the requirements for satisfactory completion of F1. The last end of placement review must be satisfactory.
Satisfactory completion of the required number of assessments.	Team assessment of behavior (TAB) (minimum of one per year).
The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional requirements.	Core procedures (all 15 GMC mandated procedures).

## 10. Progression and sign-off in F1

A valid Immediate Life Support (or equivalent) certificate.	If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.
Evidence of participation in systems of quality assurance and quality improvement projects.	Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training. This includes completion of the national trainee survey and any end of placement surveys.
Completion of the required number of Supervised Learning Events.  The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional requirements.	Direct observation of doctor/patient interaction: <ul style="list-style-type: none"> <li>• Mini CEX</li> <li>• DOPS</li> </ul> <i>(minimum of nine observations per year; at least six must be mini-CEX).</i>
	Case-based discussion (CBD) <i>(minimum of six per year / two per placement).</i>
	Developing the clinical teacher <i>(minimum of one per year).</i>
An acceptable attendance record at generic foundation teaching sessions.	It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F1 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F1 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F1 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD.
Signed probity and health declaration.	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 majority of doctors successfully complete F1 training and convert provisional registration with the General Medical Council (GMC) to full registration and a licence to practise. However, a small proportion will require additional help and support to meet the requirements, which may include an extension for remedial training. Some foundation doctors will not meet the requirements for satisfactory completion of F1, despite additional help and support. These doctors will require career guidance as they consider alternative options.
- 10.5 At the beginning of each placement, foundation doctors should meet with their educational supervisors to agree and record the learning objectives for this period of training. Educational supervisors should make sure that a foundation doctor's performance is reviewed at appropriate intervals and that those who have worked with the foundation doctor have an opportunity to provide constructive feedback (e.g. TAB, the clinical supervisor's end of placement report).

# 10. Progression and sign-off in F1

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- 10.6 Foundation doctors should meet regularly with their educational supervisor to assess whether they have met the necessary outcomes. At the end of each placement, the educational supervisor should complete the educational supervisor's end of placement report and towards the end of the year, the educational supervisor's end of year report. The educational supervisor must only confirm satisfactory performance if the foundation doctor has participated in the educational process and met the required outcomes.
- 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 chapter 9.
- 10.8 The foundation school should publish its timeline for the review of progress and the FTPD/T should specify the local timetable for completion and scrutiny of e-portfolios and any additional evidence.
- 10.9 It is the responsibility of foundation doctors to maintain their e-portfolio and provide the evidence that they have met the requirements for satisfactory completion of F1. At the end of each year, a panel will review each foundation doctor's e-portfolio, including the educational supervisor's end of year report, and other evidence (e.g. attendance/absence record if not included in the e-portfolio) to determine whether all the requirements for satisfactory completion of F1 have been met.
- 10.10 Foundation doctors should be aware that failure to complete their e-portfolio and submit any additional evidence on time will result in the panel failing to consider their progress.

## F1 Annual Review of Competence Progression (F1 ARCP)

- 10.11 Towards the end of F1, the FTPD/T, under the guidance of the deanery/foundation school, should convene an Annual Review of Competence Progression (ARCP) panel to review the progress of all foundation doctors in their programme.
- 10.12 The ARCP provides a formal process for reviewing foundation doctors' progress which uses the evidence gathered by them and supplied by their supervisors. The ARCP is not an additional method of assessment.
- 10.13 While all foundation doctors should present evidence for review towards the end of F1, it may be necessary to convene a panel earlier if there are significant concerns about the foundation doctor's progress. Therefore, the review may be conducted more frequently if there is a need to deal with progression issues outside the annual review.
- 10.14 There should be a similar arrangement for monitoring the progress of foundation doctors training less than full-time, with suitable adjustments made to the timetable.
- 10.15 The ARCP fulfils the following functions:
  - To document the judgement about whether a foundation doctor has met the requirements and has provided documentary support for the satisfactory completion of F1;
  - To document recommendations about further training and support where the requirements have not been met; and
  - To document the judgement about the outcomes demonstrated by a foundation doctor in a locum appointment for training post or rotation and to document these accordingly.
- 10.16 The ARCP should be conducted within the agreed deanery/foundation school timetable. The FTPD/T, acting on behalf of the deanery/foundation school, should make clear the local arrangements to receive the necessary documentation from foundation doctors. This means that at least six week notice must be given of the submission date, so the foundation doctor can check their e-portfolios, and the educational supervisors can meet with the foundation doctor and complete the required structured reports (including the educational supervisor's end of year report).

## 10. Progression and sign-off in F1

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10.17 All foundation doctors are required to participate in the revalidation process. This includes submission of details of significant events involving the foundation doctor and any health or probity concerns.

### The ARCP Panel

10.18 The panel has an important role which its composition should reflect. It should consist of at least three panel members. However, not all panel members will necessarily need to review each e-portfolio (see below). The panel should typically comprise: the FTPD/T and two others. The additional members could include: a postgraduate centre manager or other senior administrator, specialty training doctor (ST4 or above), clinical supervisor, educational supervisor, lay representative, external trainer, employer representative, or external deanery/foundation school representative.

10.19 The additional panel members should not include anyone who has been directly involved in the supervision of the F1 doctor(s) under consideration e.g. clinical supervisor, educational supervisor. If they have been directly involved in the supervision of the foundation doctor, they should declare an interest and withdraw from the panel temporarily.

10.20 All members of the panel (including any lay representatives and external trainers) must be trained in equality and diversity issues. This training should be kept up-to-date and must be refreshed every three years.

10.21 The panel should systematically consider the evidence presented for each foundation doctor against the requirements for satisfactory completion and make a judgement based upon it. The possible outcomes for F1 are set out in Table 2 below.

10.22 It is not essential that members of the panel review the e-portfolio at the same time. Panel members may scrutinise the e-portfolio separately and provide feedback. The e-portfolio will include a check-list which can be used. At least two members of the panel should systematically consider the evidence for each foundation doctor. One of these should be a registered and licensed medical practitioner on the specialist or GP register. If there is a disagreement between the two panel members, the evidence should be scrutinised by a third member and the majority decision used in determining the outcome.

10.23 The FTPD/T may need to provide an additional report, for example detailing events that led to a negative assessment by the foundation doctor's educational supervisor. The FTPD/T must share a copy of the report with the foundation doctor prior to its submission to the panel. It is not intended that the foundation doctor should agree the report's content, but it is important that the foundation doctor is aware of what has been said. Where the report indicates that there may be a risk to patients arising from the foundation doctor's practice, this risk(s) needs to be shared with the relevant clinical director, head of service, medical director or general practitioner to ensure that appropriate measures are in place. The deanery/foundation school must also be informed. The foundation doctor needs to be made aware of this.

