



# **Foundation Operational Guide 2019**

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## **1. Introduction and background**

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- 1.1 The Foundation Operational Guide has been developed to aid delivery and management of Foundation Training by UK Foundation Schools. It accompanies the [Guide for Foundation Training in the UK](#) which is aligned to the [Gold Guide \(V7\)](#) and describes the approved processes for managing postgraduate training.
- 1.2 The Foundation Operational Guide is developed and managed by the [UK Foundation Programme Office](#) in consultation with Foundation School Directors and Foundation School Managers. It is approved by the UK Foundation Programme Board.

## **2. Foundation Programme: management of programmes**

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This section provides an overview of management of foundation programmes at both the UK and individual school level.

### **Matching to programmes (F1 and F2)**

As part of the national application process, some [foundation schools](#) allocate successful applicants to two-year programmes where all placements are known at the beginning of foundation training. Other schools will allocate successful applicants to the F1 year initially, with a separate process for allocation to the F2 rotation. Each foundation school must publish details about the process used to match to either one- or two-year rotations prior to the opening of the foundation programme national application process.

The matching process should take into account an individual applicant's special circumstances where possible.

In exceptional circumstances, schools that match to two-year programmes at appointment may consider requests to change the F2 rotation. [HEE/NES/NIMDTA/HEIW/foundation schools](#) should publish their process for managing such requests on their websites.

Schools that only specify the F1 rotation should run an allocation process to the F2 rotation at the beginning of the two-year programme. The process should be published in advance and enable the foundation doctor to discuss choices with the educational supervisor or FPTD. The F2 rotation allocated to the foundation doctor should complement their F1 rotation, to ensure that they have a two-year programme with an appropriate breadth of experience.

All rotations are subject to change. Appointees must be notified of changes to their rotations as early as possible.

Appointees to foundation schools may appeal on the grounds that the local programme allocation process was not followed. Each foundation school is responsible for publishing and managing its local appeals process.

### **Pre-allocation to a foundation school on the grounds of special circumstances**

The Special Circumstances process allows some applicants to apply to be pre-allocated to a Foundation School on the grounds of Special Circumstances.

Those eligible may include doctors who:

- are the primary carer for a close relative
- are a parent or legal guardian for a child or children for whom you have significant caring responsibilities
- have a medical condition for which ongoing follow up in a specified location is an absolute requirement
- have a unique circumstance

Applicants can apply for pre-allocation on the grounds of special circumstances.

Applicants must rank the foundation school they wish to be pre-allocated to first. Failure to do so will result in the special circumstances application not being considered. The criteria for being pre-allocated are very strict and applicants must supply all the required supporting documentation by post.

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All applications for special circumstances should be sent by post to the [UKFPO](#) at the following address:

UK Foundation Programme Office (UKFPO)  
1 st Floor, East Wing  
St. Chad's Court  
213 Hagley Road  
Edgbaston Birmingham B16 9RG

Every effort will be made to honour approved pre-allocations. However, if applicants do not rank highly enough to be on the primary list, they will not be included in the initial allocation. If there are no places available at their requested UoA at the time they are allocated from the reserve list, applicants will be allocated elsewhere according to the places available, applicants rank and their stated preferences. For this reason, it is important that applicants rank all UoAs in order of preference on the application form even if they have been approved for pre-allocation on the grounds of special circumstances. Pre-allocation on the grounds of special circumstances cannot be guaranteed for those on the reserve list.

Approval of pre-allocation does not guarantee a specific LEP or rotation within the foundation school.

An applicant pre-allocated to a foundation school on the grounds of special circumstances will not be permitted to link their application to another individual in the national application process.

The [UKFPO](#) is responsible for publishing and managing the appeals process against decisions made in relation to pre-allocation to a particular foundation school on the grounds of special circumstances.

Details of the special circumstances criteria and the process for requesting pre-allocation are available on the [UKFPO website](#).

### **Recruitment to Academic Foundation Programmes**

[HEE](#), [NES](#), [NIMDTA](#) and [HEIW](#), working with external partners, offer a number of [academic foundation programmes](#). These programmes provide appointees with opportunities to develop their academic skills, experience academic branches of medicine and consider whether they wish to pursue a career as an academic in the medical profession. All appointees must also meet the outcomes of foundation training to be signed off as completing the programme successfully in alignment with the aims of the Academic Foundation Programme Committee.

The [UKFPO](#) coordinates applications to the two-year [academic foundation programme](#) and is responsible for publishing details of the nationally agreed application process and timetable each year.

### **3. Key characteristics of foundation training curriculum**

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The foundation programme is part of the continuum of medical education. It ensures that newly qualified doctors develop their clinical and professional skills in the workplace in readiness for core, specialty or general practice training.

The foundation programme aims to ensure that all doctors deliver safe and effective patient care and aspire to excellence in their professional development in accordance with [GMC guidance](#).

[The curriculum](#) describes outcomes in terms of behaviours and examples of good practice, and training time required.

#### **Structure**

During the programme, foundation doctors work in a supportive environment where they are appropriately supervised, enabling them to develop their professional capabilities and learn through interacting with patients whilst maintaining patient safety.

Foundation doctors practice within their own level of competence and are provided with adequate supervision and feedback to reach higher levels of competence in existing skills and to acquire new skills. The foundation programme builds on and develops the responsibilities of clinical professionalism. Satisfactory progress through the foundation programme indicates that a doctor is moving towards independent practice.

Throughout medical school and the foundation programme, medical students and graduates should draw upon career information and guidance and reflect on their abilities, interests and opportunities, as well as anticipated service needs to make informed choices about their future career.

The foundation programme aims to:

- build on undergraduate education by instilling recently graduated doctors with the attributes of professionalism, and the primacy of patient welfare which are required for safe and effective care of patients with both acute and long-term conditions;
- provide generic training that ensures foundation doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing both acute and long-term conditions, regardless of the specialty;
- provide the opportunity to develop leadership, team working and supervisory skills in order to deliver care in the setting of a contemporary multidisciplinary team and to begin to make independent clinical decisions with appropriate support; and
- provide each foundation doctor with a variety of workplace experience in order to inform their career choice. Whatever career path is entered subsequently, all foundation doctors must have opportunities to understand community care provision and the majority should be offered community placements.

Requirements for F1 and F2 can be found on the [UKFPO website](#) and Appendix 8.d of this document.

### The educational framework for the Foundation Programme

The foundation programme is a structured programme. It is curriculum-driven, draws upon assessments from a number of viewpoints, is supervised with regular educational appraisal and is managed by a Foundation School Director (FSD) with support from Associate Postgraduate Deans, Foundation Programme Training Directors (FPTDs).

[The curriculum](#) sets out the outcomes expected of a foundation doctor completing their F1 year and the foundation programme. It also sets out how they will be assessed. [The curriculum](#) and assessment process is the same across the UK.

Foundation doctors must maintain an [e-portfolio](#) which provides a record of their educational progress and achievements throughout the foundation programme.

All foundation doctors who have full registration and a licence to practise with the GMC are required to participate in [revalidation](#).

There must be a named Foundation Programme Training Director (FPTD) to manage each foundation programme.

Foundation doctors must always be supervised in the workplace by a senior clinician who is competent to do so and must have a named clinical supervisor (NCS) for each placement, and a named educational supervisor (ES) who oversees their training during the Foundation Programme.

### Outcomes of foundation training

Foundation year 1 (F1) enables medical graduates to begin to take supervised responsibility for patient care and consolidate the skills that they have learned at medical school. Satisfactory completion of F1 will result in the award of the Foundation Year 1 Certificate of Completion (F1CC). Upon [satisfactory F1 completion](#), the relevant university (or their designated representative in [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), or a [foundation school](#)) will seek to recommend to the [GMC](#) that the foundation doctor can be granted full registration.

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

### Community experience

The foundation programme should equip foundation doctors with the skills they need to manage the whole patient. This includes assessing and managing patients with acute physical, long-term physical, mental health and multiple health conditions across different healthcare settings. As part of a balanced programme, this should be delivered by providing a placement in a community setting (e.g. general practice, public health, palliative care, community paediatrics, psychiatry).

In addition, a broader, “community-facing” experience can also be provided for foundation doctors as part of hospital-based placements (e.g. emergency department, out-patient clinics, community



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clinics, domiciliary visits).

