

The Foundation Programme



Reference Guide

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1. Introduction and background

- 1.1 This document provides guidance to Health Education England local offices, deaneries and foundation schools about the structures and systems required to support the delivery of the *foundation programme curriculum 2016* ([the curriculum](#)).
- 1.2 First published in 2005, the 'Operational Framework' was revised in 2007 and 2009. The second edition, published in 2010, was renamed the *Foundation Programme Reference Guide 2010*, with the third edition being published in 2012. This fourth edition is designed to support the implementation of the *foundation programme curriculum 2016* and seeks to be better aligned with [A Reference Guide for Postgraduate Specialty Training in the UK \(the Gold Guide\)](#).
- 1.3 Throughout all editions, there are consistent key objectives underpinning the reference guide:
- it applies across the UK;
 - it sets out what is required to deliver the curriculum; and
 - it provides quality management guidance for Health Education England (HEE), NHS Education Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA), postgraduate deanery in Wales (Wales Deanery) and foundation schools.
- 1.4 Within the *Foundation Programme Reference Guide 2016* (the reference guide), descriptions of the structures and systems required for foundation training are provided under the most relevant section heading. This means that readers may have to consult different sections when considering specific aspects of foundation training.
- 1.5 If HEE, NES, NIMDTA, Wales Deanery or foundation schools derogate from this guidance, they should justify and publish their reasons for derogating together with the revised processes.
- 1.6 Ownership of the reference guide rests with the four UK health departments.
- 1.7 If you would like to comment on the reference guide, please write to the UK Foundation Programme Office at enquiries@foundationprogramme.nhs.uk.

2. Foundation Programme: policy and organisation

The UK Foundation Programme Office (UKFPO)

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

UK health departments

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

Health Education England

2.2 HEE supports the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that the workforce has the right numbers, skills, values and behaviors, at the right time and in the right place. HEE took on its full operational responsibilities from 1 April 2013. It has five national functions:

- providing national leadership on planning and developing the healthcare and public health workforce
- promoting high quality education and training that is responsive to the changing needs of patients and local communities, including responsibility for ensuring the effective delivery of important national functions such as medical recruitment
- ensuring security of supply of the health and public health workforce
- appointing and supporting the development of Local Education and Training Boards (LETBs) and
- allocating and accounting for NHS education and training resources and the outcomes achieved.

2.3 HEE supports healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of Local Education and Training Boards (LETBs), which are statutory committees of HEE. While HEE is accountable for English issues only it works with stakeholders as appropriate in areas where there may be implications for the rest of the UK.

NHS Education Scotland

2.4 NHS Education Scotland (NES) is a Special Health Board, established in 2002, and responsible to Scottish Government for the development and delivery of education and training for all those who work in NHS Scotland. Through this, NES support the work of NHS Scotland in delivering services to patients that are person-centred, safe, effective and evidence-based.

2.5 The NES vision is to provide quality education for a healthier Scotland. The NES mission is to provide educational solutions that support excellence in healthcare for the people of Scotland.

2.6 Work is organised around 6 strategic themes:

- Education to create an excellent workforce
- Improving quality

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- Reshaping the NHS Workforce
- Responding to new patient pathways
- Developing innovative educational infrastructure
- Delivering our aims through a connected organisation.

2.7 The Medical Directorate of NES manages postgraduate medical education and training at all levels, and works closely with NHS Scotland Boards at an individual and regional level to achieve a common understanding of what NES needs to do to support them. NES carries out its role in partnership with a wide range of organisations in Scotland and across the UK.

The Northern Ireland Medical and Dental Training Agency (NIMDTA)

2.8 NIMDTA is an Arm's Length Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) to train medical and dental professionals for Northern Ireland. It achieves this through:

- commissioning, promotion and oversight of postgraduate medical and dental education and training throughout Northern Ireland
- recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes
- assessment of the performance of foundation doctors through annual review and appraisal and
- close partnership with local education providers (principally Health and Social Care Trusts and General Practices) to ensure that the training and supervision of foundation doctors support the delivery of high quality safe patient care.

2.9 NIMDTA is accountable to the Northern Ireland Assembly through the Minister for the Department of Health, Social Services and Public Safety (DHSSPS) for the performance of its functions, and to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved.

Postgraduate deanery in Wales (Wales Deanery)

2.10 The Wales Deanery, hosted independently by Cardiff University, is funded by the Welsh Government to ensure excellence in standards of postgraduate education and training for the medical and dental workforce in Wales.

2.11 This is achieved through supporting, commissioning and quality managing postgraduate education and training of doctors, dentists and dental care professionals, and contributing to the continuing professional development for secondary care doctors and general practitioners in Wales.

2.12 There is a funding agreement in place between the Welsh Government, Wales Deanery, and Cardiff University which documents the full details of arrangements in place.

2.13 The Wales Deanery is accountable to the Welsh Government through the Minister for Department for Health and Social Services for its performance and progress against agreed strategic obligations. These are:

- working with outside agencies to recruit to and provide sustainable high quality medical and dental training programmes which meet education and curriculum requirements and maximises opportunities for access to community and rural placements ensuring patient safety is at the centre of training for the health service in Wales
- ensuring a programme of support and assessment systems are in place across Wales to underpin the medical and dental training programmes

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- ensuring the methods of delivering medical and dental education and training across Wales deliver to the highest standards, represent value for money and provide a range of learning methods / environments for foundation doctors
- delivering and maintaining an appraisal system that satisfies the requirements of the General Medical Council (GMC)
- contributing to the quality and safety agenda by supporting revalidation systems, including appraisal, and the delivery of and support for continuing professional development (CPD), that meet the needs of the Welsh medical and dental workforce, the Health Boards and the Regulatory Bodies (GMC, GDC) and
- contributing to the Workforce Education Development Service's workforce planning arrangements for medical and dental staff in Wales.

The General Medical Council (GMC)

- 2.14 The General Medical Council is the independent regulator of doctors in the UK. Its statutory purpose is 'to protect, promote, and maintain the health and safety of the public by making sure that doctors follow proper standards of medical practice'. It does this in the exercise of its four main functions:
- Keeping up-to-date registers of qualified doctors
 - Fostering good medical practice
 - Promoting high standards of medical education and training and
 - Dealing firmly and fairly with doctors whose fitness to practise is in doubt.
- 2.15 The GMC's powers and duties are set out in the Medical Act 1983.
- 2.16 The GMC is also responsible for the standards of postgraduate medical education and training. The GMC does this by:
- establishing and overseeing standards and quality assurance in medical education and training through four core elements
 - approvals against standards
 - shared evidence
 - visits and checks
 - enhanced monitoring
 - leading on the content and outcomes for the future of postgraduate medical education and training and
 - promoting and developing UK postgraduate medical education, aiming to improve the skills of doctors and the quality of healthcare offered to patients.
- 2.17 The GMC is responsible for setting content and standards for programmes for provisionally registered doctors leading to full registration; for setting and securing the maintenance of standards for postgraduate medical education and training in the United Kingdom; developing and promoting postgraduate medical education and training and for maintaining the specialist register and the GP register.
- 2.18 The GMC secures the maintenance of standards by quality assuring the foundation programme.
- 2.19 The GMC has determined that the bodies that may provide, arrange or be responsible for programmes for provisionally registered doctors in the UK are postgraduate deaneries in England (local education and training boards), Northern Ireland (the Northern Ireland Medical and Dental Training Agency), Scotland and Wales (the School of Postgraduate Medical and Dental Education at Cardiff University). Provisionally registered doctors must only work in posts that are recognised by the GMC as providing provisionally registered doctors with an

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acceptable grounding for future practice as a fully registered medical practitioner. Provisionally registered doctors are not eligible to undertake non-training service posts/Locum appointments for service (LAS) posts.

- 2.20 The GMC also holds and maintains the medical register. All doctors wishing to practise medicine in the UK must be on the [List of Registered Medical Practitioners](#) and have a license to practise. Activities requiring registration and licensing include working as a doctor in the health service, prescribing drugs and signing statutory certificates (e.g. death certificates). Further information about the GMC's responsibilities is available on the [GMC website](#).

Health Education England (HEE), NHS Education Scotland (NES) in Scotland, the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the Postgraduate Deanery in Wales

- 2.21 HEE, NES, NIMDTA and Wales Deanery are responsible for ensuring that the foundation programme is delivered across the UK in accordance with the standards set by the GMC in [Promoting excellence: standards for medical education and training](#). The standards that must be delivered are set out in the contracts or agreements between HEE, NES, NIMDTA, Wales Deanery and Local Education Providers (LEPs). These standards and any other local requirements form the basis of HEE, NES, NIMDTA and Wales Deanery quality management processes.
- 2.22 HEE, NES, NIMDTA and Wales Deanery have a particular duty to ensure that all foundation programme products, services and facilities embody the principles and practices of current and future equalities legislation. As a result, they have a specific role in ensuring that procedures, policies, practices and environments are not inherently discriminatory for disabled doctors in accordance with the duty to make reasonable adjustments as required by the [Equality Act 2010](#) (England, Scotland and Wales) and the [Disability Discrimination Act 1995](#) (Northern Ireland).

3. Key characteristics of foundation training

Standards

- 3.1 Explicit standards have been set by the GMC in *Promoting excellence: standards for medical education and training*. These standards set out requirements for the management and delivery of undergraduate and postgraduate medical education and training. All training programmes offering postgraduate medical education must conform to these standards [GMC | Postgraduate standards and guidance](#)
- 3.2 [The curriculum](#) describes outcomes in terms of behaviours and examples of good practice, and time-served.

Structure

- 3.3 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.
- 3.4 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.
- 3.5 During the programme, foundation doctor's work in a supportive environment where they are appropriately managed and supervised, enabling them to learn through service delivery whilst ensuring that patients are not put at risk. Foundation doctors practise within their own level of competence and are provided with adequate supervision and feedback to reach higher levels of competence in existing skills and to acquire new skills. The foundation programme builds on and develops the responsibilities of clinical professionalism. Satisfactory progress through the foundation programme indicates that a doctor is moving towards independent practice.
- 3.6 Throughout medical school and the foundation programme, medical students and graduates should draw upon career information and guidance and reflect on their abilities, interests and opportunities, as well as anticipated service needs to make informed choices about their future career. Refer to the career management section in the Reference Guide (see 3.62 – 3.63) and to [healthcare careers](#).
- 3.7 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

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must have opportunities to understand community care provision and the majority should be offered community placements.

