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

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The Rough Guide to the Foundation Programme

3rd Edition, August 2010

Produced by:

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Dear colleague

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

The transition from medical student to foundation doctor isn't easy, but we hope that this *Rough Guide* will help you make that transition. This guide sets out exactly what you can expect from your two-year training programme.

The Foundation Programme, introduced in August 2005, provides a stepping stone for junior doctors from medical school to specialty/GP training. The training you receive will be structured, supervised and assessed against the competences set out in the *Foundation Programme Curriculum*.

The Foundation Programme as a whole is administered by the UK Foundation Programme Office (UKFPO), which is responsible to all four UK health departments. The UKFPO website has been developed for medical students, foundation doctors and other interested parties, and contains all the information available on the Foundation Programme, including the *Curriculum, FP Reference Guide* and this *Rough Guide* (www.foundationprogramme.nhs.uk). I recommend that you go to the website to sign up for the e-updates to keep up with the latest developments in the Foundation Programme.

I wish you every success as you embark on your professional practice. Welcome to the Foundation Programme.

Professor Derek Gallen
National Director,
UK Foundation Programme Office
Introduction
What is the Foundation Programme?
The Foundation Programme is a structured, supervised workplace-based training programme typically made up of six four-month placements in a range of specialties over two years. Your placements provide a safe environment to put in practice what you have learned at medical school, while giving you the additional skills, knowledge and experience needed to practise safely as a doctor.

All medical school graduates must successfully complete the Foundation Programme in order to work as a doctor in the UK.

The Rough Guide
This guide explains how the Foundation Programme works, and will help you get the most out of your first two years of clinical practice. It covers a range of topics including how your e-portfolio works, what to expect in F1 and F2, advice on completing your assessments and information to help you plan your career. It also covers what to do if things are not going well in your placement.

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

How does foundation training work?
As you would expect, the Foundation Programme is designed to allow you to gain core clinical skills as well as other professional skills like communication, teamwork and the use of evidence and data. You will be expected to demonstrate increasingly sophisticated skills in these areas throughout the Foundation Programme, well beyond what you learned in medical school.

Your first foundation placement will usually commence in early August after medical school graduation. You will rotate to your next placement every 3, 4, or 6 months (depending on how your foundation school sets up your programme), and over the two years you will build up a portfolio of assessments and achievements as you gain more experience and acquire new competences. Part of this will involve asking your
colleagues to assess your clinical and professional skills in a range of settings while you work.

At the end of each year, you must demonstrate that you have met the standards of competence set out in the *Foundation Programme Curriculum* (March 2010). There are a range of assessment tools you can use to prove your competence and they are detailed later in this guide.

Once you have successfully completed your first foundation year (F1), you will receive full registration by the GMC. Once you have successfully completed your second foundation year (F2), you will receive a Foundation Achievement of Competence Document (FACD).

Throughout the whole programme, and as you progress through specialty/GP training and beyond, you will continue to gain new competences which you should add to your portfolio. Your portfolio shows evidence of the competences you have achieved in different areas and it will stay with you for the duration of your career.

**What else can I expect?**

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

Learning on the job is a key feature of the Foundation Programme, and you have lots of ground to cover in these first two years. Besides formal teaching sessions, you should consider every activity a chance to learn something new. Clerking patients, presenting on ward rounds and attending outpatients all add to your collection of knowledge. Always be on the lookout for experiences to add to your portfolio of competences and opportunities for developing new skills. For some competences, you may learn as much from nurses and non-clinical members of your healthcare team as from the senior doctors. Each day will bring many opportunities to learn. Grasp every chance you are given.

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

**Who will organise my foundation training programme?**

All of your postgraduate training is organised by your postgraduate deanery and will be managed through foundation schools. For more information on foundation schools, turn to the ‘Who’s who’ section.
Chapter 1
Before you start
The application process

You can apply for an Academic Foundation Programme or a standard Foundation Programme. Both processes require you to submit an application online through Foundation Programme Application System (FPAS). Check the UKFPO website for details of the recruitment process at www.foundationprogramme.nhs.uk/how-to-apply. As part of your application for the main recruitment round, you will rank the foundation schools in order of preference. You will be able to see the programmes each school offers before you rank them.

Historically, over 90% of applicants have been allocated to their first choice foundation school. However, as government budgets tighten and the number of places available reduces, you must do even better on your application form. If there are more applicants than places, only the top-scoring applicants will be initially allocated to the vacancies. The remaining applicants will be put on a reserve list and allocated to places as vacancies arise (primarily after the results of finals are known).

No matter what programme you are in, you will have exposure to the clinical and educational environments necessary for you to get all the competences required to complete foundation training.

You, along with all other final year UK, EEA and international medical students, will fill out a standardised application form. There is a national person specification which sets out the knowledge, skills and attributes you need in order to become a foundation doctor. It is worth looking at before the application period opens.

Each application question is scored blind by a panel of two people (at least one of whom is a clinician) against standardised scoring criteria. This means at least 10 scorers are involved in marking your application. Your overall score consists of an academic quartile score provided by your medical school and the score relating to your application answers. Detailed information on the application process is in the Foundation Applicant’s Handbook updated and published annually at www.foundationprogramme.nhs.uk.

Transfer of information

You will be asked to complete a Transfer of Information form before you leave medical school. The information you provide on the form will be passed to your foundation school so they may inform your educational supervisor and foundation training
programme director of any issues they should be aware of before you begin your placement. This is an important process which has been developed both to support you as you move from medical school to foundation school, providing additional help if you need it, and highlighting any potential patient safety issues.

**Provisional registration with the GMC**

Before you can start work as an F1 doctor, you must be provisionally registered with the General Medical Council (GMC). During your fourth or final year, the GMC visits your medical school and provides you with information about how to apply for provisional registration and licence to practise. Once you’ve passed your exams, applied for registration, satisfied the GMC that your fitness to practise is not impaired and paid your registration fee, your registration will be granted.

**Applying for provisional registration and licence to practise**

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

Upon first log on, please check to ensure that all your details on MyGMC are correct. If you have forgotten your login details, you can contact the GMC. However, keep in mind that it may take up to five working days to receive the details.

As part of the application, you must:

- Enter a commencement date (when you want your provisional registration to start) of no later than three months after the date you submit your application. Please check with your employer about the commencement date for your provisional registration and licence to practise. Your employer may require you to hold registration during your induction week.

- Complete the declaration of fitness to practise. The Registrar has the discretion to request additional information or evidence to help make a decision on whether or not to grant registration. Requests for additional information may include asking you to submit a recent (less than six months old) Criminal Records Bureau (CRB) report. The CRB report can take between six and eight weeks to arrive. All of this could impact on the time it takes to process your application, so please apply as soon as possible.
• Pay the registration annual retention fee, which is currently £145. You will need a valid credit or debit card to hand when you complete your application. If you later wish to withdraw your application, we will send you a full refund of the registration annual retention fee within two weeks of your request. Please note, however, that in some cases a scrutiny fee of £100 will apply.

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

**It is crucial that you do not undertake medical work without registration!** If you do, you will not be legally covered and any mistake could lead to a financial cost to you (not a good idea!).
Chapter 2
Your Foundation Programme
I trained at Leicester Medical School but decided to move to Sheffield for my foundation years to take up an academic teaching job. When I was deciding which jobs to apply for, moving to a different deanery was quite a scary thought.

Starting life as a new doctor is daunting enough, but doing a new job in a new city, a new hospital and with new housemates was pretty intimidating. Nine months into it, I can honestly say I've never regretted it for a second. If there's a job out there you want, then moving to a different deanery really shouldn't be the factor that changes your mind.

Of course it makes life more difficult - from silly things like finding the mess and unfamiliar request forms to moving away from friends that you've been close to for five years. Your working day will be long and your hours variable, and having to build any kind of a life at the same time can be exhausting.

Having said that, everyone's new as an F1. People move to district generals, or back home, and so you get to know people quickly. If you consider moving, you have a much greater choice of jobs and opportunities open to you. Most people end up moving around eventually anyway, and it's a good skill set to pick up, and gives you good experience and exposure to a new way of doing things. And wherever you end up, you can always go back to visit.