10.24 The foundation doctor may submit, as part of their evidence to the ARCP, a response to the educational supervisor's end of year report or to any other element of the assessment documentation for the panel to take into account. Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the foundation doctor must expect that it will be followed up appropriately. Where, for example, a foundation doctor raises allegations of bullying, harassment or other inappropriate conduct on the part of a supervisor or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up to investigate or deal with allegations of this nature, it will bring such concerns to the attention of the deanery/foundation school in writing immediately following the panel for further consideration and possible investigation by

## 10. Progression and sign-off in F1

the employing organisation for the individual so identified. All deaneries/foundation schools and employers of foundation doctors will have policies on managing allegations of inappropriate learning and working environments. Foundation doctors are encouraged to follow these policies, and training providers must make their policies on bullying and harassment known to trainees as part of their induction.

- 10.25 Where it is likely that a foundation doctor could have an outcome indicating insufficient progress, which may require an extension to the indicative time for completion of the Foundation Programme, the panel should typically include at least one external member e.g. lay representative, external trainer, deanery/foundation school representative. The FTPD/T should invite the foundation doctor to meet with the panel after the panel has considered the evidence and made its judgement based upon that consideration. This will enable discussion of any recommendations for focussed or additional remedial training, including an extension to training. If the outcome was not anticipated, the FTPD/T should invite the F1 doctor to a separate meeting. However, an outcome indicating insufficient progress should not be a surprise for the foundation doctor as concerns should have been identified and discussed prior to the F1 ARCP. The panel may consider the appropriateness at this stage of informing the foundation doctor's employer and training provider.

### F1 ARCP Outcomes

- 10.26 Table 2 sets out the possible ARCP outcomes for F1 (the outcome codes are those used for specialty training, however some do not apply to F1 e.g. no Outcome 2). It is recommended that members of the panel use a check-list to confirm that they have considered all of the requirements and add any comments to explain the judgement.

#### Section 10: Table 2

Outcome Code	Description	Notes
1	Satisfactory completion of F1.	The F1 ARCP panel should only use this outcome for foundation doctors who meet the requirements for satisfactory completion of F1.
3	Inadequate progress – additional training time required.	This outcome should be used when the F1 ARCP panel has identified that an additional period of training is required which will extend the duration of F1 training.  The panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will however, be a matter for the deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. The overall duration of the extension to F1 training should normally be for a maximum of one year. The panel should consider the outcome of the remedial programme as soon as practicable after its completion. The deanery/foundation school should inform the graduating medical school and employer and training placement provider if this outcome is assigned.

## 10. Progression and sign-off in F1

Outcome Code	Description	Notes
4	Released from training programme.	If the panel decides that the foundation doctor should be released from the training programme, the deanery/foundation school should inform the GMC and the graduating medical school. The panel should seek to have employer representation.
5	Incomplete evidence presented – additional training time may be required.	The panel can make no statement about progress since the foundation doctor has supplied either no information or incomplete information to the panel. If this occurs, the foundation doctor may require additional time to complete F1. The panel will set a revised deadline for completion of the e-portfolio and associated evidence.  Once the required documentation has been received, the panel should consider it. The panel does not have to meet with the foundation doctor and the review may be done “virtually” and issue an alternative outcome.

- 10.27 Details of placements must be recorded on the ARCP form, which is available in the e-portfolio.
- 10.28 If the panel is satisfied that the foundation doctor has met the requirements for satisfactory completion of F1, the FTPD/T or nominated deputy should record an Outcome 1 on the F1 ARCP form.
- 10.29 If additional remedial training is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of how a remedial or targeted training programme will be delivered will be determined by the FTPD/T and the foundation school director in consultation with the postgraduate dean or nominated deputy. The remedial/targeted training programme will be planned, taking into account the needs of other foundation doctors and must take full account of the need to protect patient safety.
- 10.30 Any additional/extended trainings should be agreed with the foundation doctor, and with the training site/employer and new trainers who will be providing/supervising it. The deanery/foundation school should send the training site/employer full information about the circumstances leading to the additional/extended training requirement, including any areas of clinical and/or professional weakness and any negative reports on prior performance. This information will be shared with the foundation doctor, but agreement to such information being shared with any new employer and trainers/supervisors is a requisite of joining the training programme.
- 10.31 Additional details about the management and support of doctors in difficulty are set out in Chapter 9, and extension of F1 and Outcome 4 are set out below (see 10.39 – 10.42).
- 10.32 Where the evidence submitted is incomplete or otherwise inadequate, the panel should not take a decision about the performance or progress of the foundation doctor. The failure to produce timely, adequate evidence for the panel will result in an Incomplete Evidence Presented outcome (Outcome 5) and will require the foundation doctor to explain to the panel, in writing, the reasons for the deficiencies in the documentation. The fact that an Outcome 5 has been recorded will remain as a part of the foundation doctor's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence submitted and evaluated by the ARCP panel. Foundation doctors will not typically be able to appeal against an Outcome 5.

# 10. Progression and sign-off in F1

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- 10.33 For practical and administrative reasons, the deanery/foundation school or FTPD/T may wish to discuss other issues e.g. the foundation doctor's views on their training or planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Foundation doctors must not be present while the panel considers the outcome.
- 10.34 The foundation doctor should sign the ARCP form within 10 days of the panel meeting. Digital signatures are acceptable.
- 10.35 The foundation doctor may appeal against the decision of the F1 ARCP panel, which is acting under the guidance of the deanery/foundation school. The process for appeals against the decision of the panel is described below (see 10.56 – 10.72). However, any appeal against an Outcome 4 for UK medical graduates will be heard by the university/medical school of graduation (see 10.68 – 10.72).

## Satisfactory completion of F1 (Outcome 1)

- 10.36 The FTPD/T should forward the completed F1 ARCP documentation to the FSD of the current foundation school. The FSD should only complete the Attainment of F1 Competence document if satisfied that the foundation doctor has met the requirements for satisfactory completion of F1 i.e. subject to any quality management process.
- 10.37 Universities/medical schools or their designated representative in the postgraduate deanery will 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. The deanery/foundation school should forward the complete Attainment of F1 Competence form to the relevant authorised signatory for completion of the Certificate of Experience.
- 10.38 For foundation doctors who graduated outside of the UK, the postgraduate dean with responsibility for the deanery/foundation school where the doctor is currently training, is responsible for completing the Certificate of Experience.

## Failure to meet the requirements for satisfactory completion of F1 (Outcomes 3 and 4)

- 10.39 If the F1 ARCP panel decides that the foundation doctor has not met the requirements for satisfactory completion of F1, it should award an Outcome 3. Where such an outcome is anticipated, the foundation doctor should be invited to attend the panel. If this was not anticipated, the FTPD/T should invite the F1 doctor to a separate meeting, which may include other members of the panel.
- 10.40 The F1 ARCP panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. The maximum duration of any extension to F1 training should normally be for one year. The F1's employer should be informed of the outcome of the panel meeting.
- 10.41 In situations where a foundation doctor is deemed not to have satisfactorily completed F1 after the first 12 months (fte) training and is awarded an Outcome 3, the deanery/foundation school should inform the medical school of graduation.
- 10.42 If the panel decides that the foundation doctor should be released from the training programme, it should award an Outcome 4. The deanery/foundation school and the medical school of graduation must jointly inform the Registration Directorate of the GMC and discuss with the Fitness to Practise Directorate of the GMC, irrespective of whether there was an extension to F1.