- 3.8 In addition, HEE, NES, NIMDTA and Wales Deanery in partnership with universities offer a small number of academic foundation programmes. These programmes provide appointees with opportunities to develop their academic skills, experience academic branches of medicine and consider whether or not they wish to pursue a career as an academic in the medical profession. All appointees must also meet the outcomes of foundation training.

The educational framework for the Foundation Programme

- 3.9 The foundation programme is a structured programme. It is curriculum-driven, draws upon assessments from a number of viewpoints, is supervised with regular educational appraisal and is managed by a Foundation School Director (FSD) with support from Foundation Training Programme Directors or Tutors (FTPD/Ts).
- 3.10 [The curriculum](#) sets out the outcomes expected of a foundation doctor completing F1 and the foundation programme. It also sets out how they will be assessed. [The curriculum](#) and assessment process is the same across the UK.
- 3.11 All foundation doctors who have full registration and a licence to practise with the GMC (i.e. F2 doctors) will be required to participate in revalidation.
- 3.12 Foundation doctors must maintain an e-portfolio which provides a record of their educational progress and achievements throughout the foundation programme.
- 3.13 There must be a named Foundation Training Programme Director or Tutor (FTPD/T) to manage each foundation programme (see 5.43 – 5.49).
- 3.14 Foundation doctors must be supervised in the workplace by a named clinical supervisor (CS) (see 5.58 – 5.66), and have a named educational supervisor (see 5.50 – 5.57).

Outcomes of foundation training

- 3.15 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 seek to recommend to the GMC that the foundation doctor can be granted full registration.
- 3.16 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.

Community experience

- 3.17 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

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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).

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

Inappropriate tasks

- 3.19 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](#).
- 3.20 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.
- 3.21 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.
- 3.22 Foundation schools should make foundation doctors aware of and publish on their websites how foundation doctors can raise concerns if they believe that there is not an appropriate balance between service and training.

Consent

- 3.23 Foundation doctors must act in accordance with GMC guidance on consent [[Consent: patients and doctors making decisions together \(2008\)](#)].
- 3.24 Before seeking consent both the supervisor and the foundation doctor must be satisfied that the foundation doctor understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask; otherwise they should not take consent for the intervention.

The foundation e-portfolio

- 3.25 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.
- 3.26 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 evaluation tools, career reflections and the results of the foundation programme assessments. It will help the foundation doctor to demonstrate progression during their foundation training.
- 3.27 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.
- 3.28 The security standards for foundation e-portfolios are set out in Appendix 9.E.

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- 3.29 HEE, NES, NIMDTA, Wales Deanery and e-portfolio providers must ensure their foundation programme e-portfolios conform to these standards.

Personal development plan (PDP)

- 3.30 Foundation doctors should have a personal development plan for each placement within the rotation. This should set out the specific aims and learning objectives and be based on the requirements for satisfactory completion of F1/the foundation programme. It should also be mapped to the curriculum.
- 3.31 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

- 3.32 Foundation doctors must meet with their educational supervisor at the beginning and end of each placement. It may be appropriate to combine the end of placement meeting with the beginning of the next placement meeting but separate meeting forms must be completed. If issues or concerns are identified, they should meet more regularly to ensure that these are addressed as early as possible.
- 3.33 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.
- 3.34 All doctors who hold registration with a licence to practise will be required to participate in regular systems of appraisal and the Annual Review of Competence Progression (ARCP) process.
- 3.35 Foundation doctors should maintain records of meetings with their educational and clinical supervisor in their e-portfolios.

Supervised Learning Events (SLEs)

- 3.36 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.
- 3.37 SLEs use the following tools:
- Mini-Clinical Evaluation Exercise (Mini-CEX)

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- Direct Observation of Procedural Skills (DOPS)
- Clinical Based Discussion (CBD)
- Developing the clinical teacher.

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

3.39 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.

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

Assessments

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

- highlight achievements and areas of excellence;
- promote regular feedback;
- supply and demonstrate evidence of progression linked to [the curriculum](#); and
- identify doctors who may need additional support.

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

3.43 The standard of competence is what is expected at the end of F1 and the end of F2. Therefore foundation doctors may not meet this level at the beginning of the year but should show evidence of progress during the year.

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

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

Generic teaching and study leave

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

3.47 There should be a generic teaching programme in both F1 and F2. The generic teaching programme should be mapped to [the curriculum](#). A register of attendance should be maintained and a minimum of 70% attendance or equivalent should be achieved in each year.

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- 3.48 HEE, NES, NIMDTA and Wales Deanery will have their own study leave policies, which include information about how foundation doctors can apply for study leave and the local appeals process.

Foundation year one (F1)

- 3.49 F1 doctors are entitled to three hours of in-house, formal education as part of their working week, which should be relevant, protected ('bleep-free') and appropriate to their F1 training. Foundation doctors must be released to attend and should give their pagers to someone else so that they can take part.
- 3.50 This weekly in-house, formal education may be aggregated to release whole days for generic teaching during F1.
- 3.51 F1 doctors are not eligible for study leave. However, local arrangements may exist to enable F1 doctors to undertake tasters towards the end of the F1 year. To fully benefit from tasters, foundation doctors should discuss their career aspirations with their educational supervisor and review their requirements for tasters and the timing around the middle of the F1 year.

Foundation year two (F2)

- 3.52 F2 doctors may receive three hours of in-house, formal education as part of their working week, which should be relevant, protected ('bleep-free') and appropriate to their F2 training.
- 3.53 F2 doctors are able to take up to 30 days study leave as set out in their terms and conditions of service. The majority of this is allocated to the F2 generic teaching programme, taster sessions and ALS (or equivalent).
- 3.54 The F2 generic teaching programme should offer a minimum of 10 days training per annum. Both study leave funding and time available to F2 doctors can be used for the generic teaching programme.
- 3.55 Study leave days which have not been allocated to the generic teaching programme, taster sessions and ALS (or equivalent) may be taken as long as this is consistent with maintaining clinical services. Study leave must be agreed in advance to avoid disruption to services. It must be supported by the educational supervisor. It should be used to:
- support the aims of the foundation programme;
 - achieve the foundation outcomes; or
 - explore career opportunities and improve wider professional development.
- 3.56 Study leave should not be used to prepare for specialty examinations during foundation training but may be used to take a specialty examination.
- 3.57 Foundation doctors training less than full-time are entitled to pro-rata access to study leave funding and time allocations.

Approved practice settings for doctors new to full registration

- 3.58 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.
- 3.59 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.

3.60 For full details of the Approved Practice Settings scheme, refer to the [GMC website](#).

Career management

3.61 Effective career planning and management support are an integral part of postgraduate medical education and training. The following principles are central to this process:

- Foundation doctors should be encouraged to adopt a pragmatic, realistic outlook and to recognise that their desired career path may only be attainable within the context of the job market and their personal circumstances.
- Foundation doctors are expected to be proactive in the planning and progression of their career, building on career management skills learnt at medical school to be further consolidated throughout the duration of their career.
- They should be encouraged to develop career planning skills during their time in the foundation programme which can be facilitated by increasing their awareness of their personal work values, strengths and attributes.
- Exploration of wider potential career options and reflection is encouraged before the narrowing of options and more detailed consideration takes place, 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 their circumstances change.
- They are encouraged to consider their possible career pathways and subsequent specialty training programmes when choosing F1 and F2 taster experiences.

3.62 Foundation doctors must have access to accurate and up-to-date information in order 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](#) and [NHS Employers](#).
- Careers information is available from the Health Careers, UKFPO, HEE, NES, NIMDTA, Wales Deanery 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.

4. Setting Standards

Approval of foundation programmes: standards of training

- 4.1 Approval of foundation training programmes and posts rests with the GMC. The GMC has determined that “a programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty.” A programme may either deliver the totality of [the curriculum](#) through linked stages in an entirety for the two-year foundation programme, or the programme may deliver component elements of the approved curriculum. The GMC approves all programmes of foundation training. They are managed by a Foundation Training Programme Director or Tutor (FTPD/T). A foundation programme is not a personal programme undertaken by a particular foundation doctor. Further guidance on the approval process is available at: [GMC | Programme and post approval](#).
- 4.2 Foundation training programmes/posts must conform to the training standards set by the GMC in order for approval to be granted. GMC's standards are available on their website. [GMC | Postgraduate standards and guidance](#).
- 4.3 HEE/NES/NIMDTA/Wales Deanery/foundation schools may further develop foundation specific guidance based on the GMC's [Promoting excellence: standards for medical education and training](#) in order to support the implementation of the curriculum.

Quality assurance, management and control of foundation training

- 4.4 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](#).
- 4.5 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/Wales Deanery/foundation schools and LEPs are required to demonstrate that the standards have been met.
- 4.6 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, Wales Deanery
This refers to the arrangements by which HEE, NES, NIMDTA or Wales Deanery satisfies itself that LEPs are meeting the GMC's standards. These arrangements normally involve reporting and monitoring mechanisms.
 - Quality Control - carried out at Local Education Provider (LEP) level
This relates to the arrangements through which LEPs (health boards, National Health Service trusts, independent sector and any other service provider that hosts and supports

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foundation doctors) ensure that postgraduate medical trainees including foundation doctors receive education and training that meets local, national and professional standards.

- 4.7 The standards set by the regulator are mandatory, but the processes by which HEE, NES, NIMDTA and Wales Deanery quality manage the programme and LEP quality control the programme provision are not prescribed.

Quality assurance

- 4.8 Information on the standards for medical education and training and how the GMC assures quality in medical education can be accessed from the [GMC website](#).

Quality management

- 4.9 HEE, NES, NIMDTA and Wales Deanery 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).
- 4.10 HEE/NES/NIMDTA/Wales Deanery/foundation school quality management processes must cover the relevant mandatory requirements set out in [Promoting excellence: standards for medical education and training](#). HEE/NES/NIMDTA/Wales Deanery/foundation school may, however, decide to set more detailed standards in some areas of activity in order to promote programme development. The precise processes by which HEE/NES/NIMDTA/Wales Deanery/foundation schools undertake their quality management are not defined and may vary in relation to local arrangements and local strategies.
- 4.11 HEE/NES/NIMDTA/Wales Deanery/foundation school is also responsible for the quality of education delivered by all LEPs in its school(s) where foundation doctors are placed and must supervise quality control processes at employer and LEP level (this includes all employers and all placements, including those in the community). Again, the precise method of such supervision is not prescribed in [Promoting excellence: standards for medical education and training](#).
- 4.12 Several of the standards set by the regulator require HEE/NES/NIMDTA/Wales Deanery/foundation school to collect quality management data on a regular basis. In order to minimise the burden of data collection, quality management processes should wherever possible reflect the themes in [Promoting excellence: standards for medical education and training](#). Since 2009, foundation schools have also collected data for the *Foundation Programme Annual Report* produced by the UKFPO, which should also help in the review of programme provision.
- 4.13 Table 1 below sets out some of the main types of quality management processes that might be used by HEE/NES/NIMDTA/Wales Deanery/foundation school. The list is not exhaustive and some elements may not apply in some locations.