Some people choose to move somewhere different and some are just allocated there through the recruitment system. Either way, I'd advise you not to worry about it. I'm thoroughly enjoying my first year of doctoring and am sure you all will too.
F1 year
Your F1 year has been designed to make sure you can put the knowledge and skills you learned as a student into practice as a doctor.

The placements
Your F1 placements will be determined by the post or programme for which you are selected. In addition to medicine and surgery, your post may include any of the 60+ recognised specialties such as:

- haematology
- infectious diseases
- dermatology
- gynaecology
- anaesthetics
- ENT
- paediatrics
- acute stroke medicine

This list is far from complete but does give you an idea of the possible specialties that may be available to you. Not everyone will get the specialties they request. There are a finite number of available jobs in any one specialty, and some specialties are extremely popular. Fortunately, all placements will enable you to work towards gaining the competences. Many foundation schools have mapped the placements to the Curriculum to enable you to easily see which competences you can gain in each rotation.

The induction
At the beginning of your first placement, there will be an induction at your workplace. As well as receiving information about the institution, your timetable and what is expected of you, you will be advised of the contact details of your educational supervisor and of the careers advice that is available locally.
GETTING YOUR ASSESSMENTS DONE

Dr Sarah Bodenham
F1 Doctor
Frenchay Hospital, North Bristol Trust

For your foundation year one training you have to complete the following assessments: at least six case-based discussions (CBD); nine mini clinical examinations (mini-CEX) of which up to three can be replaced by direct observation of procedural skills (DOPs); your logbook of procedural skills and at least one teaching development assessment.

Start early. The number of assessments does not seem a lot. However, when you are working full-time including on-calls, finding the time and available assessors to do these assessments can be challenging. Start early in your first rotation and do not leave it to the last minute.

Read the criteria for each assessment. By knowing what is expected for each assessment this will enable you to choose appropriate scenarios and get the marks you need.

Prepare. Practice a DOPS beforehand. Choose an appropriate patient for a mini-CEX and get their permission beforehand. Read up on the patient and the relevant topic before carrying out a CBD.

Arrange a time/date with the assessor. Ask the assessor beforehand and set a time and date to do the assessment. For example, if you are on-take, ask the registrar at the beginning of the session if it would be possible to do a mini-CEX on one of the patients you clerk in.

Email the assessor as soon as possible. Email the assessment whilst it is fresh in both yours and the assessor’s mind.

Send reminders. Remember you are not hassling, you are just reminding.

Grab every opportunity. The more assessments you do the better your portfolio will look.
Education and training

You will have up to three hours per week of protected, bleep-free time set aside for in-house, formal education. Alternatively, this time may be aggregated to give you whole days of training.

Your foundation training programme director (FTPD) will make sure you have access to relevant and appropriate training which is mapped to the Curriculum.

According to the FP Reference Guide (2010), you cannot apply for study leave in F1. However, some foundation schools will allow you to undertake tasters toward the end of F1 by “borrowing” study leave from F2. Check with your foundation school to see if this is possible.

Becoming a fully registered doctor

After satisfactorily completing 12 months of training in F1 posts and demonstrating that you have achieved the required competences, you are eligible to apply for full registration with the GMC. It's important to remember that your assessments and Foundation Learning Portfolio will help your university/postgraduate dean to recommend you for full registration.

Applying for full registration with a licence to practise

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

Before you begin, check that you have your MyGMC online access information (GMC reference number and your password) and that these enable you to access your MyGMC account. Your GMC reference number, PIN and password will be sent out to you when you apply for provisional registration before F1 begins. Please note that you will not need your PIN to log in; you only need your GMC number and password.

If you cannot remember you password, you do not need to contact the GMC as you can now reset your own password on the MyGMC login page.

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

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

1. Log into MyGMC via www.gmc-uk.org. The ‘MyGMC for doctors’ link is located on the right hand side of the GMC homepage. You will need your GMC reference number and your password in order to log in. Once logged in, you should choose My Details from the menu on the left and make sure that your personal details are correct.

2. Next, you need to choose My Registration, followed by My Applications, and then follow the instructions on the screen.

3. Enter a commencement date (when you want your full registration with a licence to practise to start) of no later than three months after the date you submit your application. Check with your employer the date you need your full registration with a licence to practise to start. Please note: You are not eligible for full registration until you have completed the requirements of F1.

4. Complete the declaration of fitness to practise. The Registrar has the discretion to request additional information or evidence to help make a decision on whether or not to grant registration with a licence to practise. Requests for additional information may include asking you to submit a recent (less than six months old) Criminal Records Bureau (CRB) report. The CRB report can take between six and eight weeks to arrive. All of this could extend the time it takes to process your application, so please apply as soon as possible.

5. Pay the registration annual retention fee. In 2010 the fee is £420, but make sure to check the website for any changes. You will need a valid credit or debit card to hand when you complete your application. If you later wish to withdraw your application, we will send you a full refund of the registration annual retention fee within two weeks of your request. However in some cases, a scrutiny fee of £100 will apply.

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

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

Once registration has been granted, a certificate confirming your registration will be sent to you. You will then be able to continue your medical education and training as a fully registered doctor.
During the Foundation Programme, junior doctors are expected to take a role in teaching medical students. This can take many forms, from bedside teaching of procedures, to examination practice, to formal tutorials and lectures.

During my A&E, general medical and surgical rotations, there were always final year students attached to the team. At the start of their placement I would take time to teach them practical procedures such as venepuncture, cannulation and ABGs. Initially they would need supervision, but once competent they gained lots of practical experience on the wards. During exam times, I would do bedside teaching sessions on examinations of the different systems. It was extremely satisfying to see the student’s confidence and competence improve under my guidance, and an invaluable experience for myself in helping to improve my teaching style.

The hospital where I worked arranged a lecture series presented by F1s for third year students on their first clinical attachments. This gave us a great opportunity to experience teaching a lecture-hall full of students. This was a very useful experience and something I think would be very impressive to organise if the hospital you are working in hasn’t done already.

The third teaching experience I had was during general practice. I set up a programme of weekly tutorials with a medical student, based on important conditions encountered in general practice and on topics the student felt they needed help with. Doing these one-to-one teaching sessions helped me to develop a different style of teaching, which was very interactive and focused to the learning needs of the student.

With all of these teaching examples, I asked the students to fill out evaluation forms. These forms help me to identify ways I can improve my teaching sessions and provide evidence of the sessions for the all-important portfolio.

"
F2

The placements

Placements in F2 usually consist of three four-month specialty placements which are carefully combined to provide you with the ability to gain the required F2 competences. You may also have the opportunity to have embedded ‘tasters’ where you work for a week in another specialty. You are responsible for organising your tasters, but your educational supervisor can help.

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

In your F2 year, you may have the opportunity to undertake some interesting specialties including general practice, small or shortage specialties and academic placements.

General practice placements

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

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

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

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

Over 50% of doctors will have an F2 placement in GP.

Over 60% of today’s foundation doctors will work in community care.
Audit

Dr Tom Boswell
F2 Doctor
Northern General Hospital, Sheffield

As part of the Foundation Programme Curriculum we were asked to undertake a clinical audit. When deciding on an audit project it is important to consider these things:

1. Does the condition have a high enough prevalence in the department you are working in?
2. Is it of clinical interest to you?
3. Are there recognised guidelines or standards that have been published?
4. Will it lead to an improvement in patient care?
5. Is the project practical and achievable in the time allowed?

My audit concerned the diagnosis and management of COPD patients during my general practice placement. I used the NICE and QOF guidelines to determine the criteria (points I wanted to assess) and standards (acceptable level of performance, expressed as a percentage), for the project. I then used the electronic medical records to identify patients at random and collect the data.

Once the data was collected, I wrote up the audit report and presented my findings to the clinical staff. It is important to then make recommendations to changes that will improve the service and patient care. My recommendations following the audit were discussed and integrated into practice. To complete the audit cycle, a re-audit using the same criteria and standards will take place in 12 months to assess if the management of COPD patients is improving.