### **Inappropriate tasks**

The safety of patients and staff must be paramount at all times. Foundation doctors should only undertake tasks which they are competent in or are learning to be competent in with adequate supervision. The foundation programme must provide appropriate opportunities for foundation doctors to consolidate, acquire and demonstrate all of the outcomes set out in [the curriculum](#).

The majority of foundation training typically takes place in the workplace. Appropriate administrative support must be provided to support foundation doctors in their service and educational work. To ensure that foundation doctors maximise their learning opportunities, they should not routinely be engaged in tasks such as delivering requests/samples for investigations or phlebotomy.

Duties such as clerking for endoscopy lists (day cases), day case surgery or angiography (day cases) must only be carried out by foundation doctors when such work forms an educational and/or natural part of the continuity of patient care.

[Foundation schools](#) should make foundation doctors aware of and publish on their websites how foundation doctors can raise concerns if they believe that there is not an appropriate balance between service and training. Foundation doctors should raise concerns about their training soon after they identify the concerns to enable resolution and prompt improvement of the training experience.

### **Consent**

Foundation doctors must act in accordance with GMC guidance on consent [\[Consent: patients and doctors making decisions together \(2008\)\]](#).

Before seeking consent both the supervisor and the foundation doctor must be satisfied that the foundation doctor understands the proposed intervention and its risks, and is competent to answer associated questions the patient may ask; otherwise they should not take consent for the intervention.

### **The foundation e-portfolio**

All foundation doctors must maintain an [e-portfolio](#) and use it to support their educational and professional development and career planning. The primary purpose of the [e-portfolio](#) in the foundation programme is to help doctors record and reflect on their progress and achievements. Guides on reflection can be found on our [website](#).

The [e-portfolio](#) includes personal development plans, summaries of feedback from the educational supervisor, clinical supervisors' reports, significant achievements or difficulties, reflections of educational activity, engagement with supervised learning event (SLE) tools, career reflections and the results of the foundation programme assessments. It allows the foundation doctor to demonstrate progression during their foundation training.

The [e-portfolio](#) will be reviewed to inform the judgement about whether a foundation doctor has met the requirements for satisfactory completion of F1 and the foundation programme.

The security standards for foundation e-portfolios are set out in Appendix 8.e.

[HEE/NES/NIMDTA/HEIW](#) and e-portfolio providers must ensure their foundation programme e-portfolios conform to these standards.

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### **Personal development plan (PDP)**

Foundation doctors should have a [personal development plan](#) for each placement within the rotation. This should set out the specific aims and learning objectives for that placement, and should be based on the requirements for satisfactory completion of F1/the foundation programme. It should also be mapped to [the curriculum](#).

At the beginning of the foundation training programme the foundation doctor must sign an educational agreement with the relevant body ([HEE/NES/NIMDTA/HEIW](#)) to indicate their acceptance and understanding of the conditions of taking up the training programme.

At the beginning of each placement the foundation doctor should agree the PDP with their educational supervisor and record it in their [e-portfolio](#). The PDP should form the basis of all appraisal discussions.

### **Educational supervisor meetings**

Foundation doctors must meet with their educational supervisor at the beginning and end of each placement. It may be appropriate to combine the end of placement meeting with the beginning of the next placement meeting. If issues or concerns are identified, more regular meetings should take place to ensure that these are addressed as early as possible or other support resources are accessed in a timely manner.

The foundation doctor's educational supervision should include educational appraisal. The purpose of educational appraisal is to:

- help identify educational needs at an early stage by agreeing educational objectives which are SMART (Specific, Measurable, Achievable, Realistic, Time bound);
- provide a mechanism for reviewing progress at a time when remedial action can be taken quickly;
- assist in the development of self-reflection and self-appraisal that are needed throughout a professional career;
- assist in the development of career management skills;
- enable learning opportunities to be identified in order to facilitate a foundation doctor's training;
- provide foundation doctors with a mechanism for giving feedback on the quality of the training provided; and
- make training more effective for the foundation doctor.

All doctors who hold registration with a licence to practise will be required to participate in regular systems of appraisal, [revalidation](#) and the [Annual Review of Competence Progression \(ARCP\) process](#).

Foundation doctors should maintain records of meetings with their educational and named clinical supervisor in their [e-portfolios](#).

### **Assessments**

The assessment tools and process are described in [the curriculum](#). The purpose of assessment in the foundation programme is to:

- highlight achievements and areas of excellence;
- promote regular feedback;
- supply and demonstrate evidence of progression linked to in [the curriculum](#) and

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- identify doctors who may need additional support.

The foundation programme aims to enable foundation doctors to develop their competencies whilst under appropriate supervision. Assessments with constructive feedback can support learning and enable the foundation doctor to reflect on their strengths and weaknesses and target their learning.

All those engaged in assessing learning encounters in the workplace must be trained in the assessment methodology, providing feedback and in equality and diversity awareness. They should also be proficient in the procedure or activity under assessment.

Named clinical supervisors should draw upon their own observations and feedback from their health and social care colleagues who form part of the placement supervision group, when completing their end of placement report.

### **Reflective Practice**

Foundation doctors are expected to learn both in and from their practice and during clinical experience. Critical thinking and professional judgement should be recorded in the e-portfolio. Foundation doctors can record reflective practice material in the e-portfolio as example of learning development and improvement. Material recorded in the e-portfolio for reflection should reflect a systematic process of analysis of experiences and actions to self-identify learning needs.

Foundation doctors must make reflection a routine aspect of practice, the e-portfolio should show both positive and negative experiences demonstrating the foundation doctors professional development. The [UKFPO website provides guidance on reflective practice](#).

### **Supervised Learning Events (SLEs)**

A Supervised Learning Event (SLE) is an interaction between a foundation doctor and trainer which leads to immediate feedback and reflective learning. They are designed to help foundation doctors develop and improve their clinical and professional practice and to set targets for future achievements.

SLEs use the following tools:

- [Learning Encounter and Reflection Note \(LEARN\)](#)
- [Mini-Clinical Evaluation Exercise \(Mini-CEX\)](#)
- [Direct Observation of Procedural Skills \(DOPS\)](#)
- [Clinical Based Discussion \(CBD\)](#)
- [Developing the clinical teacher](#)

The SLE process, the minimum requirements and who to approach for them are described in [the curriculum](#).

Those providing feedback should be trained. SLEs aim to:

- support the development of proficiency in the chosen skill, procedure or event;
- provide an opportunity to demonstrate improvement/progression;
- highlight achievements and areas of excellence;
- provide immediate feedback and suggest areas for further development; and
- demonstrate engagement in the educational process.

Participation in this process, coupled with reflective practice, is an important way for foundation doctors to evaluate how they are progressing towards the outcomes expected of them (as set out

### **Prescribing Safety Assessment (PSA)**

All appointees to the foundation programme (including the [academic foundation programme](#)) should preferably have sat the PSA before commencing the programme.

UK medical students should be given the opportunity to sit the PSA during their undergraduate course of study. Appointees from non-UK medical schools will be offered the opportunity to sit the PSA at an early point in their F1 rotation.

F1 doctors who have not passed the PSA before commencing the programme will be offered a support package, and will be required to sit or re-sit the exam during their F1 training year.

*All foundation doctors will be required to pass the PSA before being signed off as having successfully completed the F1 year and being awarded the F1CC. If the PSA was passed more than two years before starting foundation training, then it will need to be successfully retaken before completion of the F1 year (applies from August 2016 F1 entry). Those doctors joining the programme at F2 level are strongly recommended to take the PSA to provide additional evidence of their ability to prescribe safely.*

### **Generic teaching and study leave**

The generic [Foundation teaching programme](#) and study leave are provided to support the objectives of the foundation programme. In particular, both the generic teaching programme and study leave should be used to support the acquisition of the outcomes set out in [the curriculum](#) and to enable foundation doctors to explore career options.

A minimum of 60 hours of teaching or learning opportunities are attended during the rotation (usually per year, pro-rata for LTFT trainees). A minimum of thirty hours of foundation specific teaching must be attended as part of the 60 hours. The remaining 30 hours can consist of foundation specific teaching but may also include other relevant teaching. This does not include any mandatory training hours.