# 10. Progression and sign-off in F1

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## Extension to F1

- 10.43 The maximum duration of any extension to F1 training should normally be for one year. The deanery/foundation school where the foundation doctor is currently training will normally provide the extension.
- 10.44 Towards the end of the agreed extension to training, the ARCP panel should review the foundation doctor's progress.
- 10.45 Irrespective of the duration of the agreed extension, the F1 – ARCP panel should review progress at the end of the first four months to decide whether the foundation doctor concerned is making satisfactory progress and to review the remedial training. The FTPD/T should keep these arrangements under review and reconvene the panel earlier if necessary.
- 10.46 If, after the first four months of the extension, the foundation doctor is not making satisfactory progress or new concerns emerge, the deanery/foundation school should involve the local specialist trainee support unit, if one exists. If the concerns are sufficiently serious, the deanery/foundation school should also notify the GMC for FtP consideration. The doctor's employer must be informed as soon as is feasible in order to consider whether they deem it appropriate to implement their local employment policies or procedures or provide guidance to clinical supervisors or others.
- 10.47 In exceptional circumstances, it may become clear that the F1 doctor is not likely to progress through F1 to full registration with the GMC after only four or eight months of an extension to F1. Such circumstances will be rare, and if this is the case the deanery/foundation school should involve their local specialist trainee support, if one exists, to provide corroboration of the evidence on which such a conclusion would be based. In addition, if the concerns are sufficiently serious the GMC should be notified for Fitness to Practise (FtP) purposes.
- 10.48 The deanery/foundation school should communicate the final decision of the ARCP panel to the medical school of graduation. If the foundation doctor has met the requirement for satisfactory completion of F1, the FSD should complete the F1 Attainment of Competence Form (see 10.36 – 10.38).
- 10.49 The graduating UK medical school is responsible for the recommendation to the GMC for full registration. If the F1 ARCP panel awards an Outcome 4, the graduating UK university/medical school and the deanery/foundation school must inform the GMC of the decision. In addition, the graduating UK medical school should write to the foundation doctor setting out the process for an appeal. The deanery/foundation school, in partnership with the university/medical school, should offer the F1 doctor career counselling.
- 10.50 However, if the F1 ARCP panel awards an Outcome 4 and the F1 doctor graduated outside of the UK, the postgraduate deanery where the doctor undertook the extended training should hear the appeal. The FSD should write to the doctor setting out the process to appeal. The employer should be informed of an Outcome 4. In many cases it is anticipated that the employer will already have been involved earlier in the process. The employer will need to instigate its internal employment policies in order to fairly terminate the foundation doctor's contract of employment.

## Termination of a training contract

- 10.51 If a foundation doctor is dismissed by an employer, other than at the end of their fixed term, the deanery/foundation school will normally terminate the training contract. The deanery/foundation school must inform the foundation doctor's current and any known future employer as part of the Foundation Programme, when terminating a training contract.
- 10.52 The deanery/foundation school should inform the medical school of graduation. In addition they should inform the Fitness to Practise Directorate of the GMC, unless a referral has already been made by the employer or representative of the employer responsible for dismissal.
- 10.53 The employer is responsible for publishing and managing the appeals process against dismissal.

# 10. Progression and sign-off in F1

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## Resignation

- 10.54 If foundation doctors resign from their employment, they should also inform the deanery/foundation school, which will normally terminate the training contract. The deanery/foundation school must inform the foundation doctor's current and any known future employer as part of the Foundation Programme, when terminating a training contract.
- 10.55 The deanery/foundation school should inform the medical school of graduation. In addition, if necessary they should discuss with the Fitness to Practise Directorate of the GMC, unless a referral has already been made by the employer or representative of the employer responsible for dismissal.

## Appeals against the decision of the ARCP panel to award an Outcome 3 (or 4 for non-UK medical graduates)

- 10.56 Foundation doctors may appeal against the decision of the F1 ARCP panel to award an Outcome 3. Non-UK medical graduates should also use this process to appeal against a decision to award an Outcome 4. They should lodge their appeal in writing within 10 working days of receiving the decision of the F1 ARCP panel. The appeal should be addressed to the postgraduate dean and must specify the grounds for the appeal.
- 10.57 Foundation doctors can only appeal against a decision to withhold completion of the GMC Certificate of Experience if they can demonstrate that evidence confirming that they had met all of the required outcomes contained in the Curriculum was available to the ARCP panel, by the specified date, and was not considered appropriately.
- 10.58 The panel may uphold an appeal and recommend that the medical school awards a Certificate of Experience if it is satisfied that evidence was not considered appropriately e.g. administrative/process errors were made. The panel cannot however, recommend that the medical school award a Certificate of Experience recommending a foundation doctor for full registration with the GMC unless it is satisfied that there is sufficient evidence to support that the foundation doctor has met all of the required outcomes contained in the Curriculum, and that there are no on-going patient safety concerns. If the panel agrees that there is insufficient evidence/patient safety concerns, it can acknowledge the administrative/process error but must confirm that the decision not to complete a GMC Certificate of Experience was correct.
- 10.59 It is not possible to appeal a decision to withhold completion of the GMC Certificate of Experience due to non-statutory leave in excess of the permitted four weeks, unless the amount of time of non-statutory leave itself is being contested.
- 10.60 The postgraduate dean (or nominated representative) should consider whether there are sufficient grounds for an appeal. If the postgraduate dean (or nominated representative) deems that there are sufficient grounds they 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 appeal with further written evidence. All documentation which may be considered by the appeal panel must be made available to the foundation doctor.
- 10.61 The postgraduate dean, or a nominated representative, will convene an appeal panel to consider the evidence and to form a judgement where the details for appeal are deemed to give sufficient grounds for an appeal process to be instituted. Such an appeal 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.
- 10.62 The appeal panel should include the postgraduate dean or a nominated representative as chair, an independent FSD or FTPD/T from another foundation school, at least one consultant or GP from the same foundation school, a lay representative and a doctor in training from another deanery. The membership of the panel should not include

## 10. Progression and sign-off in F1

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members of the original ARCP panel. A representative from the personnel/HR directorate of the employer or the deanery must be present to advise the chair, for example, on equal opportunities, disability and diversity matters and to record the proceedings of the appeal. All members of the panel should have completed equality and diversity awareness training and be up-to-date with that training.

- 10.63 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 family member. If a foundation doctor wishes to be legally represented, 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 arrangements for the questioning of those providing evidence to the panel by the foundation doctor's legal representative.
- 10.64 In advance of the appeal 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 submitted or provided at the appeal. The appeal panel has the power to overturn or modify the decision made by the original F1 ARCP panel. If they exercise this power, the FSD will abide by their decision. The decision of the appeal panel is final.
- 10.65 The postgraduate dean or nominated deputy should normally notify the foundation doctor of the outcome in writing within five working days from the date of the appeal hearing.
- 10.66 The foundation doctor may withdraw an appeal at any stage of the process. If the foundation doctor wishes to withdraw their appeal, they must write to the postgraduate dean. The postgraduate dean or nominated deputy will inform the foundation doctor's employer of the outcome of the appeal, in order that they may take any action they deem appropriate at this stage.
- 10.67 It is considered best practice to ensure that any communication to foundation doctors about appeals or appeal processes be provided using a trackable means of communication that can confirm receipt of such materials by that doctor.