Undertaking an audit can be frustrating and time consuming. By choosing the right audit and by starting it early during a placement the stress can be reduced. I would recommend trying to complete as many audits as possible during the foundation years as it is a skill that needs practice and can only really be learned by doing it.
Shortage Specialties
There are a number of specialties that are actively recruiting and some have developed extremely innovative training programmes. There are opportunities to experience these specialties much earlier in your postgraduate medical education than ever before. These specialties include:

- Audiological medicine
- Chemical pathology/metabolic medicine
- Clinical genetics
- Genito-urinary medicine
- Intensive care medicine/critical care medicine
- Medical microbiology
- Nuclear medicine
- Psychiatry
- Public health medicine
- Virology
- Allergy
- Histopathology
- Immunology
- Radiology

Academic placements
If you’re considering a career in research or fancy yourself as the person who finds a cure for cancer, or perhaps want to share your knowledge with future trainees and go into education, an Academic Foundation Programme will give you first hand experience of this environment.

For more information on AFPs, go to www.foundationprogramme.nhs.uk to find the “Rough Guide to the Academic Foundation Programme and Compendium of Academic Competences.” It is a riveting read for those with an academic bent.
I undertook a placement in general practice during my F2. This proved to be a valuable placement to me in so many ways. The placement afforded me exposure to a vast array of medical conditions relevant to many different specialties. Without this rotation, it is unlikely that I would have seen a lot of these illnesses during my foundation years. My time in general practice also enabled me to consolidate my knowledge of common chronic disease management and monitoring.

I always felt supported during my placement. A senior partner supervised me during each clinic; they provided quick and easily accessible advice and would also review patients when I was unsure. This close supervision allowed for regular feedback on my progress and the timely completion of all necessary assessments with my clinical supervisor, which during some rotations is considered a luxury!

For me, one of the most rewarding aspects of a placement in general practice was the ability to build up professional relationships with patients and observe their progress and response to treatment over a number of weeks. Seeing a positive response in a patient at a review appointment after, for example, completing a course of antibiotics or after starting treatment with antidepressants was very gratifying.

I would highly recommend a placement in general practice to anybody who wishes to improve their general medical knowledge and be exposed to a wide range of conditions.
INTRODUCTION TO HISTOPATHOLOGY: THE PROOF IS IN THE TISSUE!

Dr Mirza Baig
F2 Doctor
University Hospitals Birmingham

“Histopathology concerns itself with the definitive diagnosis of disease. It is a unifying discipline, encompassing a broad knowledge of clinical and laboratory medicine. Through it, one can glean an understanding of entire disease processes, from cellular aberration through to clinical manifestation and ultimately, the machinations of death itself.

My experiences
Having now finished an F2 histopathology rotation, I found that this was truly a hidden gem of a specialty, great for those of us who demand a fuller understanding of pathomechanisms and how our bodies actually respond to insults. On the wards, we all too often settle for mere snapshots and fleeting glimpses of disease, juggling various clinical guidelines and criteria to reach a "most likely diagnosis", even though any given disease process may manifest as a myriad of non-specific presenting patterns that varies from patient to patient. Histopathology requires definitive microscopic and macroscopic diagnosis of surgical resection and autopsy specimens. The good news is that - unlike the variable clinical presenting patterns - the cells don't lie!

Notes about careers
As a career, histopathology demands minimal out-of-hours commitment. Histopathologists also have a high degree of autonomy when it comes to organising workload, timetables and educational activities, proving advantageous in terms of juggling that all-important work-life balance. Bear in mind though, there is a total lack of patient contact. Five years of specialty training without clinical contact may well all but wipe out your clinical skills base. If you appreciate the sacrifices that are needed, there is much to be motivated by in histopathology, with opportunities to perform such varied tasks as post-mortems, forensic studies, microscope work, multidisciplinary meetings, and coroner’s inquests.

(cont.)
Conclusion
Part scientist, part clinician, and part detective, you will wield significant leverage over patient care. The decisions that you make will have a direct impact on outcome and prognosis. You will witness disease processes stripped down to a cellular level and gain a deep insight into fascinating pathomechanisms. Histopathology is truly for those who wish to understand what makes diseases tick.

Further Reading
http://nhshistopathology.net/
http://www.mmc.nhs.uk/pdf/PS%202010%20ST1%20Histopathology_2.pdf
Chapter 3
Getting the most out of your e-portfolio
I have found that getting the best out of the e-portfolio boils down to being organised and prepared. You will find your first job difficult and exhausting, so make sure that in the first month of work you fill in your personal details, check your supervisor details are correct and 'sign' the declarations and agreements, which should in total take about 20 minutes.

Make sure you have a first meeting with your educational supervisor, preferably within the first week of starting your post, and be aware that it may be up to you to broach the subject first.

In the second month of work, set aside some time to read the Curriculum. By the end of the year, you have to have linked evidence to pretty much all of the competencies, so it’s worth knowing what you are trying to convince your seniors you are able to do.

In the third month of work (time goes very fast!), try and find out what your foundation school requires you to do in terms of reflection, PDPs, work based assessments and audits - it works out that you should be doing something for your portfolio every two weeks. Make sure that you do a piece of work that you can link in to a new Curriculum item as evidence, so don’t waste your time reflecting on something that isn’t relevant, or you’ve already talked about before.

Finally, the temptation is to fill in the portfolio because it’s a requirement, and you’re running out of time by the end of the year. But this is something to be proud of, and ultimately should be a personal log of what you’ve become since passing medical school - a competent doctor.
The Foundation Learning Portfolio (e-portfolio) Overview

Your e-portfolio contains everything you need to manage your learning during the Foundation Programme. It will also be used to determine whether you have met the requirements for satisfactory completion of F1 and the Foundation Programme. You may also be invited to bring an abridged paper version of your portfolio to interviews for specialty training.

Who has access to my e-portfolio?

Your clinical supervisor, educational supervisor, foundation training programme director or tutor (FTPD/T) and foundation school director (FSD) have access to your e-portfolio. However, there are some sections which you can keep as private, e.g. your reflective learning reports.

What’s in the e-portfolio?

Essentially, there are five parts to an e-portfolio:

- Personal and professional development plan (PDP)
- Meetings with your educational and clinical supervisor
- Workplace-based assessments
- Reflective reports and other evidence
- Sign-off documents.

What do I put in it?

Developing your personal and professional development plan (PDP)

The PDP section sets out the outcomes you’re expected to demonstrate at the end of F1 and at the end of the Foundation Programme. It also includes space for you to identify additional outcomes. It is important to remember that you are not expected to display all of these outcomes at the beginning of the year but to develop them during your F1 or F2 year.

There are two PDPs within the e-portfolio:

- Curriculum outcomes and procedures
- Other outcomes (non-curricula).
**Curriculum outcomes and procedures**

You are required to provide evidence that you have met all of the outcomes set out in the *Curriculum* by the end of F1 and again at the end of F2. By the end of F2, you should be performing at a higher level of competence than at the end of F1.

These outcomes are set out in the Curriculum and procedures sections of the e-portfolio. For each outcome, you should consider how you intend to acquire the knowledge and competences underpinning the outcome (see the *FP Curriculum* for more details), how you will demonstrate that you have achieved and maintained the outcome and when you hope to demonstrate that you have met the outcome.

This section will also allow you to record evidence that you have achieved and maintained each outcome. It will be reviewed by your educational supervisor at regular intervals.

Below is an example of how you could fill out your PDP:

<table>
<thead>
<tr>
<th>Curriculum</th>
<th>Outcome</th>
<th>How will I develop the necessary knowledge and competences?</th>
<th>How will I demonstrate this outcome?</th>
<th>Date for achieving this outcome</th>
<th>Evidence that outcome has been achieved and maintained</th>
</tr>
</thead>
</table>
| Maintaining Good Medical Practice | Research, evidence, guidelines and care protocols | • Work through e-learning package  
• Meet with librarian to update my searching skills  
• Critically appraise a paper, review with supervisor and present at Journal Club | • CBD  
• Mini-CEX  
• Presentation at Journal Club | End of second placement |
Other outcomes (non-curricula)
You should use this section to identify any additional outcomes including your career management goals or research outcomes. This section is not mandatory and is designed to enable you to work on areas that interest you, help you manage your career planning and demonstrate commitment to a specialty or specialties. This may be helpful when attending interviews for specialty or academic training.