#### **Study Leave**

[HEE](#), [NES](#), [NIMDTA](#) and [HEIW](#) will have their own study leave policies, which include information about how foundation doctors can apply for study leave and the local appeals process. Study leave should not be used to prepare for specialty examinations during foundation training, but may be used to take a specialty examination.

Foundation doctors training less than full-time are usually entitled to pro-rata access to study leave funding (local T&Cs should be verified.)

### **Foundation year one (F1)**

F1 doctors are entitled to in-house, formal education as part of their working week as part of their 60 hours of teaching and learning opportunities during rotation. This formal education should be relevant, protected ('bleep-free') and appropriate to their F1 training. Foundation doctors must be released to attend and should give their pagers to someone else so that they can take part. This in-house, formal education may be aggregated to release trainees for whole days of generic teaching during F1.

It is recommended that F1 doctors undertake tasters towards the end of the F1 year to help to support their career decision making – this should be under the policies agreed between the Foundation Schools and Education Providers. To fully benefit from tasters, foundation doctors should discuss their career aspirations with their educational supervisor and review their

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requirements for tasters and the timing around the middle of the F1 year.

### **Tasters**

A taster allows Foundation trainees to spend two to five days in a specialty that they have not previously worked in. Tasters are designed to give Foundation Doctors an opportunity to gain an understanding of a specialty and enables the development of insight into the work of the specialty, while also promoting career reflection. Tasters are primarily for trainees wishing to experience a specialty not in their Foundation Programme, and should normally be within the area of their respective Foundation School

Further information and requirements can be found on the [UKFPO Website](#).

### **Foundation year two (F2)**

F2 doctors are entitled to in-house, formal education as part of their working week, which should be relevant, protected ('bleep-free') and appropriate to their F2 training. Foundation doctors must be released to attend and should give their pagers to someone else so that they can take part. This in-house, formal education may be aggregated to release trainees for whole days of generic teaching during F2.

Further information and requirements can be found on the [UKFPO Website](#).

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

All UK and international medical graduate doctors who are granted full registration for the first time, and all doctors restoring to the GMC register after a prolonged period out of UK practice, are subject to the requirements of the Approved Practice Settings scheme. Full details of the Approved Practice Settings scheme, refer to the [GMC website](#).

The GMC will automatically remove this requirement from a doctor's registration when they revalidate for the first time after joining, or returning to, the GMC register.

### **Career management**

- Foundation doctors should be encouraged to adopt a pragmatic, realistic outlook and to recognise that their desired career path may only be attainable within the context of the job market and their personal circumstances.
- Foundation doctors are expected to be proactive in the planning and progression of their career, building on career management skills learnt at medical school to be further consolidated throughout the duration of their career.
- They should be encouraged to develop career planning skills during their time in the foundation programme which can be facilitated by increasing their awareness of their personal work values, strengths and attributes.
- Exploration of wider potential career options and reflection is encouraged before the narrowing of options and more detailed consideration takes place, including the possibility of a career outside the medical profession where appropriate.
- Foundation doctors should be aware that careers can change direction due to ill health, disability and work/life balance issues. Foundation doctors should seek careers support if

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their circumstances change.

- They are encouraged to consider their possible career pathways and subsequent specialty training programmes when choosing F1 and F2 taster experiences.

Foundation doctors must have access to accurate and up-to-date information for informed and realistic decisions to be made. The items below will help facilitate this approach.

- Foundation doctors should be aware of sources of information on competition ratios such as the following websites: [specialty training](#), [Health careers](#), [UKFPO](#), [NHS Employers](#) and [ScotMT](#). Online resources are also available through [e-LH](#).
- Careers information is available from the Health Careers, UKFPO, HEE, NES, NIMDTA, HEIW and medical royal colleges/faculties websites.
- Careers publications should be available in postgraduate medical libraries (e.g. BMJ Careers).
- Educational supervisors should discuss the foundation doctor's career aspirations and signpost sources of advice and information.

For current information on Health Careers in the UK, and additional tools, tips and exercises for career planning, please refer to the [Health Careers Website](#).

## 4. Setting Standards

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### Quality assurance, management and control of foundation training

The foundation programme aims to ensure that all doctors deliver safe and effective patient care and aspire to excellence in their professional development in accordance with the GMC guidance laid down in [Good Medical Practice](#) and [Promoting excellence: standards for medical education and training](#).

In order to ensure the delivery of high-quality education for the two years of the foundation programme and to promote its continuing improvement, a robust and rigorous evaluation of the education delivered has to be in place. Overall responsibility for this rests with the [General Medical Council \(GMC\)](#) as the regulator of the foundation programme. The GMC has set national standards for the delivery and outcomes of the foundation programme in [Promoting excellence: standards for medical education and training](#). [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) and LEPs are required to demonstrate that the standards have been met.

There are three levels of quality activity:

#### Quality Assurance - carried out by the GMC

- This encompasses all the policies, standards, systems and processes in place to maintain and enhance the quality of postgraduate medical education and training in the UK including the foundation programme. The GMC carries out systematic activities to assure the public and patients that postgraduate medical education and training meets the required standards within the principles of better regulation.

#### Quality Management - carried out by HEE, NES, NIMDTA, HEIW

- This refers to the arrangements by which HEE, NES, NIMDTA or HEIW satisfies itself that LEPs are meeting the GMC's standards. These arrangements normally involve reporting and monitoring mechanisms.

#### Quality Control - carried out at Local Education Provider (LEP) level

- This relates to the arrangements through which LEPs (health boards, National Health Service trusts, the independent sector and any other service provider that hosts and supports foundation doctors) ensure that postgraduate medical trainees including foundation doctors receive education and training that meets local, national and professional standards.

[HEE](#), [NES](#), [NIMDTA](#) and [HEIW](#) are the key organisations in ensuring the quality of the delivery of the foundation programme through their quality management programmes. These may be managed either directly or through their foundation school(s). Further information can be found on [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#) websites.

### Educational infrastructure and facilities

Responsibility for delivering foundation training is shared between [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) and the employer/LEP.

[HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) require effective partnerships with employers/LEPs to ensure that educational facilities and infrastructures are adequate to deliver [the curriculum](#).

[HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) must review facilities as part of their quality

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management processes.

[HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) must ensure foundation doctors have access to appropriate learning resources and the facilities including IT systems, libraries and knowledge services, information resources, support staff, skills labs, simulated patient environments and teaching accommodation. Foundation doctors should have opportunities to develop and improve their clinical and practical skills, in clinical skills labs and simulated patient environments.



## 5. The structure of foundation training

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### Universities/medical schools

In the UK, the F1 year comprises the final year of basic medical education. Therefore universities/medical schools are responsible for the F1 year. Their responsibilities include confirming that foundation doctors have met the requirements for full registration through the completion of the [GMC Certificate of Experience](#). Often, universities and medical schools will delegate this responsibility to their designated representative in [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation school](#).

Responsibility for signing the [Certificate of Experience](#) must be clear and communicated to foundation doctors. UK medical graduates should confirm the arrangements with their medical school. Non-UK medical graduates should confirm the arrangements with the foundation school where they are training.

Universities/medical schools are also responsible for ensuring that details regarding graduates' significant educational, health, or other problems during the course of their student career are passed to those responsible for foundation training by following the [Supporting Trainees Entering Practice \(STEP\) process](#).

Medical students or graduates must have approval from their university/medical school to apply for and accept a programme which will enable them to complete basic medical education (i.e. F1). Medical graduates who do not complete a prospectively approved programme for provisionally registered doctors and receive a Certificate of Experience will not be eligible to apply for full registration with the GMC in the UK.

The [Certificate of Experience form](#) can be found on the [GMC Website](#).

### Foundation schools

Foundation schools are the structures through which HEE/NES/NIMDTA/HEIW deliver foundation training. The responsibilities of the foundation school typically include managing the national application process and arranging the provision of foundation training.

Foundation schools are led by a Foundation School Director (FSD) who may also be an associate postgraduate dean.

Foundation schools may be coterminous with the local HEE/NES/NIMDTA/HEIW region. There may be more than one foundation school within HEE/NES/NIMDTA/HEIW/foundation school, or it may cross geographical boundaries. The exact governance structure will depend on local circumstances.

The organisational structures may vary but there should be at least one forum for engaging key partners in both the strategic and operational aspects of the school.