### Appeals against an Outcome 4

- 10.68 Under the Medical Act, the GMC has determined that the graduating UK medical school/university is responsible for the recommendation for full registration. Any final appeal (typically after an extension to F1 training has been undertaken but not successfully completed) should normally be heard by the university of graduation. Such provisions do not apply to an appeal against an initial extension to F1 (Outcome 3) which should be heard within the deanery/foundation school in which the foundation doctor has been training.
- 10.69 It is recognised that such an appeal may be difficult to arrange for those foundation doctors appointed to deanery/foundation school distant to their university of graduation. Some flexibility will, therefore, be needed in establishing and undertaking such appeals.
- 10.70 In the case of F1 doctors who have not graduated from a UK medical school any such appeal would normally be heard by the postgraduate deanery in which they are employed.
- 10.71 Such an appeal would only be against the processes that lead to the recommendation to end F1 training, not the educational decision itself.
- 10.72 The F1 doctor may make a final appeal against the decision of the graduating UK medical school through the Independent Adjudicator. Further details should be available from the university/medical school of graduation.

# 11. Progression and sign-off in F2

11.1 The Foundation Programme is time and outcome-based. Foundation doctors must complete one year (full-time equivalent) in an approved foundation programme and meet the requirements for satisfactory completion of F2 to be eligible for the award of the foundation achievement of competence document (FACD).

11.2 There is significant overlap between the process for sign-off in F1 (Section 10) and F2 (Section 11) but there are also important differences. Therefore the entire process for progression and sign-off in F2 is set out below.

## Requirements for satisfactory completion of F2

11.3 The requirements for satisfactory completion of F2, with guidance notes, are set out in Table 1 below. The deanery/foundation school should make the requirements clear at the beginning of the F2 year.

Section 11: Table 1

Full registration and a licence to practise with the GMC.	To undertake the second year of the Foundation Programme, doctors must be fully registered with the GMC and hold a licence to practise.
Completion of 12 months F2 training (taking account of allowable absence).	The maximum permitted absence from training (other than annual leave) during F2 is four weeks (i.e. the same as F1).
A satisfactory educational supervisor's end of year report.	The report should draw upon all required evidence listed below.
Satisfactory educational supervisor's end of placement reports.	An educational supervisor's end of placement report is not required for the last F2 placement; the educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports.	If the F2 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F2 doctor has met the requirements for completion of F2. The last end of placement review must be satisfactory.
Satisfactory completion of the required number of assessments.	Team assessment of behavior (TAB) (minimum of one per year).
The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional requirements.	Evidence that the foundation doctor can carry out the procedures required by the GMC.
A valid Advanced Life Support (or equivalent) certificate.	If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.

## 11. Progression and sign-off in F2

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

### Review of progress in F2

- 11.4 The majority of doctors successfully complete F2 and are awarded a FACD. However, a small proportion will require additional help and support to meet the requirements, which may include an extension for remedial training. Some foundation doctors will not meet the requirements for satisfactory completion of F2, despite additional help and support. These doctors will require career guidance as they consider alternative options.
- 11.5 At the beginning of each placement, foundation doctors should meet with their educational supervisors to agree and record the learning objectives for this period of training. Educational supervisors should make sure that a foundation doctor's performance is reviewed at appropriate intervals and that those who have worked with the foundation doctor have an opportunity to provide constructive feedback (e.g. TAB, the clinical supervisor's end of placement report).
- 11.6 Foundation doctors should meet regularly with their educational supervisor to assess whether they have met the necessary outcomes. At the end of each placement, the educational supervisor should complete the educational supervisor's end of placement report and towards the end of the year, the educational supervisor's end of year report. The educational supervisor must only confirm satisfactory performance if the foundation doctor has participated in the educational process and met the required outcomes.

# 11. Progression and sign-off in F2

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- 11.7 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 chapter 9.
- 11.8 The foundation school should publish its timeline for the review of progress and the FTPD/T should specify the local timetable for completion and scrutiny of e-portfolios and any additional evidence.
- 11.9 It is the responsibility of foundation doctors to maintain their e-portfolio and provide the evidence that they have met the requirements for satisfactory completion of F2. At the end of the F2 year, a panel will review each foundation doctor's e-portfolio, including the educational supervisor's end of year report, and other evidence (e.g. attendance/absence record if not included in the e-portfolio) to determine whether all the requirements for satisfactory completion of have been met.
- 11.10 The FTPD/T will not chase foundation doctors, who have not updated their e-portfolios by the specified date. Foundation doctors should be aware that failure to complete their e-portfolio and submit any additional evidence on time will result in the panel failing to consider their progress.

## *F2 Annual Review of Competence Progression (F2 ARCP)*

- 11.11 Towards the end of F2, the FTPD/T, under the guidance of the deanery/foundation school, should convene an Annual Review of Competence Progression (ARCP) panel to review the progress of all foundation doctors in their programme.
- 11.12 The ARCP provides a formal process for reviewing foundation doctors' progress which uses the evidence gathered by them and supplied by their supervisors. The ARCP is not an additional method of assessment.
- 11.13 While all foundation doctors should present evidence for review towards the end of F2, it may be necessary to convene a panel earlier if there are significant concerns about the foundation doctor's progress. Therefore, the review may be conducted more frequently if there is a need to deal with progression issues outside the annual review.
- 11.14 There should be a similar arrangement for monitoring the progress of foundation doctors training less than full time, with suitable adjustments made to the timetable.
- 11.15 The ARCP fulfils the following functions:
- To document the judgement about whether a foundation doctor has met the requirements and has provided documentary support for the satisfactory completion of F2
  - To document recommendations about further training and support where the requirements have not been met
  - To document the judgement about the outcomes demonstrated by a foundation doctor in a locum appointment for training post or rotation and to document these accordingly
  - To provide a framework for review of the supporting information required for revalidation (F2 being the first year of the five year cycle).
- 11.16 The ARCP should be conducted within the agreed deanery/foundation school timetable. The FTPD/T, acting on behalf of the deanery/foundation school, should make clear the local arrangements to receive the necessary documentation from foundation doctors. This means that at least six weeks notice must be given of the submission date, so the foundation doctor can check their e-portfolios, and the educational supervisors can meet with the foundation doctor and complete the required structured reports (including the educational supervisor's end of year report).

## 11. Progression and sign-off in F2

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11.17 All foundation doctors are required to participate in the revalidation process. This includes submission of details of significant events involving the foundation doctor and any health or probity concerns.

### *The ARCP Panel*

11.18 The panel has an important role which its composition should reflect. It should consist of at least three panel members. However, not all panel members will necessarily need to review each e-portfolio (see below). The panel should typically comprise: the FTPD/T and two others. The additional members could include: a postgraduate centre manager or other senior administrator, specialty training doctor (ST4 or above), clinical supervisor, educational supervisor, lay representative, external trainer, employer representative, or external deanery/foundation school representative.