Once again, for each outcome, you should consider how you intend to address the objective and when you hope to demonstrate that you have met it. You should also record evidence that you have achieved and maintained the outcome in this section.

When developing your own learning objectives, make sure they are SMART:

<table>
<thead>
<tr>
<th>Specific</th>
<th>Describe clearly what you intend to achieve and break this down into manageable chunks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable</td>
<td>Consider what evidence you will present to demonstrate that you have met your learning objectives.</td>
</tr>
<tr>
<td>Acceptable</td>
<td>Set your learning objectives in partnership with your supervisor.</td>
</tr>
<tr>
<td>Realistic</td>
<td>Try and focus on the job you are doing. Explore what is feasible before setting your heart on any particular objective.</td>
</tr>
<tr>
<td>Timeframe</td>
<td>When do you expect to achieve your specific, measurable, acceptable and realistic objective?</td>
</tr>
</tbody>
</table>
AN E-PORTFOLIO TO BE PROUD OF

Dr Shanthini Crusz
F2 Doctor
Addenbrookes Hospital, Cambridge

Many see the e-portfolio system as the bane of foundation training - a tick box system that is hastily completed in the last week of every four month rotation. However, it can be used to your advantage if you start early and understand how to make the most of it:

• When starting your first foundation attachment, familiarise yourself with your portfolio, particularly the FP Curriculum and work-based assessments. By knowing what these two sections include you can assess and aim to complete what you can reasonably achieve in your ongoing attachment.

• Try to fill out a personal development plan early on - this will help structure your educational supervisor meetings and highlight goals they may be able to assist you on e.g. audit experience/taster weeks. It will also help you to consider your career aspirations and aims.

• Make the most of your personal library - this allows you to provide evidence for Curriculum competences (e.g. journal club articles/scans of certificates / presentation powerpoints). You should aim to have linked evidence for every section of the Curriculum to various other resources on your portfolio. By supporting your competence with evidence, your supervisor has proof of your achievement when signing you off.

• Make sure that you link evidence for every section of the FP Curriculum to various other resources on your portfolio.

The key to the system is to familiarise yourself early on with your personal portfolio and do ‘a little often’. By doing so, you will have more time to complete assessments of a good quality and your portfolio will be something you are proud of.
Collecting evidence of key meetings

You are required to meet with your clinical and educational supervisors at regular intervals. If your clinical and educational supervisor is the same person, you can combine these meetings.

You should meet with your clinical supervisor at the beginning of each placement and complete the induction meeting forms. We recommend that you meet during the placement to review your progress (using the mid-placement review form) and at the end of each placement to discuss the clinical supervisor’s report.

You should meet with your educational supervisor at the beginning of the year and around the end or beginning of each subsequent placement. You can always meet with your educational supervisor more regularly if you want to review progress and plan your learning.

Table 1 (page 27) gives you an idea of what you should be doing at each stage of each placement, including the meeting you should have and the forms to be completed.
Induction meeting with your clinical supervisor. At the beginning of each placement, you should meet with your clinical supervisor to discuss what learning opportunities are available, what is expected of you and to ensure you are familiar with where you’ll be working. You should also discuss how to seek clinical help in and out of hours.

First meeting with your educational supervisor. At your first meeting with your educational supervisor you should agree your learning objectives for your PDP. You’ll review these at subsequent meetings. At the end of the year, you should use this PDP template to provide evidence that you have met all of the required outcomes and any other outcomes you have set.

Before you meet with your educational supervisor, you should consider the outcomes you think you are likely to achieve in your first clinical placement. You should discuss these with your clinical supervisor and other trainees. Many schools also provide detailed information about the sorts of learning opportunities available in each placement.

Subsequent meetings and reviews. You should typically meet with your educational supervisor at least four times during each year. These meetings provide an opportunity for you to:

- reflect on what went well in your last placement
- reflect on areas you would like to focus on in your next placement
- review your learning objectives
- agree when you will next review your learning objectives; and
- discuss your career options (and how you might test out hypotheses as you consider your clinical career).

IMPORTANT: Remember that to satisfactorily complete the Foundation Programme you must provide evidence that you have met with your educational supervisor at regular intervals, and that the beginning and end of placement forms have been completed. You must also provide evidence that you have met with your clinical supervisor for the induction meeting for each placement.
### Table 1

<table>
<thead>
<tr>
<th>Timing</th>
<th>Foundation doctor</th>
<th>Educational supervisor and foundation doctor</th>
<th>Clinical supervisor and foundation doctor</th>
</tr>
</thead>
</table>
| **Recommended in first week of placement, but must be completed within three weeks (Mandatory)** | • Review *Curriculum*  
• Complete self appraisal material | • Educational agreement signed  
• Initial meeting form completed  
• PDP discussed and completed | • Clinical supervisor induction form completed |
| Thereafter | • Continue reflective practice  
• Gather evidence of achievements | | |
| **Mid placement (desirable - with either clinical supervisor or educational supervisor)** | | • e-Portfolio reviewed  
• PDP amended  
• Mid-placement review form completed | • e-Portfolio reviewed  
• PDP amended  
• Mid-placement review form completed |
| Thereafter | • Continue reflective practice  
• Gather evidence of achievements | | |
| **Within last three weeks of placement** | | | • Clinical supervisor’s report completed |
| **End of placement (Mandatory – can be combined with next placement’s initial meeting)** | • Reflect on achievements and remaining personal and professional development needs. | • Progress reviewed  
• End of placement review form completed | |
| **Mid-year review (desirable)** | • Reflect on achievements and remaining personal and professional development needs | • Portfolio reviewed  
• Mid-year review of progress form completed | |
| **End of year** | • Ensure that e-portfolio is up to date | • Progress reviewed  
• Complete end of placement review form | • Clinical supervisor’s report completed for final placement |
Workplace-based assessments

Workplace-based assessment and feedback are central to the philosophy of foundation training. Regular assessment ensures you are progressing, provides documentary evidence of your achievements and can be used to identify any problems you are having early on.

Why am I being assessed?

• **Public accountability.** Patients need assurance that all doctors have demonstrated their ability to practise in accordance with standards set out in publications such as the GMC’s Good Medical Practice. You need to demonstrate that your overall performance is satisfactory before your postgraduate dean or foundation school director can recommend you to the GMC for full registration and sign the Foundation Achievement of Competence Document.

• **Personal development.** Choosing a career in medicine means you’ve chosen a career where you can look forward to life-long learning. Workplace-based assessments provide you with constructive feedback that can inform and strengthen your personal development plans.

There are six workplace-based assessments tools used in the Foundation Programme:

• **Team Assessment of Behaviour (TAB)** – you need to select at least 15 raters to provide multisource feedback.

• **Logbook of procedural skills** – you need to provide evidence that you can competently perform all 15 procedures listed in the logbook by the end of F1. You must maintain your skills during F2.

• **Direct Observation of Procedural Skills (DOPS)** – you should use this tool to provide evidence that you can perform procedures not listed in the logbook.

• **Mini Clinical Evaluation Exercise (mini-CEX)** – you should complete a minimum of nine mini-CEX’s each year, although up to three of these can be replaced by DOPS.

• **Case-based Discussion (CBD)** – this provides an opportunity for you to discuss clinical cases with a senior colleague. At least six should be completed each year.

• **Developing the clinical teacher assessment form** – you must complete at least one of these each year.
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Getting the most out of your e-portfolio

These assessment tools are all accessed through the e-portfolio:

- by sending your assessor a “ticket”,
- by your assessor if he or she is your clinical or educational supervisor, or
- by entering the data yourself (however some schools do not allow you to enter the assessment data yourself).

Your assessors may be contacted to confirm that they actually assessed you. Details about how to use each tool are available on the e-portfolio.

It is likely that you will be busy during your clinical placements and therefore delaying gathering evidence will mean that you will struggle towards the end of the year. If you are having difficulties, it is important that you identify these early on in your training so that you can work with your clinical and educational supervisor to improve your practice. You are expected to space out the assessments throughout the year (see Figure 1).

Your clinical supervisor will also provide a report at the end of each placement.