The foundation school board/committee sets the overall strategy for all foundation programmes in the school, so that they can provide foundation training in line with national standards set by the GMC. The board should include representatives from the university/medical school, foundation school(s), academic foundation programme, lay people, foundation doctors and employers/LEPs e.g. acute care, mental health and primary care.

The postgraduate dean or nominated representative should normally chair the foundation school board/committee. The postgraduate dean is responsible for confirming whether

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foundation doctors have achieved the required standard for satisfactory completion of the foundation programme, although may delegate this role.

[HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) are responsible for maintaining a list of recognised trainers, including ensuring the trainers meet the GMC's standards in [Promoting excellence: standards for medical education and training](#). Maintaining the list of recognised trainers may be devolved to LEPs, but [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) remain accountable to the GMC. Further guidance is available from the [GMC](#).

### **Employers and Local Education Providers (LEPs)**

Foundation doctors are employed. The employing organisation, however, may be different from that in which the doctor is actually working and being trained. The term Local Education Providers (LEPs) is used to describe the environment in which this training is taking place and includes primary, secondary and academic placements.

LEPs must provide an environment for training that will meet the [standards set by the GMC](#) and any other local requirements.

Employers and LEPs are responsible for providing safe and effective patient care and must ensure a safe working environment. The roles and responsibilities section (see Section 7) provides more information about the responsibilities of employers.

Employers and LEPs have a duty to monitor the implementation of all relevant equality legislation. This includes the provision of general and specialist training covering all equality areas, for staff involved in recruitment, education and teaching, assessment, investigative and other panels, and any other relevant process.

### **The two-year foundation programme**

The foundation programme is a two-year programme comprising F1 and F2 rotations.

Satisfactory completion of the F1 year allows the foundation doctor to apply for [full registration with the GMC](#). [Satisfactory completion of the Foundation Programme \(F2\)](#) will result in the award of Foundation Programme Certificate of Completion (FPCC) which confirms the level of competence reached when applying for a specialty training appointment in the UK.

On behalf of the [GMC](#), [HEE](#), [NES](#), [NIMDTA](#) and [HEIW](#) are responsible for prospectively approving the individual placements and rotations that make up the foundation programme. In addition, through their quality management processes, [HEE](#), [NES](#), [NIMDTA](#) and [HEIW](#) are responsible for ensuring that the placements are structured as managed rotations and enable foundation doctors to meet the requirements for satisfactory completion of F1 and the foundation programme.

[HEE](#), [NES](#), [NIMDTA](#) and [HEIW](#) should ensure that all two-year programmes are constructed to:

- reflect the [needs and priorities of the national health service](#)
- allow achievement of the competences and outcomes as set out in [the curriculum](#)
- provide a provisionally registered doctor with an acceptable grounding for future practice as a fully registered medical practitioner
- provide experiences of healthcare delivery in a variety of settings including the community and promote broad-based learning across both years of the foundation programme
- be balanced in specialty content; i.e. avoid duplication of specialty placements within a

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particular year and across F1 and F2 years

- allow foundation doctors to gain understanding of the interfaces between different types of care delivery

[HEE](#), [NES](#), [NIMDTA](#), [HEIW](#), [foundation schools](#) must provide clear programme descriptions describing how the outcomes, including the foundation professional capabilities, will be covered in the placements in F1 and in F2. Learning in placements should be supported and reinforced by a generic teaching programme.

[The curriculum](#) follows a spiral model. The outcomes for F2 include those for F1 to indicate that foundation doctors are building on previous experience and practicing at a more sophisticated and increasingly independent level. Please see [the curriculum](#) for details.

Individual placement lengths may vary with placements typically lasting four or six months. They must be long enough to allow foundation doctors to become members of the team and allow team members to make reliable judgements about foundation doctors' abilities, performance and progress.

The placements configured for a F1 and F2 rotation must enable the acquisition and demonstration of the outcomes and behaviours set by the GMC and described in [the curriculum](#).

Where the experience will be significantly different, two placements within a specialty grouping will be permitted across F1 and F2. In such circumstances, the sub-specialties should not be the same.

### **Academic foundation programmes**

[Academic foundation programmes](#) provide foundation doctors with the opportunity to develop their research, teaching and/or leadership skills and explore academia as a career at the same time as developing their clinical and generic skills. These training opportunities are the product of local innovation.

Foundation doctors appointed to an academic programme must demonstrate that they have met the requirements for satisfactory completion of F1 and the foundation programme.

While there is variation in how [academic foundation programmes](#) are structured, they must support the acquisition and demonstration of the foundation professional capabilities and descriptors as described in [the curriculum](#). The academic training component, whether structured as a stand-alone placement or regular time throughout the programme, should not exceed one third of the time allocated to training in F2.

As [academic foundation programmes](#) typically provide less time for the development of clinical and generic skills, there is a separate recruitment process to identify applicants who are likely to be able to meet both the clinical and academic requirements within the usual two-year timeframe.

Information about recruitment to [academic foundation programmes](#) is available on [UKFPO website](#).

All doctors appointed to academic programmes must have an academic supervisor or equivalent. At the beginning of the academic programme or placement they should agree their learning objectives, along with the support needed to make this possible

## **Acquisition of foundation outcomes outside of the UK**

### **Training as a provisionally registered doctor outside of the UK (F1)**

Medical students wishing to undertake their first postgraduate training year (training as a provisionally registered doctor) outside of the UK should seek the advice of their medical school as soon as possible.

In exceptional circumstances, the medical school in partnership with [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#) or [foundation schools](#) may, with [the GMC](#)'s prior approval, prospectively approve training as a provisionally registered doctor outside of the UK and upon satisfactory completion support an application for full registration with the GMC. The medical school and [HEE](#)/[NES](#)/[NIMDTA](#)/[HEIW](#)/[foundation school](#) should publish their policy relating to training as a [provisionally registered doctor outside of the UK](#).

### **F2 training outside of the UK (OOPT)**

Foundation doctors wishing to undertake F2 outside of the UK should contact the foundation school in which they are completing their F1 year. This means that foundation doctors should complete their first year of foundation training in the foundation school considering their application. Foundation doctors should also consult [the GMC](#) about the implications for [revalidation](#).

[HEE](#)/[NES](#)/[NIMDTA](#)/[HEIW](#)/[foundation schools](#) should publish their policy on acquisition of foundation competences outside of the UK and make this available to those applying to the foundation programme. Not all organisations support F2 abroad.

Prospective approval from [HEE](#)/[NES](#)/[NIMDTA](#)/[HEIW](#)/[foundation school](#), and prior approval from [the GMC](#), must be sought if the training outside of the UK is to count towards the requirements for satisfactory completion of the foundation programme. Information can be found OOPT section of the [Guide for Foundation Training in the UK](#). It is the foundation doctor's responsibility to arrange a suitable placement and confirm that the unit has agreed to provide training, assessment and support in accordance with the requirements for satisfactory completion of the foundation programme.

## **Placement supervision group (PSG)**

The placement supervision group should consist of doctors more senior than F2, including at least one consultant or GP principal, senior nurses (band 5 or above) and allied health professionals. It is recognised that not every placement will offer contact with multiple senior doctors and in some cases the foundation doctor will only work with one or two doctors. In these cases the pool of health care professionals making the assessment of performance will be smaller, but conversely, the degree of interaction and number of interactions between foundation doctor and trainer will be expected to be greater.

The placement supervision group is responsible for:

- observing the foundation doctor's performance in the workplace
- providing feedback on practice to the foundation doctor
- providing structured feedback to the named clinical supervisor
- undertaking and facilitating supervised learning events (SLEs).

## **Careers Guidance**

Ensuring good career information is essential to aid career planning for foundation doctors. Careers guidance may be provided by the FSD or by another member of [HEE](#)/[NES](#)/[NIMDTA/HEIW/foundation school](#) faculty.

The key responsibilities of those undertaking the role are:

- to ensure that all foundation doctors have access to generic careers workshops
- to support the development of ‘taster’ opportunities
- to ensure foundation doctors are made aware of locally and nationally provided careers information
- to act as the point of contact for educational supervisors and FPTD/Ts for careers advice.