Section 4: Table 1 – Types of management processes

HEE, NES, NIMDTA, Wales Deanery policy/strategy on foundation programmes	These should be clearly set out, with dates for implementation and review. Each should include details of their own internal quality control process and how often they are to take place. Some functions will be devolved to foundation schools or to LEPs - accountability for both education delivery and quality control must then be clearly defined. These might include: <ul style="list-style-type: none">• policies for each of the themes in Promoting excellence: standards for medical education and training ;• job descriptions / person specifications for educators
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	<ul style="list-style-type: none"> • training to develop teaching skills • recruitment policies for both supervisors and foundation doctors • policies on programme construction and placements • equal opportunities policy/single equality scheme • provision of careers advice or • policies for supporting underperforming foundation doctors.
<p>Service Level Agreements (SLA) or other contracts</p>	<p>Any arrangement by which HEE/NES/NIMDTA/Wales Deanery/foundation school devolves responsibility for education provision should be covered by a Service Level Agreement (SLA) or other contract agreement (see quality control below) and subjected to regular monitoring and review including equality and diversity.</p>
<p>Foundation doctor feedback</p>	<p>Questionnaires and surveys are a widely used method of gauging foundation doctors' opinions. The results need to be thoroughly analysed and, where appropriate, used for reviewing and changing the programme, or improving the quality of training provided. If the information collected never results in change, then its continuing collection should be questioned. The results should be made available to the foundation doctors, faculty and if applicable to the relevant university/medical school. Feedback can be obtained using the following</p> <ul style="list-style-type: none"> • distributing end of post/year questionnaires to solicit feedback on the quality of the post and/or programme, e.g. to include clinical and educational supervision, induction programme, workload, bullying and harassment • checking employers'/LEPs' working hours monitoring returns • evaluation forms for quality management of the programme should include an evaluation of the quality of education delivery, both workplace-based and classroom teaching • completion of assessments - problems, timing, by whom, value to foundation doctor or • face to face feedback - during supervision meetings or structured interviews.
<p>Faculty feedback</p>	<p>HEE/NES/NIMDTA/Wales Deanery/foundation school should be seeking to involve their faculty in the continuing development of the programme. Information may be collected in a number of ways, such as through end of placement or end of year questionnaires as part of the appraisal process with the consent of the foundation doctor.</p>

Administrative monitoring	<p>A large amount of valuable quality information is routinely collected through HEE/NES/NIMDTA/Wales Deanery/foundation school administrative activities. These are particularly useful in demonstrating the achievement of targets, and benchmarking activities. Useful data includes:</p> <ul style="list-style-type: none"> • recruitment and appointment statistics • programme allocation and construction • equal opportunities information - ethnicity, gender • doctors with disabilities • less than full-time training • attendance rates at taught sessions • delivery of mandatory training e.g. equality and diversity, induction, life support • assessments - timing and problems • outcomes – including reasons for failure to complete F1, the foundation programme and entry to ST1 and • doctors in difficulty – numbers, training extensions and outcomes.
Curriculum delivery	<p>There are many other useful methods for collecting this data:</p> <ul style="list-style-type: none"> • foundation school overview of content and timetable • critical review of session learning plans • peer observation and • sharing events for faculty.
Site visits	<p>These should concentrate on gathering information that is not available in any of the other processes. Site visits should:</p> <ul style="list-style-type: none"> • be part of a comprehensive quality management strategy • follow a published procedure including feedback processes and actions on requirements and recommendations • involve all stakeholders • be carried out by visitors trained for the task and • provide opportunities for foundation doctors to give their opinion.

Quality control

- 4.14 HEE/NES/NIMDTA/Wales Deanery/foundation schools typically hold Service Level Agreements (SLAs) or similar contracts with LEPs. These agreements must clearly describe the lines of accountability, the quality management and quality control processes and any standards for learning environments and the educational facilities provided. This is particularly important where there are joint appointments (e.g. FTPD/Ts). The actions to be taken if either party does not meet the terms of the agreement should be transparent, as should the processes for monitoring them.
- 4.15 LEPs are also the employers of the clinical and educational supervisors. They may also employ the FTPD/Ts. Quality control processes should demonstrate compliance with the SLA or similar contract and will be subject to HEE/NES/NIMDTA/Wales Deanery/foundation school quality management.
- 4.16 Much of the learning experience for foundation doctors is from providing patient care in the workplace under appropriate clinical supervision and at appropriate intensity. This is supplemented by formal taught sessions provided at LEP level or possibly by the foundation school itself.

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- 4.17 LEP quality control should monitor all these activities, their uptake and quality to ensure that foundation doctors receive education and training that meets HEE/NES/NIMDTA/Wales Deanery/foundation school and national standards, and that the terms of the SLA or other contract are also being met. Such monitoring might include:
- course evaluation/feedback;
 - attendance rates;
 - investigation of poor attendance;
 - end of placement or end of year questionnaires; or
 - interviews of both foundation doctors and trainers.
- 4.18 Many of these processes can also be used in HEE/NES/NIMDTA/Wales Deanery/foundation school quality management and should not be duplicated.

Educational infrastructure and facilities

- 4.19 Responsibility for delivering foundation training is shared between HEE/NES/NIMDTA/Wales Deanery/foundation school and the employer/LEP.
- 4.20 HEE/NES/NIMDTA/Wales Deanery/foundation school requires effective partnerships with employers/LEPs to ensure that educational facilities and infrastructures are adequate to deliver [the curriculum](#). HEE/NES/NIMDTA/Wales Deanery/foundation school must review facilities as part of their quality management processes.
- 4.21 HEE/NES/NIMDTA/Wales Deanery/foundation school 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.
- 4.22 The postgraduate dean or nominated representative should normally chair the committee responsible for setting the overall strategic direction of the foundation school e.g. the foundation school board. The postgraduate dean is responsible for confirming whether foundation doctors have achieved the required standard for satisfactory completion of the foundation programme, although may delegate this role.
- 4.23 UK universities/medical schools usually delegate responsibility for completing the Certificate of Experience for their medical graduates to HEE/NES/NIMDTA/Wales Deanery/foundation school. 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.

5. The structure of foundation training

Universities/medical schools

- 5.1 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.
- 5.2 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.
- 5.3 Universities/medical schools may delegate responsibility for completion of the Certificate of Experience to their designated representatives in HEE/NES/NIMDTA/Wales Deanery/foundation school. Appropriate mechanisms must be in place to ensure that the responsibility for signing the Certificate of Experience is clear and that this is communicated to foundation doctors.
- 5.4 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 transfer of information (TOI) process (see 6.27 – 6.33).

Foundation schools

- 5.5 Foundation schools are the structures through which HEE/NES/NIMDTA/Wales Deanery deliver foundation training. The responsibilities of the foundation school typically include managing the national application process and arranging the provision of foundation training.
- 5.6 Foundation schools are led by a Foundation School Director (FSD) who may also be an associate dean (see 5.40 – 5.41).
- 5.7 Foundation schools may be coterminous with HEE/NES/NIMDTA/Wales Deanery. There may be more than one foundation school within HEE/NES/NIMDTA/Wales Deanery/foundation school, or it may cross geographical boundaries. The exact governance structure will depend on local circumstances.
- 5.8 The organisational structures may vary but there should be at least one forum for engaging key partners in both the strategic and operational aspects of the school. The following two paragraphs describe the respective roles of a foundation school board (strategic) and a foundation school management committee (operational).
- 5.9 The foundation school board sets the overall strategy for all foundation programmes in the school, so that they can provide foundation training in line with national standards set by the GMC, and is usually chaired by the postgraduate dean. 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.
- 5.10 The foundation school management committee considers operational issues. This is chaired by the FSD and typically includes the FTPD/Ts, the Foundation School Manager (FSM) and LEP representatives.

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- 5.11 HEE/NES/NIMDTA/Wales Deanery/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/Wales Deanery/foundation schools remain accountable to the GMC. Further guidance is available from the [GMC](#).

Employers and Local Education Providers (LEPs)

- 5.12 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.
- 5.13 LEPs must provide an environment for training that will meet the standards set by the GMC and any other local requirements.
- 5.14 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 8.4 – 8.16) provides more information about the responsibilities of employers.
- 5.15 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

- 5.16 The foundation programme is a two-year programme comprising F1 and F2 rotations.
- 5.17 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.
- 5.18 On behalf of the GMC, HEE, NES, NIMDTA and Wales Deanery 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 Wales Deanery 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.
- 5.19 HEE, NES, NIMDTA and Wales Deanery 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 particular year and across F1 and F2 years
 - allow foundation doctors to gain understanding of the interfaces between different types of care delivery and
 - promote recruitment to shortage specialties.

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- 5.20 HEE/NES/NIMDTA/Wales Deanery/foundation school must provide clear programme descriptions describing how the outcomes, including the general professional competences, will be covered in the placements in F1 and in F2. Learning in placements should be supported and reinforced by a generic teaching programme.
- 5.21 [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.
- 5.22 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.
- 5.23 The placements configured for a F1 rotation must provide a balanced programme and enable the acquisition and demonstration of the outcomes and behaviours set by the GMC and described in [the curriculum](#). Similarly, the placements configured as a rotation for F2 must also provide a balanced programme and enable the acquisition and demonstration of the outcomes and behaviours described in [the curriculum](#). This means that foundation doctors must not repeat placements from a specialty grouping within the same year, i.e. F1 or F2.
- 5.24 It is important that the two-year foundation programme is also balanced and that foundation doctors are able to experience different specialties and settings, avoiding duplication of placements within a specialty grouping across the two years. 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

- 5.25 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.
- 5.26 Foundation doctors appointed to an academic programme must demonstrate that they have met the requirements for satisfactory completion of F1 and the foundation programme.
- 5.27 While there is much 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](#). They typically last two years although occasionally vacancies arise at F2 for a one-year programme. 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.
- 5.28 As academic foundation programmes typically provide less time for the development of clinical and generic skills, there is a separate recruitment process (see 6.24 – 6.26) to identify applicants who are likely to be able to meet both the clinical and academic requirements within the usual two-year timeframe.
- 5.29 All doctors appointed to academic programmes must have an academic supervisor (see 5.70 – 5.73) 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. Suggested learning outcomes for doctors interested in developing their research, medical leadership and management or teaching capabilities can be found in the [Compendium of Academic Competencies](#).