**Figure 1. Assessment during the Foundation Programme**

<table>
<thead>
<tr>
<th>0 months</th>
<th>4</th>
<th>8</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Log book*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-CEX (minimum six spread over 12 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPS 0-3 per annum (see pg 28)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching development assessment (at least one per annum)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBD (minimum six spread over 12 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-portfolio</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This is to be completed for F1 only. All other assessments will be needed for both F1 and F2.
Other evidence for your portfolio

You should also collect other evidence in your e-portfolio:

- Audits (this is a requirement for satisfactory completion of F2)
- Reflective learning reports
- Course attendance (there are minimum attendance requirements for the generic teaching programme)
- Probity and health declarations

Remember to link each assessment with the outcomes in your PDP. The e-portfolio allows your assessor to specify the outcomes under assessment and automatically tag your assessment to the relevant outcomes. You can also manually link assessments to each outcome. Table 2 sets out some of the recommended assessments for each outcome in the *Curriculum*.

Table 2. Recommended assessment tools for each competence

<table>
<thead>
<tr>
<th>1. Professionalism Assessments</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Behaviour in the workplace</td>
<td>TAB, CBD, probity declaration and clinical supervisor’s report</td>
</tr>
<tr>
<td>1.2 Health and handling stress and fatigue</td>
<td>TAB, clinical supervisor’s report and health declaration</td>
</tr>
<tr>
<td>1.3 Time management and continuity of care</td>
<td>TAB, clinical supervisor’s report, feedback form and survey receipts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Good clinical care</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Eliciting a history</td>
<td>Mini-CEX and CBD</td>
</tr>
<tr>
<td>2.2 Examination</td>
<td>Mini-CEX</td>
</tr>
<tr>
<td>2.3 Diagnosis and clinical decision-making</td>
<td>Min-CEX and CBD</td>
</tr>
<tr>
<td>2.4 Safe prescribing</td>
<td>CBD</td>
</tr>
<tr>
<td>2.5 Medical record-keeping and correspondence</td>
<td>CBD</td>
</tr>
<tr>
<td>2.6 Safe use of medical devices</td>
<td>Min-CEX, DOPs, log book and CBD</td>
</tr>
</tbody>
</table>
## 3. Recognition and management of the acutely ill patient

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Promptly assesses the acutely ill or collapsed patient</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.2 Identifies and responds to acutely abnormal physiology</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.3 Where appropriate, delivers a fluid challenge safely to an acutely ill patient</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.4 Reassesses ill patients appropriately after starting treatment</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.5 Undertakes a further patient review to establish a differential diagnosis</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.6 Obtains an arterial blood gas sample safely, interprets results correctly</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.7 Manages patients with impaired consciousness, including convulsions</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.8 Uses common analgesic drugs safely and effectively</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.9 Understands and applies the principles of managing a patient with acute mental disorder including self harm</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
<tr>
<td>3.10 Ensures safe continuing care of patients on handover between shifts, on call staff or with ‘hospital at night’ team by meticulous attention to detail and reflection on performance</td>
<td>TAB, log book, Mini-CEX &amp; CBD</td>
</tr>
</tbody>
</table>
### Chapter 3
Getting the most out of your e-portfolio

#### 4. Resuscitation

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Resuscitation</td>
<td>TAB, CBD and ILS/ALS/equivalent course</td>
</tr>
<tr>
<td>4.2 Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately</td>
<td>TAB and CBD</td>
</tr>
</tbody>
</table>

#### 5. Discharge and planning for chronic disease management

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Discharge planning</td>
<td>CBD and TAB</td>
</tr>
<tr>
<td>5.2 Chronic disease management</td>
<td>CBD and TAB</td>
</tr>
</tbody>
</table>

#### 6. Relationship with patients and communication skills

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Within a consultation</td>
<td>Mini-CEX, DOPS and TAB</td>
</tr>
<tr>
<td>6.2 Breaking bad news</td>
<td>CBD and TAB</td>
</tr>
</tbody>
</table>

#### 7. Patient safety within clinical governance

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Treats the patients as the centre of care</td>
<td>CBD and TAB</td>
</tr>
<tr>
<td>7.2 Makes patient safety a priority in own clinical practice</td>
<td>CBD and TAB</td>
</tr>
<tr>
<td>7.3 Promotes patient safety through good team working</td>
<td>CBD and TAB</td>
</tr>
<tr>
<td>7.4 Understands the principles of quality and safety improvement</td>
<td>CBD and TAB</td>
</tr>
<tr>
<td>7.5 Complaints</td>
<td>TAB and clinical supervisor’s report</td>
</tr>
</tbody>
</table>
## Chapter 3
Getting the most out of your e-portfolio

### 8. Infection Control

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Infection control</td>
<td>TAB, logbook and DOPS</td>
</tr>
</tbody>
</table>

### 9. Nutritional care

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Nutritional care</td>
<td>TAB, CBD and mini-CEX</td>
</tr>
</tbody>
</table>

### 10. Health promotion, patient education and public health

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Educating patients</td>
<td>Mini-CEX, CBD and TAB</td>
</tr>
<tr>
<td>10.2 Environmental, biological and lifestyle risk factors</td>
<td>Mini-CEX, CBD and TAB</td>
</tr>
<tr>
<td>10.3 Smoking</td>
<td>Mini-CEX, CBD and TAB</td>
</tr>
<tr>
<td>10.4 Alcohol</td>
<td>Mini-CEX, CBD and TAB</td>
</tr>
<tr>
<td>10.5 Epidemiology and screening</td>
<td>Mini-CEX, CBD and TAB</td>
</tr>
</tbody>
</table>

### 11. Ethical and legal issues

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1 Medical ethical principles and confidentiality</td>
<td>CBD, TAB and clinical supervisor’s report</td>
</tr>
<tr>
<td>11.2 Valid consent</td>
<td>Mini-CEX, CBD and DOPS</td>
</tr>
<tr>
<td>11.3 Legal framework of medical practice</td>
<td>CBD and clinical supervisor’s report</td>
</tr>
<tr>
<td>11.4 Relevance of outside bodies</td>
<td>Reflective reports, probity and health declarations, CBD</td>
</tr>
</tbody>
</table>
Chapter 3
Getting the most out of your e-portfolio

Sign-off at the end of F1 and F2

Your e-portfolio will be scrutinised at the end of F1 and F2. Your FTPD/T and FSD will make a judgement, based on the evidence you have provided, whether you have met the requirements for satisfactory completion (assuming you have completed one year in F1 and one year in F2).

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

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

Although you are responsible for your own assessments, there is plenty of help available. Talk to your educational supervisor first, or go to your foundation school website. You can also speak to your local administrator or foundation training programme director or tutor (FTPD/T).
To complete the Foundation Programme you are expected to meet the competences set out in the FP Curriculum - and you must provide evidence to back this up. The e-portfolio is the perfect tool to collate data and show documented evidence that you are developing skills and meeting the foundation competences.

Love it or hate it - it is here to stay! In fact its importance is growing - this year many F2's were asked to produce their portfolio during ST/CT interviews.

It was late in our training that we discovered the full potential of the e-portfolio - here are some tips on how to get what you need and how to make the e-portfolio work for you from the start.

Assessments:
Getting all your assessments is crucial for getting signed off at the end of the year. Time really does fly and it is easy to get behind. Make the most of your on-calls, people are always busy so don’t be scared to ask - people know you have to get your assessments done and are generally more than happy to help out.

Structure and organisation:
Every item you enter is dated, so entries will show if you have just crammed at the end near deadline day. The idea of the portfolio is to show development throughout the year - just do a small amount every few weeks or so.

(continues)
Linking:
Linking assessments/experiences to the FP Curriculum provides the evidence you need to show you have met the foundation competences. It also looks good and makes it much easier for an assessor to navigate, allowing you to show them all the hard work you have put in.

Reflection:
Reflection is everything! Using the educational log to add in reflection is a perfect way to show reflective practice. Remember what you did, what you learnt from it and how you will apply it to your future practice.

Personal library:
This allows you to add any additional evidence of good practice/achievements. Upload certificates, anonymised letters of thanks or that PowerPoint presentation that took you hours to produce.