11.19 The additional panel members should not include anyone who has been directly involved in the supervision of the F2 doctor(s) under consideration e.g. clinical supervisor, educational supervisor. If they have been directly involved in the supervision of the foundation doctor, they should declare an interest and withdraw from the panel temporarily.

11.20 All members of the panel (including any lay representatives and external trainers) must be trained in equality and diversity issues. This training should be kept up-to-date and must be refreshed every three years.

11.21 The panel should systematically consider the evidence as presented for each foundation doctor against the requirements for satisfactory completion and make a judgement based upon it. The possible outcomes for F2 are set out in Section 11 Table 2 below.

11.22 It is not essential that members of the panel review the e-portfolio at the same time. Panel members may scrutinise the e-portfolio separately and provide feedback. The e-portfolio will include a check-list which can be used. At least two members of the panel should systematically consider the evidence for each foundation doctor. One of these should be a registered and licensed medical practitioner on the specialist or GP register. If there is a disagreement between the two panel members, the evidence should be scrutinised by a third member and the majority decision used in determining the outcome.

11.23 The FTPD/T may need to provide an additional report, for example detailing events that led to a negative assessment by the foundation doctor's educational supervisor. The FTPD/T must share a copy of the report with the foundation doctor prior to its submission to the panel. It is not intended that the foundation doctor should agree the report's content, but it is important that the foundation doctor is aware of what has been said. Where the report indicates that there may be a risk to patients arising from the foundation doctor's practice, this risk(s) needs to be shared with the relevant clinical director, head of service, medical director or general practitioner to ensure that appropriate measures are in place. The deanery/foundation school must also be informed. The foundation doctor needs to be made aware of this.

11.24 The foundation doctor may submit, as part of their evidence to the ARCP, a response to the educational supervisor's end of year report or to any other element of the assessment documentation for the panel to take into account. Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the foundation doctor must expect that it will be followed up appropriately. Where, for example, a foundation doctor raises allegations of bullying, harassment or other inappropriate conduct on the part of a supervisor or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up to investigate or deal with allegations of this nature, it will bring such concerns to the attention of the deanery/foundation school in writing immediately following the panel for further consideration and possible investigation by

# 11. Progression and sign-off in F2

the employing organisation for the individual so identified. All deaneries/foundation schools and employers of foundation doctors will have policies on managing allegations of inappropriate learning and working environments. Foundation doctors are encouraged to follow these policies, and training providers must make their policies on bullying and harassment known to trainees as part of their induction.

11.25 Where it is likely that a foundation doctor could have an outcome indicating insufficient progress, which may require an extension to the indicative time for completion of the Foundation Programme, the panel should typically include at least one external member e.g. lay representative, external trainer, deanery/foundation school representative. The FTPD/T should invite the foundation doctor to meet with the panel after the panel has considered the evidence and made its judgement based upon that consideration. This will enable discussion of any recommendations for focussed or additional remedial training, including an extension to training. If the outcome was not anticipated, the FTPD/T should invite the F2 doctor to a separate meeting. However, an outcome indicating insufficient progress should not be a surprise for the foundation doctor as concerns should have been identified and discussed prior to the F2 ARCP.

## F2 ARCP Outcomes

11.26 Table 2 sets out the possible ARCP outcomes for F2 (the outcome codes are those used for specialty training however some do not apply to F2 i.e no Outcome 1, 2 or 7). It is recommended that members of the panel use a check-list to confirm that they have considered all of the requirements and add any comments to explain the judgement.

### Section 11: Table 2

Outcome Code	Description	Notes
3	Inadequate progress – additional training time required.	<p>This outcome should be used when the F2 ARCP panel has identified that an additional period of training is required which will extend the duration of F2 training.</p> <p>The panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. The overall duration of the extension to F2 training should normally be for a maximum of one year. The panel should consider the outcome of the remedial programme as soon as practicable after its completion. The deanery/foundation school should inform the employer and training placement provider if this outcome is assigned.</p>

## 11. Progression and sign-off in F2

Outcome Code	Description	Notes
4	Released from training programme.	If the panel decides that the foundation doctor should be released from the training programme, the deanery/foundation school should discuss with the GMC as there may be fitness to practise concerns. The panel should seek to have employer representation.
5	Incomplete evidence presented – additional training time may be required.	The panel can make no statement about progress or otherwise since the foundation doctor has supplied either no information or incomplete information to the panel. If this occurs, the foundation doctor may require additional time to complete F2. The panel will set a revised deadline for completion of the e-portfolio and associated evidence. Once the required documentation has been received, the panel should consider it. The panel does not have to meet with the foundation doctor and the review may be done “virtually” and issue an alternative outcome.
6	Recommendation for the award of the Foundation Achievement of Competence Document.	Following consideration of the overall progress of the foundation doctor, the panel will recommend the award of the FACD if the foundation doctor has met all of the requirements for satisfactory completion of F2.
8	Time out of Foundation Programme.	It is unusual for foundation doctors to take such a career break. However, the panel should receive documentation from the foundation doctor indicating what they are doing out of programme and their expected date of return.

11.27 Details of placements must be recorded on the ARCP form, which is available in the e-portfolio, including any agreed out of programme training.

11.28 If the panel is satisfied that the foundation doctor has met the requirements for satisfactory completion of F2, the FTPD/T, or nominated deputy, should record an Outcome 6 on the F2 ARCP form.

11.29 If additional remedial training is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of how a remedial or targeted training programme will be delivered will be determined by the FTPD/T and the foundation school director in consultation with the postgraduate dean or nominated deputy. The remedial/targeted training programme will be planned, taking into account the needs of other foundation doctors and must take full account of the need to protect patient safety. The foundation school director or his/her representative will ensure that the foundation doctor's employer and education provider are aware of the remedial training that is required and can ensure that any local relevant employment policies and procedures are implemented.

# 11. Progression and sign-off in F2

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- 11.30 Any additional/extended trainings should be agreed with the foundation doctor, and with the training site/employer and new trainers who will be providing/supervising it. The deanery/foundation school should send the training site/employer full information about the circumstances leading to the additional/extended training requirement, including any areas of clinical and/or professional weakness and any negative reports on prior performance. This information will be shared with the foundation doctor, but agreement to such information being shared with any new employer and trainers/supervisors is a requisite of joining the training programme.
- 11.31 Additional details about the management and support of doctors in difficulty are set out in Chapter 9, and extension of F2 and Outcome 4 are set out below (see 11.41 – 11.46).
- 11.32 Where the evidence submitted is incomplete or otherwise inadequate, the panel should not take a decision about the performance or progress of the foundation doctor. The failure to produce timely, adequate evidence for the panel will result in an Incomplete Evidence Presented outcome (Outcome 5) and will require the foundation doctor to explain to the panel, in writing, the reasons for the deficiencies in the documentation. The fact that an Outcome 5 has been recorded will remain as a part of the foundation doctor's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence submitted and evaluated by the F2 ARCP panel. Foundation doctors will not typically be able to appeal against an Outcome 5.
- 11.33 For practical and administrative reasons, the deanery/foundation school or FTPD/T may wish to discuss other issues e.g. the foundation doctor's views on their training, planning of future placements etc. on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Foundation doctors must not be present while the panel considers the outcome.
- 11.34 The foundation doctor should sign the ARCP form within 10 days of the panel meeting. Electronic signatures are acceptable.
- 11.35 The foundation doctor may appeal against the decision of the F2 ARCP panel. The process for appeals against the decision of the panel is described below (see 11.52 – 11.63).