Careers advice may include:

- supplying/signposting additional information about careers
- holding career planning meetings with foundation doctors who are referred with complex career issues
- referring foundation doctors who may need more tailored personal support to a specialty career lead or the [HEE](#), [NES](#), [NIMDTA](#) or [HEIW](#) careers team

## 6. Becoming a foundation doctor

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Foundation doctors, and medical students allocated to a place on the foundation programme, must act in accordance with the GMC's guidance in [Good Medical Practice](#) on accepting posts and then refusing them, i.e. they must give the foundation school sufficient time to make suitable arrangements to meet patient and service needs. Appointees and employees are expected to meet the terms and conditions of their contract for permanent withdrawal from the foundation programme.

### Individual placement descriptors

[HEE](#), [NES](#), [NIMDTA](#) and [HEIW](#) should publish placement descriptors setting out the clinical focus, location, supervision arrangements, sample timetable and the foundation professional capabilities that can typically be achieved in the placement.

These placement descriptors should be made available to prospective applicants to the foundation programme and, if applicable, when considering preferences for matching to F2. [HEE](#), [NES](#), [NIMDTA](#), [HEIW](#) or employers may however need to change the exact arrangements for each placement at short notice. If this is the case, [HEE/ NES/ NIMDTA/HEIW/foundation school](#) or employer must ensure that the appointee is informed.

### Shadowing

To ensure that all new appointees to the foundation programme are equipped with the local knowledge and skills needed to provide safe, high quality patient care from their first day as a F1 doctor, they must undertake a shadowing period lasting at least four days. This should include ward-based shadowing of the F1 job that they will be taking up.

Shadowing placements must take place as close to the start of work as possible, preceding the appointee taking up his/her role as a F1 doctor in July/August.

Appointees to the foundation programme must be registered with the GMC. Doctors working for NHS bodies or organisations providing services to NHS patients are indemnified for their NHS work through their employing organisation. There are equivalent organisations in Scotland, Northern Ireland and Wales.

Arrangements for shadowing should be organised by collaborative working between [HEE/ NES/ NIMDTA/HEIW/foundation school](#) and the LEP. Shadowing placements should be delivered by the LEP. Current F1 doctors need to be available to be shadowed at the end of July and should understand the expectations on them during this period.

LEPs should provide a timetabled block of ward-based shadowing lasting at least two days (i.e. at least 50% of the minimum four days). The ward-based component should include the opportunity to shadow a clinical handover. In addition, appointees should have the opportunity to shadow F1 doctors undertaking an out of hours shift, if this is part of the role they will be taking up.

The induction component of the shadowing period for new F1 doctors should be comprehensive but time efficient to allow maximum time for ward-based shadowing. The induction component should include IT training, which will typically be required at very beginning of the shadowing period. IT departments need to work closely with medical staffing and postgraduate centres to ensure that the appropriate level of access to systems is available to all appointees from the first day of shadowing.

### Induction

Whenever foundation doctors change their working environment and when they progress to F2, there should be a formal induction to ensure that foundation doctors are aware of their roles and

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responsibilities. They must be familiar with their working environment and essential medical equipment. Training and access to Information Technology (IT) systems must be provided. Supervision arrangements and where to seek help must be clear.

There are at least three levels of induction:

- [HEE/ NES/ NIMDTA/HEIW/foundation school](#) should include:
  - how the foundation school is structured, including the roles and responsibilities of the postgraduate dean, the university/medical school, the FSD and foundation school office, APGDs/FPTD/Ts, educational supervisors and clinical supervisors
  - contact details for the foundation school
  - less than full-time training educational opportunities
  - [GMC ethical guidance](#)
  - [outcomes for provisionally registered doctors](#)
  - [the curriculum](#)
  - the requirements for satisfactory completion of foundation training
  - how performance and progress will be assessed
  - how the quality of training is monitored
  - educational opportunities available in the placement and the programme
  - what to do when there are any problems and about the support networks available (including occupational health, counselling and disability services). This should include information about how additional support is provided to doctors who require it and who to contact
  - relevant [HEE/ NES/ NIMDTA/HEIW/foundation school](#) policies, e.g. whistle-blowing and annual leave.
- Employer/local education provider (LEP) should include:

Employment issues (including their status as new doctors and their role in the inter- professional and interdisciplinary team, health and safety matters, and the name of the person responsible for these issues within the employing organisation, clinical governance and audit arrangements)

- contact details of their FPTD/T
- ensure that educational and named clinical supervisor details are provided including the name and contact details of the educational supervisor, and the named clinical supervisor for each placement
- what to do when there are any problems and about the support networks available (including occupational health, counselling and disability services). This should include information about how additional support is provided to doctors who require it and who to contact



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- health and safety at work, including how to register with a local general practitioner and the importance of looking after their own health and
- the employer/LEP whistle-blowing policy.
- Department/workplace should include:
  - workplace supervision procedures specific to the department; how workplace supervision will be provided and by whom
  - 
  - familiarisation with the working environment
  - contact details of the named clinical supervisor
  - safe prescribing practices
  - use of information technology and department specific programmes/software
  - medical equipment
  - effective handover procedures during the placement
  - formal handover of patient care and local systems in the department or workplace

Foundation doctors should ensure that they formally handover their patients to the next foundation doctor when they change placement.

### **Training out of phase**

The foundation programme starts in July/August and concludes two years later for foundation doctors working full time who meet the requirements for satisfactory completion.

Foundation training that starts after July/August or is due to conclude later than July/August is referred to as “out of phase”. There are separate arrangements for doctors who do not meet the requirements for satisfactory progress or completion of the foundation programme.

[HEE](#), [NES](#), [NIMDTA](#), [HEIW](#) in partnership with employers can provide training out of phase to foundation doctors who have had to defer the start of their foundation programme for statutory reasons or are resuming training after a period of confirmed absence for statutory reasons. [HEE/ NES/ NIMDTA/HEIW/foundation schools](#) should make clear the arrangement for foundation doctors who are training out of phase and wish to train less than full-time.

Foundation doctors who are training out of phase should discuss their training needs with their FPTD/T or FSD, in exceptional circumstances return dates may be altered to support the trainees' needs.



## 7. Roles and Responsibilities

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### Key roles and responsibilities within Foundation Schools

#### Foundation School Director (FSD)

The FSD is the head of the foundation school and is accountable to the postgraduate dean. Supported by a foundation school manager/senior administrator (FSM) and appropriate administrative staff, the FSD helps set the strategic direction of the school and is responsible for quality management in conjunction with [HEE/ NES/ NIMDTA/HEIW](#) quality management processes.

Responsibilities include:

- Strategic development:
  - To set the strategic direction of the school under the guidance of the postgraduate dean
  - To work collaboratively with medical school(s) to aid seamless transition from undergraduate to foundation training
  - To work collaboratively with LEPs to ensure foundation doctors have access to high quality foundation training
  - To provide requested data to the [UK Foundation Programme Office](#)
  - To attend and represent the foundation school at national FSD meetings and relevant conferences.
  
- Quality management:
  - On behalf of [HEE/ NES/ NIMDTA/HEIW](#) to set in place appropriate quality management processes to ensure the foundation school meets the standards for postgraduate training as set out in [Promoting excellence: standards for medical education and training](#).
  - To ensure that there are clear procedures to immediately address any concerns about patient safety
  
- Programme Management
  - To ensure there are open, transparent, fair and effective processes for allocation of foundation doctors to programmes
  - To work with LEPs when recruiting to locum appointments for training (LATs)
  - To work with LEPs, FPTD/Ts, educational supervisors and clinical supervisors to ensure a consistent and coordinated approach to the delivery of [the curriculum](#). This includes induction, effective supervision, teaching programme, educational engagement, assessments, receive feedback, an appropriate workload, personal support and time to learn
  - To work with LEPs to ensure high quality workplace supervision
  - To ensure that only foundation doctors who meet the standards for satisfactory completion of F1 and the foundation programme are signed off
  - To ensure that there are systems in place that can support doctors' differing needs. This includes promoting equality of opportunity and positive attitudes towards doctors with disabilities

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- To ensure that there are systems in place to support doctors who wish to train less than full-time, those returning after a career break, and those at risk of not meeting the requirements for satisfactory completion of F1 or the foundation programme
  - To ensure that the school provides timely, accurate and appropriate career information.
  - To ensure that any foundation panel consists of members with appropriate equality and diversity knowledge and training.
  - To collect and analyse equality and diversity data (including outcome data); make any necessary changes and monitor the impact of any such changes.
  - To ensure that [the GMC](#) is notified of foundation doctors whose practice causes concern
  - To ensure that the medical school of graduation is informed of any significant concerns relating to provisionally registered doctors.
  - To ensure that the official Tier 4 sponsor is informed of any relevant activity regarding Tier 4 sponsored doctors.
    - For more information regarding sponsorship, immigration or visas please visit the [UK Visas and Immigration page on the Home Office Website](#).
- Faculty development:
    - To ensure that there are open, transparent, fair and effective processes for the recruitment, selection and appointment of foundation faculty and for the quality management of their performance as trainers, and to take appropriate action where necessary.
    - To ensure that [HEE/ NES/ NIMDTA/HEIW](#) contributes to the annual appraisal of FPTDs in partnership with their employers
    - To promote faculty development by enabling training and support for trainers.
    - To contribute to [HEE/ NES/ NIMDTA/HEIW](#) processes in line with the [GMC requirements for the recognition and approval of trainers](#).