Acquisition of foundation outcomes outside of the UK

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

- 5.30 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.
- 5.31 In exceptional circumstances, the medical school in partnership with HEE/NES/NIMDTA/Wales Deanery/foundation school 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/Wales Deanery/foundation school should publish their policy relating to training as a provisionally registered doctor outside of the UK

F2 training outside of the UK

- 5.32 Foundation doctors wishing to undertake F2 outside of the UK should 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.
- 5.33 HEE/NES/NIMDTA/Wales Deanery/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.
- 5.34 Prospective approval from HEE/NES/NIMDTA/Wales Deanery/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. 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.

Faculty recruitment, accreditation and development

- 5.35 Processes for recruiting to foundation faculty positions must be fair, open and effective.
- 5.36 This guide describes the roles and responsibilities for Foundation School Directors (FSDs), Foundation School Managers (FSMs), Foundation Training Programme Directors/Tutors (FTPD/Ts), named educational supervisors and named clinical supervisors. These should be used as the basis for locally defined and published criteria for each role. Appointments to faculty positions should be made against these locally published criteria. Model job descriptions for FSDs, FSMs and FTPD/Ts are given in Appendix 9.A, Appendix 9.B and Appendix 9.C respectively. The GMC sets standards for educators in [Promoting excellence: standards for medical education and training](#).
- 5.37 HEE/NES/NIMDTA/Wales Deanery/foundation school should be involved in the appointment of FTPD/Ts. FTPD/Ts should be involved in the selection of educational and clinical supervisors.
- 5.38 All foundation faculty must have specific training and be appraised for their role. The exact training required will depend on the role; however all must be trained in equality and diversity before being appointed.

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- 5.39 It is essential that the faculty is made aware of and able to access support to help them undertake their roles and responsibilities. This includes ensuring that there are clear lines of accountability.
- 5.40 The foundation school will contribute to HEE/NES/NIMDTA/Wales Deanery activities in meeting the GMC requirements for the recognition and approval of trainers.

Foundation School Director (FSD)

- 5.41 The FSD is the head of the foundation school and is accountable to the postgraduate dean. Supported by a foundation school manager (FSM) and appropriate administrative staff, the FSD helps set the strategic direction of the school and is responsible for quality management.
- 5.42 FSD responsibilities include:
- Strategic development:
 - To set the strategic direction of the school under the guidance of the dean
 - To work collaboratively with medical school(s) to aid seamless transition from undergraduate to foundation training
 - To work collaboratively with LEPs to ensure foundation doctors have access to high quality foundation training
 - To provide annual report 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 or Wales Deanery, 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
 - 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 (see 6.105 – 6.110).
 - To work with LEPs, FTPD/Ts, educational supervisors and clinical supervisors to ensure a consistent and coordinated approach to the delivery of [the curriculum](#). This includes induction, effective supervision, teaching programme, educational engagement, assessments, receive feedback, an appropriate workload, personal support and time to learn
 - To ensure that adequate patient handover is in place
 - To ensure that only foundation doctors who meet the standards for satisfactory completion of F1 and the foundation programme are signed off
 - To ensure that there are systems in place that can support doctors' differing needs. This includes promoting equality of opportunity and positive attitudes towards doctors with disabilities
 - To ensure that there are systems in place to support doctors who wish to train less than full-time, those returning after a career break, and those at risk of not meeting the requirements for satisfactory completion of F1 or the foundation programme
 - To ensure that the school provides timely, accurate and appropriate career information.
 - 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.

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- 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.
- 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 or Wales Deanery contributes to the annual appraisal of FTPD/Ts in partnership with their employers.
 - To promote faculty development by enabling training and support for trainers.
 - To contribute to HEE, NES, NIMDTA or Wales Deanery processes in line with the GMC requirements for the recognition and approval of trainers.

Foundation School Manager (FSM)

5.43 The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM is accountable to the FSD and, with administrative support, the FSM may represent the school and/or HEE, NES, NIMDTA or Wales Deanery in allocation, recruitment and training matters which relate to the foundation programme.

5.44 Responsibilities include:

- Programme management:
 - To manage the national application process for foundation training in accordance with national and HEE, NES, NIMDTA or Wales Deanery processes.
 - To ensure systems are in place to record and maintain a database of foundation doctor and post details, enabling accurate monitoring and reporting including less than full-time training programmes and foundation doctors requiring additional educational support.
- 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 Wales Deanery policy.
 - To provide regular reports for the foundation school board and committees and to deliver presentations in relation to foundation training as required.
 - To organise and contribute to the submission of the school's annual report 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 [Data Protection Act 1998](#) 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 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 training programme director or tutor (FTPD/T)

- 5.45 In partnership with LEPs, the FTPD/T is responsible for the management and quality control of a F1 programme, F2 programme or a two-year foundation programme. There must be a named FTPD/T for each programme.
- 5.46 Only clinicians who are registered and licensed medical practitioners selected and appropriately trained and are familiar with teaching and training foundation doctors should undertake the role.
- 5.47 The post of FTPD/T is funded through HEE, NES, NIMDTA or Wales Deanery. The FTPD/T's responsibilities should be reflected in their job plan and sufficient time should be identified to undertake this role. As a guide, FTPD/Ts should be allocated the equivalent of one session of programmed activity for every 20-40 foundation doctors.
- 5.48 FTPD/Ts must be trained for their role. They must understand and demonstrate ability in the use of the approved assessment tools and supervised learning events (SLEs), and be clear as to what is deemed acceptable progress.
- 5.49 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.
- 5.50 FTPD/Ts 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 Wales Deanery and LEPs must agree who is responsible for maintaining a register of FTPD/T training.
- 5.51 Responsibilities:
- To work with local educators (e.g. the director of medical education, clinical tutors) to manage and quality control a specified foundation training programme.

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- 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 outcomes, including the general professional outcomes, are covered in each placement.
- To chair the Annual Review of Competence Progression (ARCP) panels within their programme.
- To ensure that all foundation doctors in the programme have access to suitable training. This includes:
 - 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 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; and
 - 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; and
 - 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 Wales Deanery.
- To work with the FSD and faculty to ensure foundation training benefits from a coordinated approach.
- To liaise regularly with the FSD, FSM and other FTPD/Ts to ensure that good practices are shared and there is a coordinated approach to the development and management of foundation training programmes.
- To attend foundation school management committee meetings (or equivalent).

Named Educational Supervisor (ES)

- 5.52 A named educational supervisor is a registered and licensed medical practitioner who is selected and appropriately trained to be responsible for the overall supervision and management of a specified foundation doctor's educational progress during a training placement or series of placements. Only clinicians committed to and engaged in teaching and training foundation doctors should undertake the role.
- 5.53 HEE/NES/NIMDTA/Wales Deanery/foundation school must collect evidence from all prospective educational supervisors on how they meet the GMC's guidance for recognising trainers. They must also keep a local record of recognised educational supervisors, or delegate this responsibility to LEPs.

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- 5.54 Only educational supervisors formally recognised by HEE/NES/NIMDTA/Wales Deanery/foundation school (or LEP if delegated) should be the named educational supervisor for a specific foundation doctor.
- 5.55 Educational supervisors help foundation doctors with their professional and personal development. They must enable foundation doctors to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
- 5.56 LEPs must ensure that educational supervisors have adequate support, resources and time to undertake their training role, in accordance with GMC standards in [Promoting excellence: standards for medical education and training](#). There must be adequate time specifically identified for this role in their job-plan and addressed as part of their appraisal.
- 5.57 Educational supervisors must have undergone the appropriate training to reflect their education and training role in accordance with GMC standards in [Promoting excellence: standards for medical education and training](#). Training for their role should include:
- understanding of assessment methodology, feedback and use of approved assessment tools
 - knowledge in the use of supervised learning event (SLE) tools and quality feedback
 - understanding of the sign off and F1/F2 ARCP process and
 - completion of equality and diversity training (usually every three years).
- 5.58 The educational supervisor must meet with the foundation doctor and complete the relevant sections of the e-portfolio. These include the:
- initial meeting with the educational supervisor form
 - personal development plan for next placement (this can be combined with the end of placement report where appropriate)
 - FP curriculum coverage/overview page
 - midpoint placement review (optional)
 - educational supervisor's end of placement report
 - mid-year review (optional)
 - educational supervisor's end of year report and
 - where necessary, complete an additional action plan.
- 5.59 Educational supervisor responsibilities include:
- meeting with the foundation doctor around the beginning of each rotation to confirm how formative feedback and summative judgements will be made and to be clear as to what is deemed acceptable progress when considering performance.
 - meeting with the foundation doctor around the beginning of each placement to agree how specific learning objectives (foundation professional capabilities and descriptors) for this period of training will be met;
 - supporting and identifying foundation doctors needing additional help;
 - reviewing the foundation doctor's performance at appropriate intervals including use of multi-source feedback and SLE completion. If concerns are identified, the educational supervisor should ensure that the foundation doctor has access to the necessary support to address these issues and, with the foundation doctor's knowledge, involve the FTPD/T and FSD as appropriate;
 - sharing relevant information and areas for development with the clinical supervisor for the next placement (and if necessary the educational supervisor);
 - ensuring that the foundation doctor has the opportunity to reflect and discuss their engagement with the educational process, their performance, career opportunities,

identifying issues or problems with the quality of the training and supervision. The educational supervisor must raise concerns with FTPD/T and FSD (and if necessary, the clinical director, head of service or medical director and the clinical supervisor if serious training or patient safety concerns are raised); and

- completing an end of year assessment (educational supervisor's end of year report) confirming that the doctor has demonstrated the requirements for satisfactory completion on F1/F2.