## Satisfactory completion of F2 (Outcome 6)

- 11.36 The FTPD/T should forward the completed F2 ARCP documentation to the FSD of the current foundation school. Subject to any deanery/foundation school quality management processes, the FSD should recommend that the postgraduate dean completes the FACD.
- 11.37 The postgraduate dean or any other authorised signatory should only complete the FACD if satisfied that the foundation doctor has met the requirements for satisfactory completion of F2. An electronic signature is acceptable. A copy of the FACD may be printed by the deanery/foundation school. The FACD should normally be printed on deanery letter-head and where possible include an official stamp.

## Failure to meet the requirements for satisfactory completion of the Foundation Programme (Outcomes, 3 and 4)

- 11.38 If the F2 ARCP panel decides that the foundation doctor has not met the requirements for satisfactory completion of F2, it should award an Outcome 3. Where such an outcome is anticipated, the foundation doctor should be invited to attend the panel. If this was not anticipated, the FTPD/T should invite the F2 doctor to a separate meeting, which may include other members of the panel.
- 11.39 The F2 ARCP panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning

# 11. Progression and sign-off in F2

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the level of supervision). It will, however, be a matter for the deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. The maximum duration of any extension to F2 training should normally be for one year. The F2's employer should be informed of the outcome of the panel meeting.

- 11.40 If the panel decides that the foundation doctor should be released from the training programme, it should award an Outcome 4. The deanery/foundation school should discuss with the Fitness to Practise Directorate of the GMC if the F2 ARCP panel awards an Outcome 4, irrespective of whether there was an extension to F2.

## Extension to F2

- 11.41 The maximum duration of any extension to F2 training should normally be one year. The deanery/foundation school where the foundation doctor is currently training will normally provide the extension.
- 11.42 Towards the end of the agreed extension to training, the F2 ARCP panel should review the foundation doctor's progress.
- 11.43 Irrespective of the agreed duration of the extension to training, the F2 ARCP panel should review progress at the end of the first four months to decide whether the foundation doctor concerned is making satisfactory progress and to review the remedial training. The FTPD/T should keep these arrangements under review and reconvene the panel earlier if necessary.
- 11.44 In exceptional circumstances, it may become clear that the F2 doctor is not likely to meet the requirements for satisfactory completion after only four or eight months of an extension to F2. Such circumstances will be rare, and if this is the case the deanery/foundation school should involve their local specialist trainee support, if one exists, to provide corroboration of the evidence on which such a conclusion would be based. In addition, if the concerns are sufficiently serious the GMC should be notified for Fitness to Practise (FtP) purposes. The F2 doctor's employer must be informed as soon as is feasible in order to consider whether they deem it appropriate to implement their local employment policies or procedures or provide guidance to clinical supervisors or others.
- 11.45 If the foundation doctor has met the requirement for satisfactory completion of F2, the FSD should recommend that the postgraduate dean completes the FACD.
- 11.46 If the F2 ARCP panel awards an Outcome 4, the deanery/foundation school should write to the foundation doctor setting out the process for an appeal. The deanery/foundation school should offer the F2 doctor career counselling. In addition, the deanery/foundation school should also inform the GMC. The employer should be informed of an Outcome 4. In many cases it is anticipated that the employer will already have been involved earlier in the process. The employer will need to instigate its internal employment policies in order to fairly terminate the foundation doctor's contract of employment.

## Terminating a training contract

- 11.47 If a foundation doctor is dismissed by an employer, other than at the end of their fixed term, the deanery/foundation school will normally terminate the training contract. The deanery/foundation school must inform the foundation doctor's current and any known future employer as part of the Foundation Programme, when terminating a training contract.
- 11.48 The deanery/foundation school should discuss with the Fitness to Practise Directorate of the GMC, unless a referral has already been made by the employer or representative of the employer responsible for dismissal.

# 11. Progression and sign-off in F2

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11.49 The employer is responsible for publishing and managing the appeals process against dismissal for misconduct.

## Resignation

11.50 If foundation doctors resign from their employment, they should also inform the deanery/foundation school, which will normally terminate the training contract. The deanery/foundation school must inform the foundation doctor's current and any known future employer as part of the Foundation Programme, when terminating a training contract.

11.51 The deanery/foundation school should discuss with the Fitness to Practise Directorate of the GMC if they think there may be fitness to practise concerns (11.48).

## Appeals against the decision of the ARCP panel to award an Outcome 3 or 4

11.52 Foundation doctors may appeal against the decision of the F2 ARCP panel to award an Outcome 3 or 4. They should lodge their appeal in writing within 10 working days of receiving the decision of the F2 ARCP panel. The appeal should be addressed to the postgraduate dean and must specify the grounds for the appeal.

11.53 Foundation doctors can only appeal against a decision to withhold completion of the Foundation Achievement of Competence Document (FACD) if they can demonstrate that evidence confirming that they had met all of the required outcomes contained in the Curriculum was available to the ARCP panel, by the specified date, and was not considered appropriately.

11.54 The panel may uphold an appeal and complete the Foundation Achievement of Competence Document (FACD) if it is satisfied that evidence was not considered appropriately e.g. administrative/process errors were made. The panel cannot however, complete the Foundation Achievement of Competence Document (FACD) unless it is satisfied that there is sufficient evidence to support that the foundation doctor has met all of the required outcomes contained in the Curriculum, and that there are no on-going patient safety concerns. If the panel agrees that there is insufficient evidence/patient safety concerns, it can acknowledge the administrative/process error but must confirm the decision not to complete the Foundation Achievement of Competence Document (FACD).

11.55 It is not possible to appeal a decision to withhold completion of the Foundation Achievement of Competence Document (FACD) due to non-statutory leave in excess of the permitted four weeks, unless the amount of time of non-statutory leave itself is being contested.

11.56 The postgraduate dean (or nominated representative) should consider whether there are sufficient grounds for an appeal. If the postgraduate dean (or nominated representative) deems that there are sufficient grounds, they 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 appeal with further written evidence. All documentation which may be considered by the appeal panel must be made available to the foundation doctor.

11.57 The postgraduate dean, or a nominated representative, will convene an appeal panel to consider the evidence and to form a judgement where the details for appeal are deemed to give sufficient grounds for an appeal process to be instituted. Such an appeal 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 external to the appeal panel.