## **Foundation School Manager/ Senior Administrator (FSM)**

The role may be undertaken by a single individual or a group of individuals taking responsibility for the manager functions. The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM may represent the school and/or [HEE](#), [NES](#), [NIMDTA](#) or [HEIW](#) in allocation, recruitment and training matters which relate to the foundation programme.

Responsibilities include:

- Programme management:
  - To manage the national application process for foundation training in accordance with national and [HEE](#), [NES](#), [NIMDTA](#) or [HEIW](#)
  - To ensure systems are in place to record and maintain a database of foundation doctor and post details, enabling accurate monitoring and reporting including less than full- time training programmes and foundation doctors requiring additional educational support.
- Communications and liaison:
  - To develop and maintain strong links with all key stakeholders to ensure the effective communication and successful delivery of policies and procedures relating to the foundation programme.
  - To provide a support and advice service on all aspects of foundation training to medical students, foundation doctors and the local foundation faculty
  - To attend and represent the foundation school at national managers' meetings and conferences.
- Governance and quality management:
  - To support the quality management process in accordance with [HEE](#), [NES](#), [NIMDTA](#) or [HEIW](#)
  - To provide regular reports for the foundation school board and committees and to deliver presentations in relation to foundation training as required
  - To organise and contribute to the submission of the school's annual report data to the [UKFPO](#).
  - To ensure that all data held by and transferred out of the foundation school conforms to the principles of information governance including compliance with the obligations set out within the [GDPR](#) and other relevant legislation in relation to personal data.
- Systems development:
  - To develop, maintain and monitor systems for the collection, entry and analysis of assessment data to support F1 sign-off, application for [full registration with the GMC](#) and foundation programme sign-off.
  - To develop, maintain and monitor policies and procedures which meet the requirements laid down in the reference guide with reference to the Tier 4 sponsored doctor activity, acquisition of foundation competences outside the UK, time out of the

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foundation programme, less than full-time training, doctors requiring additional support and appeals.

- Marketing and promotion:
  - Where relevant, to coordinate the school's marketing activities, including the management of the foundation school's website, development of promotional materials and arranging open evenings and careers events.
  
- Resource management:
  - To be involved in the line management of foundation school administrative staff including allocation of work, recruitment, appraisals, staff development and performance management.
  - Where relevant, to monitor and manage the foundation school's budgets to ensure adequate resource provision for the school's recruitment and educational activities.

## **Foundation Programme Training director (FPTD)**

In partnership with LEPs, the FPTD is responsible for the management and quality control of a F1 programme, F2 programme or a two-year foundation programme. There must be a named FPTD for each programme.

The post of FPTD is typically wholly or partly funded through [HEE](#), [NES](#), [NIMDTA](#) or [HEIW](#). The FPTDs responsibilities should be reflected in their job plan and sufficient time should be identified to undertake this role. As a guide, FPTDs should be allocated the equivalent of one session of programmed activity for every 20-40 foundation doctors.

Only clinicians who are registered and licensed medical practitioners selected and appropriately trained and are familiar with teaching and training foundation doctors should undertake the role. They must understand and demonstrate ability in the use of the approved assessment tools and supervised learning events (SLEs) and be clear as to what is deemed acceptable progress.

They should understand and be able to monitor foundation doctors' progress, lead the Annual Review of Competence Progression (F1/F2 ARCP), provide appraisals, provide career support and identify and contribute to the support of foundation doctors needing additional support.

FPTDs should complete training in equality and diversity, assessing and appraising foundation doctors (in particular the ARCP process) and any other aspects of their role usually every three years. [HEE](#), [NES](#), [NIMDTA](#) or [HEIW](#) and LEPs must agree who is responsible for maintaining a register of FPTD/T training.

Responsibilities include:

- To work with local educators (e.g. the director of medical education, clinical tutors) to manage and quality control a specified foundation training programme.
- To ensure that the training programme meets the requirements of the educational contracts or agreements for foundation training.
- To ensure that each programme and its constituent rotations have a current job plan that meets the educational aims specified for the programme and mapped to [the curriculum](#).
- To ensure that each placement in the programme meets the educational aims specified for the placement. This should include a clear description that outlines how the capabilities, including the general professional capabilities, are covered in each placement.
- To chair the Annual Review of Competence Progression (ARCP) panels within their programme.
- To ensure that all foundation doctors in the programme have access to suitable training. This includes:
  - providing access to suitable induction, coordinated generic teaching and educational supervision
  - providing access to clinical supervision and trained assessors
  - monitoring the attendance and educational engagement of each foundation doctor at

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- regular intervals and initiating additional or remedial support where necessary
  - monitoring the performance of each foundation doctor at regular intervals and initiating remedial support for doctors in difficulty
  - collecting evidence about attendance and performance to corroborate the content of individual foundation doctor's e-portfolios
  - evaluating shadowing, induction, generic teaching and supervision and to ensure it meets the required standards.
- To work with the LEP(s) for the effective development of a local faculty of educators capable of delivering foundation training:
    - to ensure that all educational and clinical supervisors have received appropriate training for their role as educators, supervisors and assessors
    - to ensure that all educational supervisors are familiar with the required documentation to be completed prior to full registration with the GMC, completion of foundation training and for revalidation
    - to ensure that there is a sufficient number of trained staff able to supervise, provide feedback and assess foundation doctors
    - to ensure there is an effective method of selection and reselection of educational and clinical supervisors in conjunction with the director of medical education/ clinical tutor, local HR departments and [HEE](#), [NES](#), [NIMDTA](#) or [HEIW](#)
  - To work with the FSD and faculty to ensure foundation training benefits from a coordinated approach.
  - To liaise regularly with the FSD, FSM and other FPTD/Ts to ensure that good practices are shared and there is a coordinated approach to the development and management of foundation training programmes.
  - To attend foundation school management committee meetings (or equivalent).

## **8. Appendices**

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- a) **Sample job description for Foundation School Director (FSD)**
- b) **Sample job description for Foundation School Manager (FSM)**
- c) **Sample job description for Foundation Programme Training Director (FPTD)**
- d) **Foundation F1 F2 Requirements**
- e) **Security Standards for Foundation Programme E-Portfolios**

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

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**Job Title:** Foundation school director

**Reports to:** Postgraduate dean

### Role overview:

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

### Key responsibilities:

1. Strategic development:
  - To set the strategic direction of the school under the guidance of the dean
  - To work collaboratively with medical school(s) to aid seamless transition from undergraduate to foundation training
  - To work collaboratively with Local Education Providers (LEPs) to ensure foundation doctors have access to high quality foundation training
  - To contribute accurate and timely information for the UK Foundation Programme Office as requested
  - To attend and represent the foundation school at national FSD meetings and UKFPO conferences.
2. Governance and Quality Management:
  - On behalf of HEE, NES, NIMDTA or HEIW, to set in place appropriate quality management processes to ensure the school meets the standards for training for the Foundation Programme as described in [\*Promoting excellence: standards for medical education and training\*](#).
  - To ensure that there are clear procedures to immediately address any concerns about patient safety.
  - To ensure there are open, transparent, fair and effective processes for recruitment, selection and appointment of foundation doctors.
  - To work with LEPs, Foundation Training Programme Directors/Tutors (FPTD/Ts), educational supervisors and clinical supervisors to ensure a consistent and coordinated approach to the delivery of [\*the curriculum\*](#). This includes induction, effective supervision, teaching programme, assessments, an appropriate workload, personal support and time to learn.
  - To ensure that only foundation doctors who meet the standards for satisfactory completion of F1 and the foundation programme are signed off.
  - To ensure that there are systems to identify and assist doctors with differing needs. This includes doctors who wish to train less than full-time, those returning after a career break, doctors with disabilities and those at risk of not meeting the requirements for satisfactory completion of F1 or the foundation programme.
  - To ensure that the school provides timely, accurate and appropriate career information.
  - To ensure that an appeals panel meets when necessary (including making sure that all appeals panel members have been trained in equality and diversity).
  - To collect and analyse equality and diversity data (including outcome data) and make changes to local processes if issues are identified. The impact of these changes will subsequently be monitored.