Named clinical supervisor

- 5.60 A named clinical supervisor is a registered and licensed medical practitioner, who is selected and appropriately trained to be responsible for overseeing a specified foundation doctor's clinical work and providing constructive feedback during a training placement.
- 5.61 Where it is not possible to locate a registered and licensed medical practitioner, i.e. within a Public Health placement only, it is accepted that non-medics with suitable training and experience are permitted to act as the clinical supervisor for specific Public Health placements.
- 5.62 HEE/NES/NIMDTA/Wales Deanery/foundation school must collect evidence from all prospective clinical supervisors on how they meet the GMC's guidance for recognising trainers. They must also keep a local record of recognised clinical supervisors, or delegate this responsibility to LEPs.
- 5.63 Only clinical supervisors formally recognised by HEE/NES/NIMDTA/Wales Deanery/foundation school (or LEP if delegated) should be the named clinical supervisor for a specific foundation doctor. The GMC only has authority to regulate doctors and cannot recognise non-medically-qualified clinical supervisors. HEE/NES/NIMDTA/Wales Deanery/foundation school should require non-medically-qualified named clinical supervisors to meet the same standards as other named clinical supervisors, and include them on the local list of recognised clinical supervisors.
- 5.64 Only clinicians committed to training foundation doctors should undertake the role of clinical supervisor. They must enable foundation doctors to learn by taking responsibility for patient management within the context of clinical governance and patient safety. It may be appropriate to delegate some supervision to other doctors.
- 5.65 LEPs must ensure that clinical supervisors have adequate support, resources and time to undertake their training role in accordance with GMC standards in [Promoting excellence: standards for medical education and training](#). There must be adequate time set aside for this role in their job-plan and this must be addressed as part of their appraisal.
- 5.66 Clinical supervisors must have undergone the appropriate training to reflect their education and training role in accordance with GMC standards in [Promoting excellence: standards for medical education and training](#). Training for their role should include:
- understanding of assessment methodology, feedback and use of approved assessment tools;
 - knowledge in the use of supervised learning event (SLE) tools and quality feedback;
 - understanding of the sign off and F1/F2 ARCP process; and
 - completion of equality and diversity training (usually every three years).
- 5.67 The clinical supervisor must meet with the foundation doctor and complete:
- induction meeting with clinical supervisor form;
 - clinical supervisor's end of placement report; and
 - where necessary, complete an additional action plan.

5.68 Clinical supervisor responsibilities include:

- Making sure that there is a suitable induction to the ward/department/practice.
- Meeting with the foundation doctor at the beginning of each placement to discuss what is expected in the placement, learning opportunities available and the foundation doctor's learning needs.
- Making sure that foundation doctors are never put in a situation where they are asked to work beyond their competence. Support and supervision must be provided when undertaking new or more complex tasks. Patient safety must be paramount at all times.
- Ensuring that the foundation doctor is supervised appropriately. This includes making sure that no foundation doctor is expected to take responsibility for, or perform, any clinical activity or technique if they do not have the appropriate experience and expertise.
- Seeking regular feedback from the placement supervision group on the foundation doctor's performance.
- Providing regular feedback to the foundation doctor on their performance.
- Undertaking and facilitating assessments.
- Undertaking and facilitating SLEs.
- Providing the foundation doctor with the opportunity to discuss issues or problems and to comment on the quality of the training and supervision received and, with the foundation doctor's knowledge, involve the ES, FTPD/T and FSD as appropriate.
- Investigating and taking appropriate steps to protect patients where there are serious concerns about a foundation doctor's performance, health or conduct. The clinical supervisor should discuss these concerns at an early stage with the foundation doctor and inform the educational supervisor. It may also be necessary to inform the educational supervisor, FTPD/T and FSD (and if necessary, the clinical director, head of service or medical director, Postgraduate Dean/Responsible Officer), if serious training or patient safety concerns are raised).
- Completing the clinical supervisor's end of placement report, with input from the placement supervision group and communicate with the educational supervisor (where appropriate) any concerns regarding the foundation doctors' progress during the placement.

Placement supervision group

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

5.70 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; and
- undertaking and facilitating supervised learning events (SLEs).

Academic supervisor

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

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- 5.72 All academic supervisors should usually receive equality and diversity training every three years and demonstrate their competence in promoting equality and valuing diversity.
- 5.73 The academic supervisor should agree the academic learning objectives and how they will be achieved at the beginning of the academic placement or programme. The academic supervisor is responsible for the assessment of academic progress and confirming progress has been satisfactory and achievements identified within the academic component of the programme.
- 5.74 The academic supervisor should not normally be the same person as the educational supervisor. It is essential that the academic supervisor liaises with the educational supervisor to ensure that academic objectives are complementary to the clinical and generic requirements of the foundation programme.

Careers lead

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

Foundation doctors

- 5.78 Foundation doctors are expected to take control of their own learning and become fully involved in the educational, supervised learning and assessment processes of their foundation training.
- 5.79 Their responsibilities include:
- abiding by the conditions of taking up a training post (see Appendix 9.D);
 - demonstrating professional behaviour in line with [Good Medical Practice](#)
 - working within the HR policies and procedures as outlined by the local education provider during induction
 - becoming familiar with the requirements for satisfactory completion of F1 and the foundation programme
 - becoming fully involved in the educational, supervised learning and assessment processes, including attending core generic training sessions, meeting regularly with their educational and clinical supervisor and maintaining an up-to-date e-portfolio
 - taking part in the school's career-management process to help them match their skills, interests and ambitions with the available opportunities and

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- taking part in systems of quality assurance and quality improvement in their clinical work and training. In particular, foundation doctors should complete the GMC trainee survey, the national F2 career destination survey, and end of placement or end of year surveys required by HEE/NES/NIMDTA/Wales Deanery/foundation school.
- 5.80 All foundation doctors are assigned a named educational supervisor. Foundation doctors must make arrangements to see their educational supervisors as regularly as is required by their foundation school.
- 5.81 Foundation doctors, wherever possible, should raise any difficulties with their educational supervisor and keep them informed of their progress. Foundation doctors who have difficulties arranging appointments with their educational supervisor or have concerns about the quality of their training should contact their FTPD/T.
- 5.82 If a foundation doctor has concerns about poor quality care, harassment, criminal offences, fraud or corruption they should follow their employer's or HEE/NES/NIMDTA/Wales Deanery/foundation school's whistle-blowing policy.

6. Becoming a foundation doctor

Recruitment to the two-year foundation programme

- 6.1 The foundation programme is a two-year programme consisting of an appropriate balance of placements across different specialties and in different healthcare settings. Every foundation doctor follows a particular rotation.
- 6.2 Two-year foundation programmes constitute the normal postgraduate training route and are open to the following:
- graduates from UK medical schools who are eligible for provisional registration with a licence to practise with the GMC
 - nationals from the European Economic Area (EEA) and Switzerland (and those entitled to be treated as such) who are eligible for provisional registration with a licence to practise with the GMC and
 - international medical graduates (IMGs) who are eligible for provisional registration with a licence to practise with the GMC and have the right to work in the UK.
- 6.3 Access to places on the foundation programme is through an open, fair and transparent competitive application process across the UK, in line with equal opportunities and employment law. All entrants to the foundation programme must demonstrate that they meet the person specification and eligibility criteria for each recruiting year as published on the [UKFPO website](#).
- 6.4 The two-year foundation programme is not available to those who are eligible for full registration with the GMC.
- 6.5 Before applying for a two-year foundation programme, applicants must confirm that they are eligible to apply. UK medical schools confirm that their final year medical students meet the eligibility criteria on their students' behalf. Applicants from non-UK medical schools or those who qualified more than two years prior to the start of the foundation programme to which they are applying, must comply with the eligibility checking process and timeframe determined for each recruiting year by the UKFPO. Details of the eligibility checking process and timeframe are published each year on the [UKFPO website](#).
- 6.6 The process for applying to the two-year foundation programme, including the academic foundation programme, will be published on the [UKFPO website](#) a minimum of six weeks before the application process begins.
- 6.7 On a pre-determined date, the 'n' highest scoring applicants will be allocated to units of application (UoAs)¹, where 'n' equals the total number of foundation programme places across the UK. Once allocated to a UoA, applicants will be matched to particular training programmes according to the UoA's local processes.
- 6.8 If applicants believe that the published process was not followed in relation to their application, they may appeal against decisions made as part of the process of allocating foundation doctors to UoAs. The UKFPO is responsible for publishing and managing the appeals process.

¹ A unit of application (UoA) is a geographical area comprising one or more foundation schools.

Matching to programmes (F1 and F2)

- 6.9 As part of the national application process, some foundation schools allocate successful applicants to two-year rotations where all placements are known at the beginning of foundation training. Other schools will allocate 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.
- 6.10 The matching process should take into account an individual applicant's special circumstances where possible.
- 6.11 In exceptional circumstances, schools that match to two-year rotations at appointment may consider requests to change the F2 rotation. HEE/NES/NIMDTA/Wales Deanery/foundation schools should publish their process on their websites.
- 6.12 Schools that only specify the F1 rotation at the beginning of the two-year programme should run an allocation process to the F2 rotation. The process should be published in advance and enable the foundation doctor to discuss choices with the educational supervisor or FTPD/T. The F2 rotation 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.
- 6.13 All rotations are subject to change. Appointees must be notified of changes to their rotations as early as possible.
- 6.14 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

- 6.15 There is a UK-wide process for pre-allocation of successful applicants to particular foundation schools on the grounds of special circumstances. It is run under the governance of the Medical Schools Council (MSC) in collaboration with the UKFPO. The specific criteria for special circumstances are determined nationally. Special circumstances information is published on the [UKFPO website](#).
- 6.16 UK medical students who wish to remain in a certain geographical area to undertake their F1 training for specific caring or health reasons can apply to their medical school to be considered for pre-allocation on the grounds of special circumstances. It is the responsibility of the medical school to inform its students of this process, as part of the information that is given about the national application process for foundation training.
- 6.17 UK medical schools may also nominate students with educational special circumstances for pre-allocation to their local foundation school.
- 6.18 Each UK medical school is responsible for convening a local panel to consider applications from its undergraduate students, which includes a HEE/NES/NIMDTA/Wales Deanery/foundation school representative. The panels must keep strictly to the published national timeline.
- 6.19 Those who qualified two or more years prior to their expected date of entry to the foundation programme, and those who are not graduates from UK medical schools can also apply to the UKFPO for consideration of their special circumstances. The UKFPO follows a similar process for those wishing to remain in a specific geographical area for specific care, health or other accepted criteria.