Record of additional procedures:
A great way to record the different procedures you have performed and good practice for you budding surgeons who will have to keep a logbook of theatre experience in the future. It allows you to reflect on your performance, show an interest in a chosen specialty and provide evidence of all that time you spend in theatre demonstrating your commitment to that specialty.

What to include:
It’s up to you what you put in your portfolio. You don’t have to add in everything, just add what you feel you’ve gained something from or is a core competency. Some suggestions include: F1/F2 teaching sessions, medical student teaching, audits, courses, mortality & morbidity meetings, journal clubs, interesting x-rays or scans.

It’s a memory bank of your experiences - it’s amazing how quickly you forget what teaching you’ve done or presentations you have given and even the most stressful case you managed in the middle of the night! Make notes on what you did well, how you felt and what you learnt. Whatever your experience, make the most of it! Show in your e-portfolio how your experiences will improve your practice in the future and help you to be a better doctor.
Chapter 4
Planning Your Career
Planning your career

Medicine can be a rewarding career with a wide range of career paths to explore, but finding the right path requires careful thought and planning. You will need to make some difficult choices along the way.

Think about your own strengths, interests and aptitudes. Getting good career advice is not just about being spoon-fed information, it’s about taking a critical and constructive look at yourself. Think about what is important to you and consider any work-life balance issues.

Make use of every opportunity to attend career planning workshops and careers fairs during the Foundation Programme and use your e-portfolio for career reflections.

Bear in mind that competition for entry to some specialties is immense. Think about the supply and demand of doctors for the career opportunities in front of you – this is a lengthy career path – what will your chosen specialty be like in 25 years time? For years, too many doctors have wanted careers in hospital specialties such as general medicine, general surgery and obstetrics and gynaecology, and not enough wanted careers in specialties like radiology, geriatrics and psychiatry. Increasingly the work of many doctors will be carried out in a community setting – general practice but also traditional hospital-based specialties – it is predicted that in the future 60% of all medical graduates will be based in the community.

During your Foundation Programme training you might like to:

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

Tasters

Over the course of two to five days, a taster will help you to gain insight into a specialty which you may not have had the opportunity to experience in your programme. You can use study leave for tasters in F2. Some foundation schools also allow you to ‘borrow’ study leave in your F1 year from your F2 study leave allocation to allow you to undertake tasters. Check with your foundation school about the local arrangements. For further information on tasters, go to www.foundationprogramme.nhs.uk/keydocuments.
Study leave

You are eligible for up to 30 days study leave in F2. At least 10 days per year of your study leave will be used to support the learning objectives of the required formal education programme in generic professional training and other aspects of F2 training. This could include participation in interactive sessions and attending formally arranged activities such as presentations from outside speakers, simulation programmes, advanced life support (ALS) training and undertaking a clinical audit project within an inter-professional action learning team.

You can use the remaining time to learn about different clinical specialties by doing tasters. This gives you the chance to explore different career opportunities as well as to develop an understanding of how the specialty contributes to patient care.

Your study leave should be used to support the aims and outcomes of the Foundation Programme as required by the Curriculum. According to the FP Reference Guide, study leave cannot be used to prepare for royal college exams.

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

Dr Joanne Evans
F1 Doctor
Homerton Hospital, London

I organised my specialty taster in medical and clinical oncology at St Bartholomew’s Hospital in London. If you are lucky enough to have access to tasters in F1 (or F2 for that matter), start planning early – you need to: ensure your availability matches that of the team you are hoping to shadow, come up with a balanced timetable and have some realistic goals for what you hope your taster will achieve.

I found my taster invaluable as, although I’ve had a clear idea of what I might want to do (medical oncology), it allowed me to get up close to consultants in my chosen field. I shadowed a number of senior registrars and consultants in a variety of settings, finding out about the realities of the job after the holy grail of CCT has been reached. Also, as I have a keen interest in academic medicine, I was lucky enough to be able to spend a few of my taster days with an MRC clinician scientist, seeing how the scheme works in practice, and spending clinical and research time with them. Importantly, the whole week really reinforced to me that this really is what I want to do, having previously entertained the ideas of gynaecological oncology, gastroenterology and respiratory medicine!

As well as the on the job exposure to my chosen speciality, my taster not only required me to think about realistic career planning, and reach PDP requirements for my foundation e-portfolio, it also refocused my attention towards how to gain evidence for those essential and desirable criteria for CMT and speciality recruitment. The most useful facet of the taster was discussing other people’s career paths, the future of the speciality, finding out about the realities of training, entry to speciality, exams, curricula and current and future shift patterns – information that is not easy to glean from the internet or careers advisors.
Experience of Using Study Leave During the Foundation Programme

Dr Thomas Cannon
F2 Doctor
Doncaster Royal Infirmary, Doncaster

“During F2, there is an allocation to every trainee of 30 days study leave. About 10 of these days are used up providing in-house teaching days and sessions organised by the deanery. The remaining time can be used to attend courses and sample other specialties.

I used some of my study leave days within F2 to attend two courses that were of interest to me and that I felt would help me to obtain a surgical training job. My consultant at the time was very supportive and was happy for me to attend these courses. In order to be sure of my career plans, I also used some of my study leave allocation to arrange a taster week in a different specialty. This allowed me to gain valuable further experience in this specialty and helped me decide what rotations to apply for when it came to applications for specialist training.

I think it is important to have study leave during F2 as it helps greatly with ensuring that CVs are maximised and necessary experience is gained prior to competitive interviews. It also allows for experience to be gained in specialties of interest that you do not necessarily have rotations in. However, as a top tip, ensure that you apply well in advance for study leave and that you do not commit to paying for any courses until you know that study leave has been granted, as this may prove costly!”
Applying for specialty training

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

Recruitment and selection into specialty training typically takes place from December each year with posts being advertised in November. You will need to make decisions about which career path to follow in the early part of your second year of foundation training. You therefore need to start thinking about your career opportunities when you commence your F2 year.

Please check the following websites for details on GP and Specialty training:

- [www.gmc-uk.org/education/postgraduate/specialty_including_gp_training.asp](http://www.gmc-uk.org/education/postgraduate/specialty_including_gp_training.asp)
- [www.mmc.nhs.uk](http://www.mmc.nhs.uk)

and the websites of the medical royal colleges for the latest information on the current specialty training programmes.

Start your research now and discuss your options with your clinical supervisors and the relevant medical royal college(s).
Chapter 4
Planning Your Career

Possible Career Paths

Continuing professional development

Senior medical appointments

CCT route

Specialist and GP Registers

Article 14/11 route

Speciality training in Speciality/GP training “schools”

Postgraduate medical training

Continuing professional development

Career posts

Speciality training*

Run-through training

Higher training

Core training (2-3yrs)

Fixed term speciality training

Foundation training in foundation schools

F2

F1

Undergraduate medical training in medical school

Medical school 4 - 6 years

Arrows indicate competitive entry

SPECIALITY TRAINING programmes may be either “run-through” or 2-3yrs CORE TRAINING followed by competitive selection into HIGHER TRAINING according to speciality.
MAKING THE MOST OF THE FOUNDATION PROGRAMME IN PREPARATION FOR ST APPLICATIONS AND THE E-PORTFOLIO.

Dr Sangeetha Govinda Rajoo
F1 Doctor
Queens Hospital Burton, Burton Upon Trent

“...The Foundation Programme (FP) provides trainees with various opportunities apart from clinical experience and skills. After years of toiling through medical school and passing finals, many of us come into the FP with the notion that the programme is a breather before specialty (ST) examinations. However, with ST applications beginning in December of Foundation Year 2, I have found that this is the best time to make informed career decisions and prepare for ST applications.

The programme provides an opportunity to undertake a taster in your career of choice. This provides us with firsthand experience of the field and a chance to network with people already within it. I documented my thoughts and discussions within the careers management section of the e-portfolio. In every rotation, trainees are required to have completed three career evaluation forms, in which we document what we have learnt about our career aspirations during the rotation, and the career planning tools we have used and further actions needed to confirm our specialty choice.