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- To ensure that the sponsor organisation is informed about issues regarding non-UK doctors sponsored under the UK Border Agency Tier 4 visa.
3. Faculty development:
- To ensure that there are open, transparent, fair and effective processes for the recruitment, selection and appointment of foundation faculty.
  - To contribute to the annual appraisal of FPTD/Ts in partnership with their employers.
  - To promote faculty development by enabling training and support for trainers.
4. External relations:
- To represent the foundation school at local and national meetings.

### Person Specification:

	Essential	Desirable
Qualifications/ Education	Bachelors level degree or equivalent	Higher degree Postgraduate certificate or diploma in medical education
Skills/Training	<p>Knowledge of current educational theory and practice, and ability to maintain an up-to-date awareness of relevant issues.</p> <p>Interest in maintaining up-to-date clinical skills and knowledge of local and national issues relating to standards of medical and multidisciplinary education.</p> <p>Knowledge of the Operational guide and the <a href="#">Guide for Foundation training in the UK</a></p>	
Personal Attributes	<p>Ability to lead small and large group discussions.</p> <p>Ability to chair meetings.</p> <p>Ability to lead and plan strategically.</p> <p>Ability to develop and maintain networks and relationships with other professionals at all levels.</p> <p>Excellent communication and negotiation skills.</p>	

## 8.b Sample job description for a Foundation School Manager / Senior Administrator (FSM)

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**Job Title:** Foundation school manager / Senior Administrator

**Reports to:** Foundation School Director (FSD) and Health Education England local office/deanery business manager

### Role Overview:

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

### Key responsibilities:

1. Programme management:
  - To manage the application process for foundation training in accordance with the national and HEE, NES, NIMDTA or HEIW processes. To include coordination and planning of interview panels with due regard to the requirements of equality, diversity and employment legislation.
  - To ensure systems are in place to record and maintain a database of foundation doctor and post details, enabling accurate monitoring and reporting including less than full-time training posts and foundation doctors requiring additional educational support.
2. Communications and liaison:
  - To develop and maintain strong links with all key stakeholders to ensure the effective communication and successful delivery of policies and procedures relating to the foundation programme.
  - To provide a support and advice service on all aspects of foundation training to medical students, foundation doctors and the local foundation faculty.
  - To attend and represent the foundation school at national managers meetings and UKFPO conferences.
3. Governance and quality management:
  - To support the quality management process in accordance with HEE, NES, NIMDTA or HEIW policy.
  - To provide regular reports for the foundation school board and committees and to deliver presentations in relation to foundation training as required.
  - To organise and contribute to the submission of the school's annual report to the UKFPO.
  - To ensure that all data held by and transferred out of the foundation school conforms to the principles of information governance including compliance with the obligations set out within the [Data Protection Act 2018](#) in relation to personal data.
4. Systems development:
  - To develop, maintain and monitor systems for the collection, entry and analysis of assessment data to support F1 sign-off, application for full registration with the GMC and foundation programme sign off.
  - To develop, maintain and monitor policies and procedures which meet the requirements laid down in the Operational Guide and [Guide for Foundation Training in the UK](#) with reference to the acquisition of foundation competences outside the UK; appeals; doctors requiring additional educational support; less than full-time training;

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taster days and time out of the foundation programme

### 5. Marketing and promotion:

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

### 6. Resource management:

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

## 8.c Sample job description for Foundation Training Programme Director/Tutor (FPTD/T)

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

**Reports to:** In England, to the Local Education Provider (LEP) Director of Medical Education; in Scotland and Wales, to the deanery; in Northern Ireland FPTD/Ts are accountable to both the associate dean for foundation and to the director of medical education within the LEP.

### Role Overview:

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

### Key Responsibilities:

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

This includes:

- providing access to suitable induction, coordinated generic teaching and educational supervision;
  - providing access to clinical supervision and trained assessors;
  - monitoring the attendance and performance of each foundation doctor at regular intervals and initiating remedial support for any doctor in difficulty;
  - collecting evidence about attendance and performance to corroborate the content of individual foundation doctor's e-portfolios and enable decisions about recommendations for registration and certification; and
  - evaluating induction, generic teaching and supervision to ensure it meets minimum standards.
3. To work with the LEP(s) for the effective development of a local faculty of educators capable of delivering foundation training:

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

## 8.d 2 Year Foundation Programme Requirements

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The foundation programme is a two-year generic training programme which is intended to equip doctors with the generic skills and professional capabilities to progress to specialty training.

The foundation programme is part of the continuum of medical education. It ensures that newly qualified doctors develop their clinical and professional skills in the workplace in readiness for core, specialty or general practice training. The foundation programme aims to ensure that all doctors deliver safe and effective patient care and aspire to excellence in their professional development in accordance with GMC guidance.

The four UK health departments determine the number of places available each year based on workforce planning across the continuum of postgraduate medical education and training. The national allocation process allocates the highest scoring applicants to all available places.



Trainees undertake F1 before progressing to F2 level, with increasing responsibility for patient care.

The foundation programme consists of an appropriate balance of placements across different specialties and in different healthcare settings. An example of a typical foundation programme is: -

Year	Rotation 1	Rotation 2	Rotation 3
F1	General Medicine	General Surgery	Anaesthetics
F2	Psychiatry	Geriatrics	Trauma & Orthopaedics

### Foundation Year 1

Foundation year 1 (F1) enables medical graduates to begin to take supervised responsibility for patient care and consolidate the skills that they have learned at medical school. Satisfactory completion of F1 will result in the award of the Foundation Year 1 Certificate of Completion (F1CC). Upon satisfactory F1 completion, the relevant university (or their designated representative in HEE, NES, NIMDTA, Wales Deanery or a foundation school) will recommend to the GMC that the doctor can be granted full registration.

### Foundation Year 2

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

## **8.e Security Standards for Foundation Programme e-portfolios**

### **introduction**

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Foundation doctors use e-portfolios to record their assessments and gather evidence of learning and achievements. The host organisation (for example, HEE; NES; NIMDTA; HEIW; the foundation school) must take account of both the e-portfolio as a whole and the included assessments when making decisions about whether a foundation doctor has met the required standard for successful completion of F1 or the foundation programme. It is essential that the data stored in e-portfolios (and, if applicable, other assessment systems) is secure and that the content relates to what the foundation doctor has actually done.

The host organisation overseeing the training will be the data controller for the purposes of the Data Protection Act 2018. The host organisation should note that foundation doctors are entitled to make a subject access request under Section 45 of the Data Protection Act 2018 for the personal data that their host organisation holds about them. The host organisation should have policies in place to deal with such requests.

The data processor, for the purposes of the Data Protection Act 2018, is the supplier of the e-portfolio system in question.

These security standards conform to the Freedom of Information Act 2000 (England, Wales, and Northern Ireland) / Freedom of Information (Scotland) Act 2002 and the Data Protection Act 2018. Data must be held in line with guidance from the Information Commissioner's Office and e-portfolio suppliers must be compliant with the NHS Data Security and Protection Toolkit. Data controllers and data processors must ensure foundation programme e-portfolios adhere to these standards.

#### **Section 1 – Patient Confidentiality**

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

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

**Mandatory requirements:**

- Providers must display instructions to users not to upload any data that could identify an individual patient, for example, when completing any assessments, SLEs or reflective logs.

#### **Section 2 – Trainee confidentiality and access to data**

**Standards:** Personal data collected will be protected in accordance with the Data Protection Act 2018.

Levels of access to data must be clearly described. Data must only be shared on a need to know basis.