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- 6.20 All applicants must adhere to the rules of the national application process. This means that the application score is sufficient to meet the national application criteria to be placed on the primary list. Pre-allocation on the grounds of special circumstances cannot be guaranteed for those on the reserve list.
- 6.21 Approved special circumstances will result in applicants being pre-allocated to a particular foundation school for their F1 training.
- 6.22 Approval of pre-allocation does not guarantee a specific LEP or rotation within the foundation school.
- 6.23 An applicant pre-allocated to a foundation school on the grounds of special circumstances will not be permitted to link their application to another individual in the national application process.
- 6.24 The UKFPO is responsible for publishing and managing the appeals process against decisions made in relation to pre-allocation to a particular foundation school on the grounds of special circumstances.

Recruitment to Academic Foundation Programmes

- 6.25 Foundation schools in partnership with universities and employers are responsible for recruiting to two-year and one-year (F2) academic foundation programmes.
- 6.26 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.
- 6.27 Occasionally, one-year academic vacancies arise at F2 and recruitment to these posts is managed according to local processes.

Transfer of information (TOI)

- 6.28 The national Transfer Of Information (TOI) process is a means of supporting medical students during the transition from medical school to foundation school and during the F1 year.
- 6.29 Under the [Medical Act 1983](#), universities have formal responsibility for confirming that doctors at the end of F1 are eligible for full registration. It is therefore essential that there is a two-way transfer of information between the university/medical school and HEE/NES/NIMDTA/Wales Deanery/foundation school until the point of full registration with the GMC.
- 6.30 The national TOI process is managed by the Medical Schools Council and supported by the UKFPO. The TOI process is facilitated by completion of a TOI form. Every applicant applying for the foundation programme (via the national application process) is required to comply with the TOI process and complete a TOI form.
- 6.31 The student completes the TOI form. The medical school endorses the information on the TOI form and may provide further information where appropriate. TOI forms should be shared only with relevant individuals at the applicant's allocated foundation school. There are three key components to TOI:
- information concerning health and welfare;
 - information concerning educational progress; and
 - information concerning professional performance.

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- 6.32 The TOI form and full details of the relevant TOI processes are available on the [UKFPO website](#).
- 6.33 Completion of the TOI form does not replace the need to report any fitness to practise issues to the GMC or to inform the LEPs HR/Occupational Health departments of any health issues.
- 6.34 A further TOI process should also be used to support transition between F1 and F2.

Deferring the start of foundation training

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

Foundation doctors with the Defence Deanery

- 6.37 Military foundation doctors within the Defence Medical Services (DMS), incorporating Royal Navy, Army and RAF, are placed into selected civilian foundation programmes. The selected foundation programmes are aligned to Defence Medical Group (DMG) units within National Health Service 'host' employers.
- 6.38 The Defence Deanery (DD) quality manages and supports military doctors throughout their foundation training.
- 6.39 All of these foundation training opportunities are managed according to the standards set by the GMC and deliver the outcomes required by [the curriculum](#). DMS foundation doctors will undertake the full two-year foundation programme.
- 6.40 DMS foundation doctors who satisfactorily complete the F1 year will be recommended to the GMC for full registration, in the same way as their civilian (non-military) colleagues.
- 6.41 DMS foundation doctors who satisfactorily complete the foundation programme should receive a Foundation Programme Certificate of Completion (FPCC) in the same way as their civilian (non-military) colleagues.

Prescribing Safety Assessment (PSA)

- 6.42 All appointees to the foundation programme (including the academic foundation programme) should normally have sat the PSA before commencing the programme.
- 6.43 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 before or during their compulsory shadowing period where possible.
- 6.44 Foundation 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 assessment.
- 6.45 All foundation doctors will be required to pass the PSA within the last two years before being signed off as having successfully completed the F1 year and being awarded the F1CC.

Individual placement descriptors

- 6.46 HEE, NES, NIMDTA and Wales Deanery should publish placement descriptors setting out the clinical focus, location, supervision arrangements, sample timetable and the foundation professional competencies that can typically be achieved in the placement.
- 6.47 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, Wales Deanery or employers may however need to change the exact arrangements for each placement at short notice. If this is the case, HEE/NES/NIMDTA/Wales Deanery/foundation school or employer must ensure that the appointee is informed.

Shadowing

- 6.48 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.
- 6.49 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.
- 6.50 Appointees to the foundation programme must be registered with the GMC and have appropriate medical indemnity insurance by the first day of shadowing.
- 6.51 Arrangements for shadowing should be organised by collaborative working between HEE/NES/NIMDTA/Wales Deanery/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.
- 6.52 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.
- 6.53 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

- 6.54 There are at least three levels of induction:
- HEE/NES/NIMDTA/Wales Deanery/foundation school;
 - Employer/local education provider (LEP); and
 - Department/workplace.
- 6.55 Whenever foundation doctors change their working environment and when they progress to F2, there should be a formal induction to ensure that foundation doctors are aware of their roles and responsibilities. They must be familiar with their working environment and essential

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medical equipment. Training and access to Information Technology (IT) systems must be provided. Supervision arrangements and where to seek help must be clear.

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

6.57 HEE/NES/NIMDTA/Wales Deanery/foundation school induction should include information about:

- 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, FTPD/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
- 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 and
- relevant HEE/NES/NIMDTA/Wales Deanery/foundation school policies, e.g. whistle-blowing and annual leave.

6.58 Employer/LEP induction should include:

- employment issues (including their status as new doctors and their role in the inter-professional and interdisciplinary team, health and safety matters, and the name of the person responsible for these issues within the employing organisation, clinical governance and audit arrangements)
- contact details of their FTPD/T
- ensure that educational and clinical supervision details are provided including the name and contact details of the educational supervisor for each placement and how clinical supervision will be provided and by whom
- 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
- 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.

6.59 Departmental induction should include:

- familiarisation with the working environment
- contact details of the clinical supervisor
- safe prescribing practices
- use of information technology and department specific programmes/software
- medical equipment

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- effective handover procedures during the placement and
- formal handover of patient care and local systems in the department or workplace.

Training out of phase

- 6.60 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.
- 6.61 Foundation training that starts after July/August or is due to conclude later than July/August is referred to as "out of phase". There are separate arrangements for doctors who do not meet the requirements for satisfactory completion of F1 (see 7.41 – 7.44) or the foundation programme (see 7.114 – 7.116).
- 6.62 HEE, NES, NIMDTA or Wales Deanery 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/Wales Deanery/foundation schools should also make clear the arrangement for foundation doctors who are training out of phase and wish to train less than full-time.
- 6.63 Foundation doctors who are training out of phase should discuss their training needs with their FTPD/T or FSD. Depending on the availability of local resource, HEE/NES/NIMDTA/Wales Deanery/foundation schools may offer an extra four or six month F1 or F2 placement to appointees who are training out of phase to enable them to complete in July/August. Foundation doctors, following discussion with their FTPD/T or FSD, may also choose to delay their return to training to enable them to get into phase with the start of specialty training if this option is available.

Less than full-time training

- 6.64 HEE, NES, NIMDTA and Wales Deanery have a strong commitment to helping all doctors in training to reach their full potential and to supporting those with child-caring or other caring responsibilities, health concerns, or individual developmental opportunities, to continue training on a Less Than Full Time (LTFT) basis. All doctors in training can apply for LTFT training, and every application will be treated positively. Those wishing to apply for LTFT training must show that training on a full-time basis would not be practical for them for well-founded individual reasons.
- 6.65 Those in LTFT training must meet the same requirements as those in full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked per week.
- 6.66 The aims of LTFT training are to:
- retain within the workforce doctors who are unable to continue their training on a full-time basis
 - promote career development and work/life balance for doctors training within the NHS
 - ensure continued training in programmes on a time equivalence (pro-rata) basis
- maintain a balance between LTFT training arrangements, the educational requirements of both full and LTFT doctors and service need.
- 6.67 HEE/NES/NIMDTA/Wales Deanery/foundation school has responsibility for ensuring that all LTFT training of any kind is undertaken in GMC prospectively approved posts and programmes which meet the statutory requirements. HEE/NES/NIMDTA/Wales Deanery/foundation school will usually approve LTFT training, unless the introduction of LTFT training affects adversely the training available to other foundation doctors in the programme. The GMC has agreed that if a post is approved for training, then it is also approved for training on a LTFT basis.

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- 6.68 As far as possible, HEE/NES/NIMDTA/Wales Deanery/foundation schools will seek to integrate LTFT into mainstream full-time training by:
- using slot/job shares where it is possible to do so
 - using full-time posts for less than full-time training where it is possible to do so and
 - ensuring equity of access to study leave.
- 6.69 Where such arrangements cannot be made, HEE/NES/NIMDTA/Wales Deanery/foundation school may consider the establishment of personal, individualised posts which are additional to those funded through routine contract arrangements, subject to training capacity, GMC approval and resources.
- 6.70 Foundation doctors training LTFT will:
- reflect the same balance of work as their full-time colleagues: day-time working, on-call and out-of-hours duties will normally be undertaken on a basis pro rata to that worked by full-time foundation doctors in the same grade and specialty, unless either operational circumstances at the employing organisation or the circumstances which justify LTFT training make this inappropriate or impossible, provided that legal and educational requirements are met
 - normally move between placements within rotations on the same basis as a full-time foundation doctor and
 - not normally be permitted to engage in any other paid employment whilst in LTFT training.
- 6.71 Decisions by HEE/NES/NIMDTA/Wales Deanery/foundation school only relate to educational support for the application. Employers/LEPs must make a separate decision about the employment aspects of any request, including the proposed placement and any associated out of hours work. Contractual provisions are addressed in the NHS employers guidance: [Equitable pay for flexible medical training \(2005\)](#).
- 6.72 The GMC has issued a [position statement](#) on the minimum time base for LTFT training and an additional statement for [LTFT for academic trainees](#).
- 6.73 Employment legislation setting out the statutory right to request flexible working sets the minimum standards with which an employer must comply. The legislation does not set a priority order around reasons for requesting flexible working. Building on the 2005 agreed principles document, this Reference Guide should be considered as providing additional rights to this legislation, in the context of requesting to undertake LTFT in the foundation programme. This reflects the tripartite nature of current practice of supporting LTFT training between the foundation doctor, HEE/NES/NIMDTA/Wales Deanery/foundation school and the employer/LEP.
- 6.74 Further guidance may be found on HEE, NES, NIMDTA, Wales deanery, NHS Employers and foundation school websites.
- 6.75 As for all foundation doctors, LTFT doctors will need to meet the requirements for progression in training as set out in [the curriculum](#) and will be assessed in accordance with the ARCP process set out in section 7 of this reference guide. For clarity, key points with regard to progression in training for LTFT foundation doctors have been set out below.
- 6.76 The ARCP is normally undertaken on at least an annual basis for all foundation doctors, both full time and LTFT. Although foundation doctors undertaking less than full-time foundation

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training may meet the necessary foundation professional capabilities before they complete two full years of training, they still need to complete:

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

- 6.77 If the relevant time in training has not been achieved, then the foundation doctor should not be given an ARCP outcome and be issued with an 'N' code (N3 - doctor not in post long enough).
- 6.78 LTFT foundation doctors will be expected to undertake the requirements for assessment as set in [the curriculum](#) on a pro-rata basis and to spread the balance of workplace based assessments evenly.
- 6.79 If an extension to training is required, following the award of an ARCP outcome 3, this will be on a pro-rata basis if training requirements for progression have not been met.