## 11. Progression and sign-off in F2

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- 11.58 The appeal panel should include the postgraduate dean or a nominated representative as chair, an independent FSD or FTPD/T from another foundation school, at least one consultant or GP from the same foundation school, a lay representative and a doctor in training from another deanery. The membership of the panel should not include members of the original ARCP panel. A representative from the personnel/HR directorate of the employer or the deanery must be present to advise the chair, for example, on equal opportunities, disability and diversity matters and to record the proceedings of the appeal. All members of the panel should have completed equality and diversity awareness training and be up-to-date with that training.
- 11.59 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 a family member. However, if a foundation doctor wishes to be legally represented, 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 arrangements for the questioning of those providing evidence to the panel by the foundation doctor's legal representative.
- 11.60 In advance of the appeal 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 submitted or provided at the appeal. The appeal panel has the power to overturn or modify the decision made by the original F2 ARCP panel. If they exercise this power, the FSD will abide by their decision. The decision of the appeal panel is final.
- 11.61 The postgraduate dean or nominated deputy should normally notify the foundation doctor in writing of the outcome within five working days from the date of the appeal hearing.
- 11.62 The foundation doctor may withdraw an appeal at any stage of the process. If the foundation doctor wishes to withdraw their appeal, they must write to the postgraduate dean. The postgraduate dean or nominated deputy will inform the foundation doctor's employer of the outcome of the appeal, in order that they may take any action they deem appropriate at this stage.
- 11.63 It is considered best practice to ensure that any communication to foundation doctors about appeals or appeal processes be provided using a trackable means of communication that can confirm receipt of such materials by that doctor.

## 12. Quality assurance, management and control

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- 12.1 The Foundation Programme aims to ensure that all doctors deliver safe and effective patient care and aspire to excellence in their professional development in accordance with the GMC guidance laid down in [Tomorrow's Doctors](#), [The Trainee Doctor](#) and [Good Medical Practice](#).
- 12.2 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 has set national standards for the delivery and outcomes of the Foundation Programme in [The Trainee Doctor](#). Deaneries/foundation schools and LEPs are required to demonstrate that the standards have been met.
- 12.3 There are three levels of quality activity:
- Quality Assurance - carried out by the GMC  
"This encompasses all the policies, standards, systems and processes in place to maintain and enhance the quality of postgraduate medical education and training in the UK including the Foundation Programme. The GMC carries out systematic activities to assure the public and patients that postgraduate medical education and training meets the required standards within the principles of better regulation."
  - Quality Management - carried out by the deanery  
This refers to the arrangements by which the deanery satisfies itself that LEPs are meeting the GMC's standards. These arrangements normally involve reporting and monitoring mechanisms.
  - Quality Control - carried out at local education provider (LEP) level  
This relates to the arrangements through which LEPs (health boards, national health service trusts, independent sector and any other service provider that hosts and supports trainees) ensure that postgraduate medical trainees including foundation doctors receive education and training that meets local, national and professional standards.
- 12.4 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 prescribed.

### Quality assurance

- 12.5 Information on the standards for postgraduate training in [The Trainee Doctor](#) and how the GMC assures quality in medical education can be accessed from the GMC website at [www.gmc-uk.org](http://www.gmc-uk.org).

### Quality management

- 12.6 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).
- 12.7 Deanery quality management processes must cover all the mandatory requirements set out in [The Trainee 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.
- 12.8 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 Trainee Doctor](#).

## 12. Quality assurance, management and control

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12.9 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 domains in [The Trainee Doctor](#). Since 2009, foundation schools have also collected data for the UKFPO Annual Report which should also help in the review of programme provision.

12.10 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 12: 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"> <li>• policies for each of the domains in <a href="#">The Trainee Doctor</a></li> <li>• educational governance</li> <li>• job descriptions / person specifications for educators</li> <li>• training to develop teaching skills</li> <li>• recruitment policies for both supervisors and trainees</li> <li>• policies on programme construction and placements</li> <li>• equal opportunities policy/single equality scheme</li> <li>• provision of careers advice</li> <li>• policies for supporting underperforming trainees.</li> </ul>
<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>

## 12. Quality assurance, management and control

<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, faculty and if applicable to the university/medical school. Feedback can be obtained using the following:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Checking employers'/LEPs' working hours monitoring returns</li> <li>• Evaluation forms for quality management of the programme should include an evaluation of the quality of education delivery, both workplace-based and classroom teaching</li> <li>• Completion of assessments – problems, timing, by whom, value to trainee</li> <li>• Face to face feedback – during supervision meetings or structured interviews.</li> </ul>
<p>Faculty feedback.</p>	<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"> <li>• through end of placement or end of year questionnaires</li> <li>• as part of the appraisal process with the consent of the foundation doctor.</li> </ul>
<p>Administrative monitoring.</p>	<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"> <li>• recruitment and appointment statistics</li> <li>• programme allocation and construction</li> <li>• equal opportunities information – ethnicity, gender, doctors with disabilities</li> <li>• less than full-time training</li> <li>• attendance rates at taught session</li> <li>• delivery of mandatory training e.g. equality and diversity, induction, life support</li> <li>• assessments – timing and problems</li> <li>• outcomes – including reasons for failure to complete F1, the Foundation Programme and entry to ST1</li> <li>• doctors in difficulty – numbers, training extensions and outcomes.</li> </ul>

## 12. Quality assurance, management and control

<p>Curriculum delivery.</p>	<p>There are many other useful methods for collecting this data:</p> <ul style="list-style-type: none"> <li>• Foundation school overview of content and timetable</li> <li>• Critical review of session learning plans</li> <li>• Peer observation</li> <li>• Sharing events for faculty.</li> </ul>
<p>Site visits.</p>	<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"> <li>• be part of a comprehensive quality management strategy</li> <li>• follow a published procedure including feedback processes and actions on requirements and recommendations</li> <li>• involve all stakeholders</li> <li>• be carried out by visitors trained for the task</li> <li>• provide opportunities for foundation doctors to give their opinion.</li> </ul>

### Quality control

- 12.11 Deaneries typically hold Service Level Agreements (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.
- 12.12 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.
- 12.13 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.
- 12.14 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 placement or end of year questionnaires
  - interviews of both foundation doctors and trainers.
- 12.15 Many of these processes can also be used in deanery quality management and should not be duplicated.

## 12. Quality assurance, management and control

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### Approval of foundation programmes (including supernumerary programmes)

- 12.16 Deaneries in the UK are responsible for delivering the Foundation Programme. They must prospectively approve the rotations and monitor them as above to ensure that they meet the standards for postgraduate training in [The Trainee Doctor](#).
- 12.17 Deaneries/foundation schools should ensure that all two year programmes are constructed to:
- reflect the needs and priorities of the national health service
  - allow achievement of the competences and outcomes as set out in the [Foundation Programme Curriculum](#) (the Curriculum)
  - provide a provisionally registered doctor with an acceptable grounding 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
  - promote recruitment to shortage specialties.
- 12.18 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.

### Acquisition of foundation outcomes outside of the UK

#### *Training as a provisionally registered doctor outside of the UK*

- 12.19 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 as soon as possible.
- 12.20 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 outside of the UK.

#### *F2 training outside of the UK*

- 12.21 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.
- 12.22 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.
- 12.23 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.

# 13. Appendices

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- 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) Attainment of Foundation Year 1 (F1) competence
- h) Foundation achievement of competence document (FACD)

## a. Sample job description for a foundation school director (FSD)

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**Job Title:** Foundation school director

**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
- To attend and represent the foundation school at national FSD 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 Trainee 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 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 less than full-time, 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
- 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.