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



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### Mandatory requirements:

- All foundation programme e-portfolios must provide information on who has access to what data, for what purpose and for how long.
- Individual foundation doctors must be asked to give consent for their data to be shared with the specified roles set out in Table 1 below, before being given access to the e-portfolio. They must also be made aware that they will be unable to use the e-portfolio if they do not give this consent.
- All foundation programme e-portfolios should use the job titles specified in the foundation programme reference/operational guide.
- All e-portfolios should conform to the access levels laid out below.

<b>Appendix 9e: Table 1 - Recommended levels of access Job Title</b>	<b>Access Level</b>	<b>Access Duration</b>
Foundation doctor	All own data only, aside from where anonymity has to be maintained. Contact details for assigned supervisors and local administrators.	Unrestricted
Named clinical supervisor	Shared e-portfolio content for specified foundation doctors in a particular placement of a particular foundation programme and for a 3 month period following the placement	Read/write: During the period of supervision and for a period of three months following the end of the placement Read-only: Unrestricted
Named educational supervisor	Shared e-portfolio content for specified foundation doctors in a particular year of a particular foundation programme	Read/write: During the period of supervision and for a period of three months following the end of the placement/year Read-only: Unrestricted
Foundation Training Programme Director/Tutor (FPTD/T) and nominated administrators	Shared e-portfolio content for specified foundation doctors in a particular foundation programme	Read/write: During the foundation programme and for a period of three months following the end of the programme Read-only: Unrestricted
ARCP panel members	Shared e-portfolio content for specified foundation doctors	Read-only: during the ARCP review period
Postgraduate dean, Foundation School Director (FSD), Foundation School Manager (FSM), and other nominated administrators	Shared e-portfolio content for all foundation doctors in a particular foundation school	Read/write: During the foundation programme and for a period of three months following the end of the programme

## 8.f Requirements for Satisfactory Completion of F1

The minimum requirements for satisfactory completion of F1, with guidance notes, are set out in Table 1 below. HEE/NES/NIMDTA/Wales Deanery/foundation schools should make the requirements clear at the beginning of the F1 year.

Provisional registration and a licence to practise with the GMC	To undertake the first year of the foundation programme doctors must be provisionally registered with the GMC and hold a licence to practise. In exceptional circumstances (e.g. refugees), a fully registered doctor with a licence to practise may be appointed to the first year of a foundation programme.
Completion of 12 months F1 training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12 month period of the foundation programme. Where a doctor's absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013).
A satisfactory educational supervisor's end of year report	The report should draw upon all required evidence listed below. If the F1 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F1 doctor has met the requirements for satisfactory completion of F1. The last end of placement review must be satisfactory.
Satisfactory educational supervisor's end of placement reports	An educational supervisor's end of placement report is required for all F1 placements EXCEPT for the last F1 placement; the educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports	A clinical supervisor's end of placement report is required for ALL F1 placements. All clinical supervisor's end of placement reports must be completed before the doctor's F1 Annual Review of Competence Progression (ARCP).
Satisfactory completion of all FP curriculum outcomes	The F1 doctor should provide evidence that they have met the foundation professional capabilities, recorded in the e-portfolio
Satisfactory completion of the required number of assessments The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.	<p>Team assessment of behaviour (TAB) (minimum of one per year)</p> <p>Core procedures (all 15 GMC mandated procedures)</p>

Successful completion of the Prescribing Safety Assessment (PSA)	The F1 doctor must provide evidence that they have passed the PSA within the last two years.
A valid Immediate Life Support or equivalent certificate	If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.
Evidence of participation in systems of quality assurance and quality improvement projects	Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training. This includes completion of the national GMC trainee survey and any end of placement surveys
Completion of the required number of supervised learning events The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.	Direct observation of doctor/patient interaction: • Mini CEX • DOPS  (minimum of nine observations per year; at least six must be mini-CEX)
	Case-based discussion (CBD) (minimum of six per year / two per placement)
	Developing the clinical teacher (minimum of one per year)
An acceptable attendance record at generic foundation teaching sessions	The F1 doctor must attend a minimum of 60 hours (during 12 months pro-rata) of teaching during their FY1 rotation. At least 30 hours (during 12 months pro-rata) must be core foundation teaching. The F1 doctor is responsible for ensuring they attend the minimum number of teaching hours and for logging this in their e-portfolio. If there are concerns regarding engagement, the FTPD/T should discuss this with the FSD. Statutory and mandatory training, induction sessions and ILS/ALS/equivalent cannot contribute to the 60 hours. A maximum of 6 hours (10%) of e-learning can contribute to the 60 hours.
Signed probity and health declarations	Separate forms must be signed for each year of foundation training (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.

## 8.g Requirements for Satisfactory Completion of the Foundation Programme

The minimum requirements for satisfactory completion of F2, with guidance notes, are set out in Table 1 below. HEE/NES/NIMDTA/Wales Deanery/foundation schools should make the requirements clear at the beginning of the F2 year.

Full registration and a licence to practise with the GMC	To undertake the second year of the foundation programme, doctors must be fully registered with the GMC and hold a licence to practise.
Completion of 12 months F2 training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12 month period of the foundation programme. Where a doctor's absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013).
A satisfactory educational supervisor's end of year report	The report should draw upon all required evidence listed below. If the F2 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F2 doctor has met the requirements for completion of F2. The last end of placement review must be satisfactory.
Satisfactory educational supervisor's end of placement reports	An educational supervisor's end of placement report is required for all F2 placements EXCEPT for the last F2 placement; the educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports	A clinical supervisor's end of placement report is required for all F2 placements. All clinical supervisor's end of placement reports must be completed before the doctor's F2 Annual Review of Competence Progression (ARCP).
Satisfactory completion of all FP curriculum outcomes	The F2 doctor should provide evidence that they have met the expected foundation professional capabilities recorded in the e-portfolio.
Satisfactory completion of the required number of assessments	Team assessment of behaviour (TAB) (Minimum of one per year) Evidence that the foundation doctor can carry out the procedures required by the GMC.
The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.	
A valid Advanced Life Support or equivalent certificate	If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.

	required to complete the national GMC trainee survey and any end of placement surveys.
Completion of the required number of supervised learning events The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.	<p>Direct observation of doctor/patient interaction:</p> <ul style="list-style-type: none"> <li>• Mini CEX</li> <li>• DOPS</li> </ul> <p>(minimum of nine observations per year; at least six must be mini-CEX)</p> <p>Case-based discussion (CBD) (minimum of six per year / two per placement)</p> <p>Developing the clinical teacher (minimum of one per year)</p>
An acceptable attendance record at generic foundation teaching sessions	<p>The F2 doctor must attend a minimum of 60 hours (during 12 months pro-rata) of teaching during their FY2 rotation. At least 30 hours (during 12 months pro-rata) must be core foundation teaching. The F2 doctor is responsible for ensuring they attend the minimum number of teaching hours and for logging this in their e-portfolio. If there are concerns regarding engagement, the FTPD/T should discuss this with the FSD.</p> <p>Statutory and mandatory training, induction sessions and ILS/ALS/equivalent cannot contribute to the 60 hours. A maximum of 6 hours (10%) of e-learning can contribute to the 60 hours.</p>
Signed probity and health declarations	A separate form should be signed for (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.
Evidence of participation in systems of quality assurance and quality improvement projects	<a href="#">The curriculum</a> requires that the F2 doctor demonstrates significant personal contribution to a quality improvement project. F2 doctors are also

## 9. Glossary of Terms

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<b>AFPC</b>	Academic Foundation Programme Committee
<b>AoMRC</b>	Academy of Medical Royal Colleges
<b>COPMeD</b>	Conference of Post-Graduate Medical Deans (UK)
<b>GMC</b>	General Medicine Council
<b>HEE</b>	Health Education England
<b>HEIW</b>	Health Education and Improvement Wales
<b>LEP</b>	Local education provider
<b>NES</b>	NHS Education for Scotland
<b>NIMDTA</b>	Northern Ireland Medical and Dental Training Agency
<b>PDP</b>	Personal Development Plan
<b>PSA</b>	Prescribing Safety Assessment
<b>SLE</b>	Supervised Learning Events
<b>SMART</b>	Specific, measurable, achievable, realistic, time-bound
<b>UoA</b>	Unit of Application
<b>UKFPO</b>	United Kingdom Foundation programme Office