Eligibility for Less Than Full time Training

- 6.80 Foundation doctors appointed to stand-alone F2 programmes may apply for LTFT training, and must complete the process in the usual way. However identification of a placement may not be immediately available. Due to the fixed term nature of such appointments, if the stand-alone F2 programme is undertaken LTFT it will be recognised on a whole time equivalent basis as a proportion of the duration of the post. There is no entitlement to an extension of the fixed term period of training on a pro rata basis.
- 6.81 All foundation doctors wishing to apply for LTFT training must show that training on a full-time basis would not be practical for them for well-founded individual reasons. This requirement for entry to LTFT medical training is set out in European legislation (93/16/EC).
- 6.82 Formally, the only requirement to be permitted to train LTFT is a well-founded individual reason. In practice, the Conference of Postgraduate Medical Deans (COPMed) has agreed the following categories which serve as guidelines for prioritising requests for LTFT training. However, these categories are not exhaustive. It should be noted that requests to undertake LTFT cannot be guaranteed. The needs of foundation doctors in Category 1 will take priority.

Category 1:

Those foundation doctors with:

- disability or ill health (this may include on-going medical procedures such as fertility treatment)
- responsibility for caring (men and women) for children or
- responsibility for caring for ill/disabled partner, relative or other dependent.

Category 2

- Unique opportunities – foundation doctor is offered a unique opportunity for their own personal/professional development, and this will affect their ability to train full time. For example, training for national/international sporting events, or short-term extraordinary responsibility, for example a national committee.
- Religious commitment – foundation doctor has a religious commitment which involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
- Non-medical development - foundation doctor is offered non-medical professional development such as management courses, law courses, fine arts courses, which requires a specific time commitment resulting in the need to work less than full time.

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6.83 Medical research will not be considered as a reason to request to train LTFT. Such opportunities should be managed through academic programmes.

Applying for less than full-time training

6.84 The normal process for acceptance to LTFT training will include the following stages:

- All foundation doctors (including those in an academic foundation programme) can apply for LTFT training either at the point of application for entry onto the foundation programme or at any time once they have been accepted into foundation training. As for all other applicants wishing to enter into foundation training, competitive appointment is required but must not be affected or influenced by the applicant's wish to be considered for LTFT training.
- The foundation doctor will need to first submit their reason for requesting LTFT to HEE/NES/NIMDTA/Wales Deanery/foundation school which will be assessed and prioritised based on the categories above in order to be considered for a LTFT placement.
- Once a LTFT training programme has been identified, the foundation doctor will then need to agree a LTFT training plan with HEE/NES/NIMDTA/Wales Deanery/foundation school. The postgraduate dean or foundation school director will approve the training plan in conjunction with the foundation training programme director/tutor. Approval will normally be given for the duration of the programme and be subject to annual review. The LTFT programme and funding will also be subject to agreement with the employer/host training organisation before the placement can be approved.

6.85 HEE/NES/NIMDTA/Wales Deanery/foundation schools should make it clear how foundation doctors, including those undertaking an academic foundation programme, may access less than full-time training. The conditions for access to less than full-time training, funding and study-leave arrangements should be clear and fair.

6.86 The administration of an application may take up to three months, and applicants must not expect to be placed immediately; the giving of as much notice as possible will facilitate the process for all concerned. The inability of HEE, NES, NIMDTA and Wales Deanery to find a post at short notice should not be taken as a refusal of LTFT training; an individual's needs and expectations must be considered in the context of educational standards and service capacity, and because of this LTFT cannot always be guaranteed.

6.87 Further details of the application and appeals processes can be found on HEE/NES/NIMDTA/Wales Deanery/foundation school websites.

6.88 LTFT foundation doctors who wish to revert to full time training must, in the first instance, contact their training programme director/tutor and relevant LTFT lead in HEE/NES/NIMDTA/Wales Deanery/foundation school. Identification of a suitable full time placement may not be immediately available, and will depend on the current LTFT arrangements for the foundation doctor and the training programme. The relevant LTFT lead in HEE/NES/NIMDTA/Wales Deanery/foundation school must be informed of the planned start date for a return to full time training.

Foundation doctors with disabilities

6.89 Applicants with disabilities must compete with all other applicants for foundation training programmes. Any such applicants will be treated in line with the laws on employment and equal opportunities. More information is available on the [GMC Website](#).

6.90 Following allocation to foundation schools, the FSDs must take into account the needs of applicants with disabilities. Applicants should be informed of the HEE/NES/NIMDTA/Wales

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Deanery/foundation school process to support those with a disability. Applicants should inform their FSD at an early stage so that a suitable rotation can be identified.

- 6.91 Postgraduate deans and foundation school directors are encouraged to tailor individual foundation training programmes to help foundation doctors with disabilities to meet the requirements for satisfactory completion. The outcomes set out in [the curriculum](#) should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment.
- 6.92 Employers must make reasonable adjustments if disabled appointees require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also take into account the assessments of progress and individual appointee's educational needs wherever possible.

Foundation doctors with health issues

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

Taking time Out Of Programme (OOP)

- 6.96 Foundation doctors who want to take time Out Of Programme (OOP) should first discuss this with their educational supervisor.
- 6.97 The duration of time out of the foundation programme will usually be 12 months to avoid foundation doctors becoming out of phase with the foundation programme. Foundation schools will typically only approve OOP at the end of F1 so that the time out is taken between the end of F1 and the beginning of F2. Time out during F1 or F2 placements will only be considered in exceptional circumstances.
- 6.98 Foundation doctors may ask to take time out of the foundation programme for a number of reasons, including:
- gaining clinical experience outside of the foundation programme
 - undertaking a period of research or
 - a planned career break.
- 6.99 Foundation doctors who take time out of UK National Health Service employment as part of the OOP process should check what effect this time away will have on their salary, sickness and maternity entitlements, and pension arrangements.
- 6.100 Foundation doctors who take time out of the foundation programme are advised to consult the [GMC website](#) about options for GMC registration and the implications for revalidation. A discussion with the named educational supervisor, FTPD/T or FSD is also advisable.
- 6.101 F1 doctors should be aware that the GMC has made an important change to the way doctors can use their provisional registration. From 1 April 2015, the length of time doctors are allowed to hold provisional registration is limited to a maximum of three years and 30 days.

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- 6.102 Foundation doctors who take time out of the foundation programme during F1 to undertake training outside the UK will require a Certificate of Experience from their medical school confirming they have successfully completed the requirements of F1 in order to apply for full GMC registration. No other evidence will be accepted. If the foundation doctor cannot provide the Certificate of Experience they are not eligible for full registration and will be limited to applying for provisional registration on their return to the UK. Further guidance can be found on the [GMC website](#).
- 6.103 If, after discussion, a doctor decides to go ahead with their request to take time out of the foundation programme, they should complete an OOP request form and send it to the FSD (an OOP form for the foundation programme is published on the [UKFPO website](#) although HEE/NES/NIMDTA/Wales Deanery/foundation schools may have their own forms). The request will be reviewed in line with the relevant foundation school's procedures.
- 6.104 The FSD will need to receive such requests by the end of the sixth month of the F1 year unless there are exceptional circumstances.
- 6.105 The FSD may set an upper limit on the number of foundation doctors who will be permitted to take time out of the foundation programme, as there are a limited number of F2 places.
- 6.106 If the FSD agrees to time out of the foundation programme, the foundation doctor will be able to return to their foundation school at the end of the agreed period but not necessarily to the same LEP or rotation as originally allocated.
- 6.107 If a foundation doctor's request for time out of the foundation programme has been agreed but their plans change, the foundation school will try to arrange an appropriate training opportunity for the doctor at short notice but the school cannot guarantee to do so.
- 6.108 It is the foundation doctor's responsibility to tell their FSD six months before the start date of their F2 year that they plan to return to the foundation programme in accordance with an agreed process. If the foundation doctor does not contact the FSD as agreed, the foundation school is no longer required to hold a F2 rotation and the foundation doctor would need to apply for a vacant F2 appointment in open competition.
- 6.109 Foundation doctors may appeal against the decision of the FSD not to grant time out of the foundation programme. The foundation school will publish and manage an appeals process. Foundation doctors may normally appeal against the decision on the grounds that the process was not applied with appropriate diligence or due care or that there is evidence of prejudice, bias or conflict of interest in the handling of the application. The appeal should be heard by a panel comprising at least three people, none of whom were involved in the original decision.

Movement between foundation schools (and inter-foundation school transfer)

- 6.110 There are two ways in which foundation doctors can change from one foundation school to another:
- inter-foundation school transfer or
 - competitive application process.

Inter-Foundation School Transfer (IFST)

- 6.111 The specific criteria for IFSTs are aligned to the criteria set for pre-allocation to a particular foundation school on the grounds of special circumstances.

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- 6.112 Foundation doctors who believe they meet the nationally agreed criteria for transferring to a different foundation school once they have been accepted onto the foundation programme should discuss the matter with:
- the FSD of their allocated foundation school if they have not yet taken up their appointment; or
 - their FTPD/T if they are already in the training programme.
- 6.113 Except in exceptional circumstances, transfers will only take place either at the start of foundation training (F1), or at the start of the F2 year. Arrangements for inter-foundation school transfers must be agreed between the two FSDs involved and must satisfy the following criteria:
- there are places available in the receiving foundation school; and
 - both foundation schools agree that the foundation doctor needs to transfer because of a relevant change in their circumstances since they originally applied to the foundation programme.
- 6.114 National guidance regarding the IFST process and copies of the relevant form(s) are available on the [UKFPO website](#).
- 6.115 The originating foundation school is responsible for managing any appeals against decisions to reject inter-foundation school transfers. The appeal will consider whether the agreed national process was followed. It is not possible to appeal against the unavailability of places in the receiving school. Both schools must abide by the decision of the appeal's panel.