I also found that through the course of the job, many cases and opportunities arose which led me to perform audits, poster presentations and obtain publications. I tried to do as many of them as I could in my areas of interest to demonstrate interest and commitment to the field. We are required to perform at least one audit to pass Foundation Year 1. I described my projects in the personal reflection section of the e-portfolio, which I then linked to the file saved in my personal library.

I organised medical student teaching by foundation trainees at my hospital, which enabled me to do many bedside teaching sessions.

(cont.)
The students appreciated teaching from fresh graduates, as we understood their needs and addressed them well. I reflected on every teaching session in my e-portfolio and obtained feedback forms which I uploaded into my personal library.

There are various courses available which can help improve understanding or develop skills related to the field of interest. This is vital in demonstrating career commitment and gives you a competitive edge during ST applications. I uploaded an electronic copy of my certificates into this e-portfolio. This would then be confirmed by my educational or clinical supervisor after viewing the original certificate.

Finally, I tried to develop relevant skills and procedures in my field of interest during work and through external courses. These can be recorded as part of the direct observation of procedural skills (DOPS) section, or the logbook of procedures.

I am certain that you will find many other opportunities during your training. I have found the Foundation Programme and the e-portfolio very useful in helping me make career decisions and prepare for ST applications. I hope you will too.

Resources

As you prepare to refine your options for applying for specialty training programmes, you might like to make use of some of the following resources:

Deanery/foundation school career advisors
Each deanery or foundation school will have career advisors who will offer personal and general career advice. The directors of medical education/clinical tutors/postgraduate centre managers can also provide careers support locally.

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

Some deaneries are evaluating career planning tools like Sci59 or Myers Briggs which help you understand yourself better and might point you in the direction of a career that might suit you. These tools are seldom the ‘answer’ to decision making for a career choice in medicine and should only be used as part of career planning sessions—useful tools to start a discussion with peers, a supervisor or career advisor.

There are a wide variety of other online resources to help you explore your personal motivators and reflect on your core values and interests.

Occupational health

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

The web

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

Medical Careers (www.medicalcareers.nhs.uk) This is the main website for medical students and foundation doctors to use for career planning. It supports medical students and doctors in training as they plan their specialty careers.

It is designed to provide a structured, organised way to think about choosing a specialty and uses a four-stage approach to career planning: understanding yourself, exploring options, choosing a specialty and getting into training. This site contains podcasts, case studies, interactive tools and some of the most in-depth information around all specialties. There are links to all the royal college websites and many other sources of careers information. There are sections on careers which change, working abroad and what to do if you are considering leaving medicine.

BMJCareers (www.bmjcareers.com) In addition to job advertisements, BMJCareers provides information about career opportunities in medicine and related fields. You will find articles and case studies on many scenarios which have affected doctors career choices e.g. work life balance, health and disability, wider roles for doctors. The BMJ Careers Advice Zone also provides an interactive and impartial
careers advice service which can be reached at www.bmjcareersadvicezone.synergynewmedia.co.uk

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

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

**UK Foundation Programme Office (www.foundationprogramme.nhs.uk).**
This website has been developed as a central point of official information on the Foundation Programme for medical students, foundation doctors, and those involved in delivering the Foundation Programme. You can download all the key documents required by the Foundation Programme from here.

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

- **England** [www.mmc.nhs.uk](http://www.mmc.nhs.uk)
- **Wales** [http://www.mmcwales.org/](http://www.mmcwales.org/)
- **Scotland** [http://www.scotmt.scot.nhs.uk/](http://www.scotmt.scot.nhs.uk/)
- **Northern Ireland** [http://www.nimdt.gov.uk/](http://www.nimdt.gov.uk/)
### DO’S AND DON’TS FOR MANAGING YOUR CAREER

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<thead>
<tr>
<th><strong>DO’S</strong></th>
<th><strong>DON’TS</strong></th>
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<tbody>
<tr>
<td>Do listen to and absorb the experiences of others more senior to you</td>
<td>Don’t choose your future on the basis of just one charismatic consultant or registrar’s experience</td>
</tr>
<tr>
<td>Do seek out help that is available to help you think about your career options</td>
<td>Don’t assume that others know what’s best for you or expect others to tell you what to do</td>
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<tr>
<td>Do take a constructive view about other people’s career experiences</td>
<td>Don’t automatically be put off a particular career because of someone else’s less positive experiences</td>
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<tr>
<td>Do be proactive about finding out the information and advice you need to begin to make a more informed choice about your career</td>
<td>Don’t expect to be spoon-fed with careers information or advice</td>
</tr>
<tr>
<td>Do take every opportunity that is offered to you to help you look at your career development in more depth</td>
<td>Don’t assume that sessions which look explicitly at careers in more depth will give you all the answers you require</td>
</tr>
<tr>
<td>Do view your career developments as a life-long process that will require continual self-monitoring and review</td>
<td>Don’t think that making your career choice is easy</td>
</tr>
<tr>
<td>Do think about your personality and skills, life experiences, ambitions and plans for the future</td>
<td>Don’t assume that you’ll get it right on the first attempt</td>
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Based on the Career Handbook for Medical Students, Binding, C and Anderson, D (Eds).
Chapter 5
What else?
Obviously there’s a lot more to say about the Foundation Programme, but we’ve put together some further information based on frequently asked questions about who’s who and what’s what. More detailed information is available in the *FP Reference Guide*:

**Flexibility** (pg 51)
- Flexible (part-time) training
- Deferring the start of the programme
- Out of phase trainees
- Time out of the Foundation Programme (TOFP)

**Location** (pg 53)
- Inter-foundation school transfers (IFST)
- Permanent withdrawal
- Gaining competences outside the UK

**What if things go wrong?** (pg 54)
- Educational support
- What happens if you fail?
- Psychological support
- Health support
- Employment support

**Who’s who?** (pg 57)
- Clinical supervisor
- Educational supervisor
- Foundation training programme director (FTPD/T)
- Foundation schools
- Postgraduate deaneries
- University/medical school
- General Medical Council (GMC)
- Medical royal colleges and faculties
- The UK Foundation Programme Office (UKFPO)

**Further information** (pg 62)
*Foundation Programme Curriculum*
*Foundation Programme Reference Guide*
Flexibility

Flexible (part-time) training

If you wish to train flexibly, you should contact your foundation school and they will tell you how to apply. Foundation schools may have limited resource available to support flexible training and priority for flexible training will be given to doctors who have:

• ill health;
• responsibility for caring for children (men and women);
• responsibility for caring for ill/disabled partner, relative or other dependant.

If you would like to train flexibly from the start of your training, you should compete for a place in the normal way. You do not need to state your desire to train flexibly when you apply but we recommend that you discuss your intentions with the postgraduate deanery as soon as possible, so that your eligibility can be assessed.

Foundation doctors training flexibly will usually be offered slot sharing arrangements: typically two doctors working in the same post. Any out-of-hours contracts will depend on service need.

Exceptionally, the foundation school may fund an additional (supernumerary) post for flexible training. This will only be considered where this is the only way foundation training can be undertaken, for instance when a suitable partner cannot be found, or when flexible training is needed at short notice.

Whilst training flexibly, you may meet the necessary competences before you complete two full years of training; however you must still complete:

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

Deferring the start of the programme

You may only defer the start date of your Foundation Programme for statutory reasons (e.g. sickness, maternity leave). Should you need to defer, you should contact your foundation school as soon as possible with your request. It is not possible to defer the start date of your foundation training because you failed finals. If you fail finals and are unable to start in August, you will need to apply for foundation training starting the following year.
Out of phase trainees
Most medical graduates complete medical school training in July and commence their foundation training in early August. Foundation training that starts after August, or is due to conclude later than August is referred to as “out of phase”.

Out of phase training only applies to doctors:

• who have deferred their start date for statutory reasons (as above)
• are resuming training after a period of confirmed absence (also for statutory reasons), or
• where arrangements have been made and agreed to accommodate doctors training flexibly.

Time out of the Foundation Programme (TOFP)
If you want to take time out of the programme, you should initially discuss it with your educational supervisor. Time out of the two-year programme will usually only be agreed for a one-year block (i.e. the second year). Time out for ‘parts’ of either year will only be considered in exceptional circumstances.