## a. Sample job description for a foundation school director (FSD)

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### 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.	Bachelors level degree or equivalent.	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</i> and <i>Foundation Programme Reference Guide</i> .	
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)

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**Job Title:** Foundation school manager

**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 application 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 less than full-time training posts and foundation doctors requiring additional educational support.

#### 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 managers meetings and 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
- 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; less than full-time training; taster days and time out of the Foundation Programme.

## b. Sample job description for a foundation school manager (FSM)

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### 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 a foundation training programme director/tutor (FTPD/T)

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**Job Title:** Foundation training programme director/tutor

**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
- To chair the Annual Review of Competence Progression (ARCP) panel.

#### 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
- Evaluating induction, generic teaching and supervision and to ensure it meets minimum standards.

## c. Sample job description for a foundation training programme director/tutor (FTPD/T)

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### 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 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) training; taster days and time out of the Foundation Programme.

## d. Conditions of taking up a training post

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(Note: this is NOT an offer of employment)

Dear Postgraduate Dean and Foundation School Director,

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 foundation school director (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.

I understand that information I provide to the deanery/foundation school (including personal data and sensitive personal data as defined in the [Data Protection Act 1998](#)) may be disclosed to the medical school, current or future employers and the General Medical Council as appropriate.

Yours sincerely

Appointee's signature: \_\_\_\_\_

Appointee's name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

## e. Security standards for Foundation Programme e-portfolios

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### 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.

The postgraduate deanery and/or the host organisation (where the postgraduate deanery is hosted by another organisation) will be the data controller for the purposes of the [Data Protection Act 1998](#). Deaneries should note that foundation doctors are entitled to make a subject access request under s.7 of the [Data Protection Act 1998](#) for the personal data that the deaneries/foundation schools hold about them and that the deaneries/foundation schools should have policies in place to deal with those requests.

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 upload any data that could identify an individual patient. 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 judgement 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 on who has access to what data, for what purpose and for how long
- Individual foundation doctors must be asked to give consent for their data to be shared with the specified roles set out in Table 1 below, before being given access to the e-portfolio. 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.	Indefinitely.
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 three months following the end of the placement Read-only: indefinitely.
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 three months following the end of the year Read-only: indefinitely.
Foundation training programme director/ tutor (FPTD/T) and nominated administrators, ARCP panel members.	Shared e-portfolio content for specified foundation doctors in a particular foundation programme.	During the Foundation Programme and for a period of three 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.	During the Foundation Programme and for a period of three months following the end of the programme Read-only: 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.

## e. Security standards for Foundation Programme e-portfolios

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### Section 3 – Quality management

#### *Standard:*

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

#### *Rationale*

Educational supervisors, FTPD/Ts, ARCP panels, FSDs and deans use the data presented in the e-portfolio to make judgements 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
- Deaneries/foundation schools 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*

E-portfolios include information that has been gathered to record individual foundation doctors' progress. That information may be useful to benefit patient safety, improve services and to assist with education and development. However, such information should be aggregated and anonymised when used for these purposes to avoid any breach of confidence or breach of the [Data Protection Act 1998](#).

#### *Mandatory Requirement:*

- All Foundation Programme e-portfolios must provide information on how aggregated data may be used
- Data will be used for quality assurance, quality management and quality control purposes. Foundation training programme 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.	FTPDP/T Nominated programme administrative support.
Foundation school / deanery.	FSD FSM Nominated foundation school administrative staff Dean Nominated deanery administrative staff.
UKFPO.	Nominated UKFPO staff.
LEP.	Nominated person from the LEP.

### Section 5 – Database security

#### *Standard:*

All Foundation Programme e-portfolios must employ strategies to reduce the risk of unauthorised access and 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 those authorised by the postgraduate dean may download e-portfolio data. This includes foundation doctors who may download their own data.

## f. Embedded taster experiences template

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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 two-five 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
5. Outline the objectives of the taster experience
  - o 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
  - o Include educational events
6. Develop an evaluation form which allows ongoing development of all components of the programme
7. Ensure foundation training programme director/tutor (FTPD/T) 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.

## f. Embedded taster experiences template

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### 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 that 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 UKFPO needs the help of foundation school directors (FSDs) and their local FTPD/Ts.

#### 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 with employers and develop local arrangements within the deanery for tasters.

#### 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
- Feedback to FSDs on tasters delivered and outcomes
- In exceptional circumstances liaise with other local FSDs 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](http://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.

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

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

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

## g. Attainment of foundation year 1 (F1) competence

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### ATTAINMENT OF FOUNDATION YEAR 1 (F1) COMPETENCE

(DOCTOR'S NAME)

GMC number:

Foundation school:

Medical school:

*undertook the following F1 training:*

	Specialty	Clinical Supervisor	Local Education Provider	Date from (dd/mm/yy)	Date to (dd/mm/yy)
1					
2					
3					

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of Foundation Year 1 as laid down by the General Medical Council and set out in the *Foundation Programme Curriculum* and the *Foundation Programme Reference Guide*.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

(Foundation School Director)

## h. Foundation Achievement of Competence Document (FACD)

### FOUNDATION ACHIEVEMENT OF COMPETENCE DOCUMENT (FACD)

*is awarded to*

(DOCTOR'S NAME)

*GMC number:*

*Foundation school:*

*Medical school:*

*undertook the following F2 training:*

	Specialty	Clinical Supervisor	Local Education Provider	UK APS*		Date from (dd/mm/yy)	Date to (dd/mm/yy)
1				Y	N		
2				Y	N		
3				Y	N		

\* 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.

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of the Foundation Programme as laid down by the General Medical Council and set out in the *Foundation Programme Curriculum* and the *Foundation Programme Reference Guide*.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

(Postgraduate Dean/Other Authorised Signatory)

## 14. 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.
ARCP	Annual Review of Competence Progression.
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. Please see the <a href="#">FP Curriculum</a> for full details.
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 full registration with the General Medical Council (GMC).
F2	The second foundation year; follows full registration with the GMC.
Foundation Achievement of Competence Document (FACD)	Awarded to the foundation doctor at the end of foundation training to indicate that the foundation competences have been successfully achieved.
Foundation school director (FSD)	The head of the foundation school. The FSD is accountable to the postgraduate dean.

## 14. Glossary of terms

Foundation school manager (FSM)	The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM reports to the FSD.
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.
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.
Placement supervision group	The group consists of trainers nominated in each placement by the named clinical supervisor. Their observations and feedback will inform the clinical supervisor's end of placement report.
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).
Programme	A managed educational experience.
Rotation	A series of placements grouped together to make either an F1 or F2 rotation.
TOFP	Time out of Foundation Programme.

The GMC also hosts a glossary which may be useful to reference:

[http://www.gmc-uk.org/GMC\\_glossary\\_for\\_medical\\_education\\_and\\_training.pdf](http://www.gmc-uk.org/GMC_glossary_for_medical_education_and_training.pdf) 47998840.pdf

# Index of Foundation Programme processes

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This section lists all of the specific processes referred to in the Reference Guide. Deaneries/ foundation schools may wish to ensure that they provide guidance for each of the following processes. This could include use of nationally developed guidance or locally adapted guidance.

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