Reasons for taking time out usually include:

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

How to take time out
Once you have discussed your options with your educational supervisor, you must complete a TOFP request form (available from your foundation school). Unless there are extenuating circumstances, this form must be returned to your Foundation School Director (FSD) by the end of the sixth month of your F1 year.

What if your plans change?
If your plans change after your TOFP has been agreed and you no longer want time out, the deanery/foundation school will attempt to find a placement for you at short notice (but cannot guarantee it).
Coming back
If your foundation school agrees that you can take a year out of training between F1 and F2, you will have to contact the school to confirm that you will be returning. Your school will advise you about the process for allocating you to a F2 rotation.

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

Location
Inter-foundation school transfers (IFST)
If you need to change your foundation school from the one that originally accepted you, you should talk to:

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

You will only be able to transfer if:

- You have satisfied both deaneries and foundation schools that you have a good reason for transferring, and
- there are places available in the receiving deanery/foundation school.

Any transfers will usually take place at the start of F1 or F2.

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

Permanent withdrawal
If you wish to permanently withdraw from the Foundation Programme you should seek advice from your educational supervisor, FSD or FTPD/T. Medical graduates who have not started their Foundation Programme should seek the advice of their medical school.
You should also be aware of your professional responsibilities and in particular your employer’s terms and conditions of service.

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

Separate measures may be in place for doctors who want to train as a provisionally registered doctor outside of the UK (for example, doctors who wish to train in their ‘home’ country). Speak to your medical school if this is your situation.

If you are considering F2 abroad, you should first speak to your foundation school and review their policy/process.

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

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

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

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

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

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

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

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

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

What happens if you fail?

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

- **F1.** If you fail in the first year, you will not be granted full registration with the GMC and will not be able to progress to F2. You will typically be offered remedial support for up to one additional year. If, at the end of this time, you still do not meet the required standards, you would be expected to stop practising medicine and your foundation school will let the GMC know.

- **F2.** In the first instance, a remedial training placement will be arranged. Exceptionally, remedial training may be offered for up to one year. If you still cannot demonstrate the required level of competence by the end of the remedial training, you will not receive a Foundation Achievement of Competency Document (FACD).

Psychological support

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

It is common, from time to time, to experience feelings of inadequacy or anxiety, and to wonder whether going into medicine was a mistake. Most doctors cope with the stresses of the job by talking over their experiences and feelings with friends, family or peers at work.
Your educational supervisor will also be able to offer support, either directly or by suggesting a colleague to talk to. Many hospitals and deaneries offer a confidential counselling service, contact details of which are likely to be posted in the education centre, or included in the induction pack.

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

Remember, you are not alone.

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

- **Professional**: Talking to colleagues would be appropriate depending on the situation, as would approaching a senior member of staff. For serious professional matters, discussion with a professional advisor such as the services provided by the BMA or a defence organisation would be the safest and most appropriate route.

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

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

**Health support**

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

It is hard to find time to access and eat a balanced diet, and shift work leads to upset diurnal rhythms and sleep deprivation. Pre-existing conditions may be aggravated by the lifestyle.
Working through illness, self-prescription and the use of alcohol or other substances to relieve stress are risky for you and your patients. Don’t do it. Doctors whose health or behaviour might put patients at risk will be referred to the GMC.

That’s why you should register with a general practitioner near where you live or work and seek their advice when unwell. Occupational health services are provided within each hospital and are another source of support and advice.

**Employment support**

Check with your HR department if you have any questions about your contract, hours of employment, salary, appropriateness of duties, and any bullying or harassment issues.

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

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

Numbers to call for help:

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

**Who’s who?**

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

**Clinical supervisor**

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

Your clinical supervisor is responsible for:

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

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

**Educational supervisor**

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

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

• providing support so you can develop your learning portfolio
• ensuring you understand and engage in assessment
• helping you to reflect on your career choices
• being the first point of contact for your concerns/issues about training
• ensuring appropriate training opportunities are available for you to learn and gain competences.

You will have a named educational supervisor for each placement. You will be told their name and contact details at the start of your placement. Your clinical supervisor and educational supervisor could be the same person, or two separate people.

**Foundation training programme director/tutor (FTPD/T)**

An FTPD/T is the individual appointed by the deanery and trust to manage, lead and quality control a foundation training programme.
Foundation schools

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

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

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

The entire programme is centred around the foundation doctor, who is supported through clinical and educational supervisors. They, in turn, are supported by FTPD/Ts, clinical tutors and directors of education, who are supported by the foundation school structure. All of this is supported by and overseen by deaneries (see Figure 2: Foundation Doctor-centred Training).
Postgraduate deaneries
Deaneries are responsible for ensuring that the Foundation Programme is delivered to national standards set by the GMC.

University/medical school
Responsibility for the F1 year, including confirming that foundation doctors have met the requirements for full registration with the GMC through the certificate of experience, rests with your medical school or their designated representatives in deaneries/foundation schools.

You must have approval from your medical school to accept a programme which will enable you to complete basic medical education (i.e. F1). Medical schools are also responsible for ensuring that information about their graduates’ significant educational, health, or other problems during the course of their student career are passed to those responsible for foundation training.
General Medical Council (GMC)
The GMC is the independent statutory body that regulates medical education and training in the UK.

The GMC’s statutory purpose is ‘to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine’.

The GMC’s powers and duties are set out in the Medical Act 1983. Its job is to ensure that patients can have confidence in doctors. It does this in the exercise of its four main functions:

• keeping up to date registers of qualified doctors
• fostering good medical practice
• promoting high standards of medical education, and
• dealing firmly and fairly with doctors whose fitness to practise is in doubt.

More information can be found at www.gmc-uk.org or by calling 0845 357 3456.

Medical royal colleges and faculties
There are medical royal colleges and faculties for all medical specialties including general practice. The role of individual colleges and faculties is to develop and advise the GMC regarding the curriculum for each medical specialty.

In advising and supporting the GMC they:

• publish curricula which identifies the knowledge, skills and attitudes required within each specialty
• recommend to the GMC the awarding or withholding of educational approval posts, placements and programmes
• determine the standards of professional education and training through examinations/assessments that trainees must pass

The contact information for each medical royal college can be found by going to www.aomrc.org.uk or by calling 0207 831 7171.
The UK Foundation Programme Office (UKFPO)

The UKFPO provides information and guidance about the Foundation Programme to medical schools, foundation schools, foundation doctors and faculty involved in foundation training. They are responsible for commissioning the *FP Curriculum*, writing the *FP Reference Guide* and defining the core content of the Foundation Learning Portfolio (e-portfolio). The UKFPO also promotes quality and consistency in the delivery of the Foundation Programme and administers the recruitment process across England, Wales, Scotland and Northern Ireland. It is accountable to the four UK health departments. For more information, go to www.foundationprogramme.nhs.uk.

Further information

*Foundation Programme Curriculum*

The *Curriculum* sets outs the educational content of the two year Foundation Programme. It defines the skills, knowledge and attributes that trainees should demonstrate they have attained. All trainees will be formally assessed during the F1 and F2 years on the competences contained in the *Curriculum*. The *Curriculum* is available electronically on the UKFPO website www.foundationprogramme.nhs.uk. The *Curriculum* is a working document. Should you have any feedback for the next revision, please email: Chair of the AoMRC Foundation Committee at foundationcommittee@aomrc.org.uk

Or write to:

Chair of the Academy Foundation Programme Committee
Academy of Medical Royal Colleges
35-43 Lincoln’s Inn Fields
London
WC2A 3PE
Foundation Programme Reference Guide

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

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

Should you have any feedback for the next revision, please write to enquiries@foundationprogramme.nhs.uk
What is the Foundation Programme anyway?

Becoming a foundation doctor can seem daunting – you will have competences to gain, assessments to undertake and above all, patients to look after. This guide aims to give final year medical students and new F1 doctors a rough idea of what they’re in for during the first two years of working and training in the health service.

Everything from applying to assessment, and portfolios to placements is covered, along with explanations of what the deanery is there for and who to go to if things don’t go quite as planned.

First hand accounts from foundation doctors give an honest view of life as a foundation doctor, helping you understand what it is like to be assessed and giving you tips on how you can collect evidence for your e-portfolio.