Competitive application process

- 6.116 Some foundation doctors may wish to withdraw from the two-year foundation programme so that they can join another foundation school for their F2 training. If they do not meet the requirements for an inter-foundation school transfer they will have to apply in open competition for an advertised stand-alone F2 programme.
- 6.117 Before applying for a stand-alone F2 programme in a different foundation school, foundation doctors should discuss this with their named educational supervisor and must act in accordance with their professional and employment obligations.

Permanent withdrawal from the foundation programme

- 6.118 A foundation doctor can decide to withdraw permanently from the two-year foundation programme. Before doing so, they should seek advice from their named educational supervisor, FTPD/T or FSD. Medical students who have not yet taken up their place in a foundation programme should discuss their intention to withdraw with their medical school and the local FSD.
- 6.119 Those considering withdrawing from the foundation programme should be informed about how to access specialist career support from their medical school, university careers service and the HEE/NES/NIMDTA/Wales Deanery/foundation school careers service.
- 6.120 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.

Filling gaps in training programmes

- 6.121 Any F1 or F2 vacancies that arise outside the national application process will be filled using local recruitment processes agreed between the foundation school and the local employer(s). These will be advertised on the relevant websites.
- 6.122 If there is a workforce/service need, vacancies in foundation training programmes can be advertised as either stand-alone F2 programmes or converted to a non-training service post/locum appointment for service (LAS) or other local appointment made by the employer. Only stand-alone F2 programmes offer training; non-training service posts/LAS or local employer appointments are appointed solely for service purposes. By definition, locally appointed posts are time-limited (i.e. fixed term) unless the employer decides to make a permanent appointment.
- 6.123 Doctors appointed to stand-alone F2 programmes and non-training service posts/LAS must have appropriate clinical supervision.
- 6.124 Non-training service posts/LAS are used for service delivery and will not enable appointees to meet the requirements for satisfactory completion of F1 or the foundation programme. Non-training service posts/LAS must not be undertaken by provisionally registered doctors.
- 6.125 The foundation school must be involved in the recruitment of doctors to stand-alone F2 programmes. Stand-alone F2 programmes should last a year and are typically only available at F2. Doctors appointed to stand-alone F2 programmes must follow [the curriculum](#), have a named educational supervisor and, subject to satisfactory performance, will be eligible for the Foundation Programme Certificate of Completion (FPCC). However, stand-alone F2 programmes will not be extended if the foundation doctor does not meet the requirements for satisfactory completion of the foundation programme within the fixed-term appointment. Further information regarding stand-alone F2 programmes is available via [the national F2 recruitment framework](#).
- 6.126 Vacancies that arise at F1 are typically advertised as non-training services posts/LAS and therefore only doctors eligible for full registration with the GMC may apply.

7. Progressing as a foundation doctor

Progression and sign-off in F1

- 7.1. The foundation programme (including the academic foundation programme) is time and outcome-based. Provisionally registered doctors with a licence to practise must complete one year (full-time equivalent) in an approved foundation programme to be eligible to apply for full registration with the GMC.
- 7.2. The GMC has approved [the curriculum](#) published by the Academy of Medical Royal Colleges Foundation Committee and the four UK health departments. The [outcomes](#) for provisionally registered doctors determined by the GMC () have been mapped to [the curriculum](#). F1 doctors must demonstrate the foundation professional capabilities set out in [the curriculum](#) on different occasions and in different clinical settings as a professional in the workplace, demonstrating a progression from the level of competence required of a medical student. F1 doctors are also encouraged to gain additional appropriate experience.

Requirements for satisfactory completion of F1

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

Section 7: Table 1 – Requirements for satisfactory completion of F1

Provisional registration and a licence to practise with the GMC	To undertake the first year of the foundation programme doctors must be provisionally registered with the GMC and hold a licence to practise. In exceptional circumstances (e.g. refugees), a fully registered doctor with a licence to practise may be appointed to the first year of a foundation programme.
Completion of 12 months F1 training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, 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 not required for the last F1 placement; the educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports	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).

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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	Team assessment of behaviour (TAB) (minimum of one per year)
The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.	Core procedures (all 15 GMC mandated procedures)
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	Direct observation of doctor/patient interaction: <ul style="list-style-type: none"> • Mini CEX • DOPS (minimum of nine observations per year; at least six must be mini-CEX)
The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.	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	It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F1 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F1 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F1 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD.
Signed probity and health declarations	Separate forms must be signed for each year of foundation training (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.

Review of progress in F1

- 7.4. The majority of doctors successfully complete F1 training and convert provisional registration with the General Medical Council (GMC) to full registration and a licence to practise. However, a small proportion will require additional help and support to meet the requirements, which may include an extension for remedial training. Some foundation doctors will not meet the requirements for satisfactory completion of F1, despite additional help and support. These doctors will require career guidance as they consider alternative options.
- 7.5. At the beginning of each placement, foundation doctors should meet with their educational supervisors to agree and record the learning objectives for this period of training. Educational

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supervisors should make sure that a foundation doctor's performance is reviewed at appropriate intervals and that those who have worked with the foundation doctor have an opportunity to provide constructive feedback (e.g. TAB, the clinical supervisor's end of placement report).

- 7.6. Foundation doctors should meet regularly with their educational supervisor to assess whether they have met the necessary outcomes. At the end of each placement, the educational supervisor should complete the educational supervisor's end of placement report and towards the end of the year, the educational supervisor's end of year report. The educational supervisor must only confirm satisfactory performance if the foundation doctor has participated in the educational process and met the required foundation professional capabilities.
- 7.7. Regular review of progress and clear lines of communication enable the early identification of foundation doctors needing additional help. Guidance on the identification and support of doctors requiring remedial help is set out Section 8 – Being a foundation doctor and an employee.
- 7.8. The foundation school should publish its timeline for the review of progress and the FTPD/T should specify the local timetable for completion and scrutiny of e-portfolios and any additional evidence.
- 7.9. It is the responsibility of foundation doctors to maintain their e-portfolio and provide the evidence that they have met the requirements for satisfactory completion of F1. At the end of each year, a panel will review each foundation doctor's e-portfolio, including the educational supervisor's end of year report, and other evidence (e.g. attendance/absence record if not included in the e-portfolio) to determine whether all the requirements for satisfactory completion of F1 have been met.
- 7.10. The FTPD/T will not chase foundation doctors, who have not updated their e-portfolios by the specified date. Foundation doctors should be aware that failure to complete their e-portfolio and submit any additional evidence on time will result in the panel failing to consider their progress.

F1 Annual Review of Competence Progression (F1 ARCP)

- 7.11. Towards the end of F1, the FTPD/T, under the guidance of the Health Education England local office/deanery/foundation school, should convene an Annual Review of Competence Progression (ARCP) panel to review the progress of all foundation doctors in their programme, including those undertaking an academic foundation programme.
- 7.12. The ARCP provides a formal process for reviewing foundation doctors' progress which uses the evidence gathered by them and supplied by their supervisors. The ARCP is not an additional method of assessment.
- 7.13. While all foundation doctors should present evidence for review towards the end of F1, it may be necessary to convene a panel earlier if there are significant concerns about the foundation doctor's progress. Therefore, the review may be conducted more frequently if there is a need to deal with progression issues outside the annual review.
- 7.14. There should be a similar arrangement for monitoring the progress of foundation doctors training less than full-time, with suitable adjustments made to the timetable.
- 7.15. The ARCP fulfils the following functions:

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- to document the judgement about whether a foundation doctor has met the requirements and has provided documentary support for the satisfactory completion of F1;
- to document recommendations about further training and support where the requirements have not been met.

7.16. The ARCP should be conducted within the agreed HEE/NES/NIMDTA/Wales Deanery/foundation school timetable. The FTPD/T, acting on behalf of HEE/NES/NIMDTA/Wales Deanery/foundation school, should make clear the local arrangements to receive the necessary documentation from foundation doctors. This means that at least six week notice must be given of the submission date, so the foundation doctor can check their e-portfolios, and the educational supervisors can meet with the foundation doctor and complete the required structured reports (including the educational supervisor's end of year report).

The F1 ARCP Panel

- 7.17. The panel has an important role, which its composition should reflect. It should consist of at least three panel members. However, not all panel members will necessarily need to review each e-portfolio (see below). The panel should typically comprise: the FTPD/T and two others. The additional members could include: a postgraduate centre manager or other senior administrator, specialty training doctor (ST4 or above), clinical supervisor educational supervisor, lay representative, external trainer, employer representative or external HEE/NES/NIMDTA/Wales Deanery/foundation school representative.
- 7.18. The additional panel members should not include anyone who has been directly involved in the supervision of the F1 doctor(s) under consideration e.g. clinical supervisor, educational supervisor. If they have been directly involved in the supervision of the foundation doctor, they should declare an interest and withdraw from the panel temporarily.
- 7.19. All members of the panel (including any lay representatives and external trainers) must be trained in equality and diversity issues. This training should be kept up-to-date and must be refreshed every three years. All panel members must also be trained in the ARCP process.
- 7.20. The panel should systematically consider the evidence presented for each foundation doctor against the requirements for satisfactory completion and make a judgement based upon it. The possible outcomes for F1 are set out in Table 2 below.
- 7.21. It is not essential that members of the panel review the e-portfolio at the same time. Panel members may scrutinise the e-portfolio separately and provide feedback. The e-portfolio will include a check-list which can be used. At least two members of the panel should systematically consider the evidence for each foundation doctor. One of these should be a registered and licensed medical practitioner on the specialist or GP register. If there is a disagreement between the two panel members, the evidence should be scrutinised by a third member and the majority decision used in determining the outcome.
- 7.22. The FTPD/T may need to provide an additional report, for example detailing events that led to a negative assessment by the foundation doctor's educational supervisor. The FTPD/T must share a copy of the report with the foundation doctor prior to its submission to the panel. It is not intended that the foundation doctor should agree the report's content, but it is important that the foundation doctor is aware of what has been said. Where the report indicates that there may be a risk to patients arising from the foundation doctor's practice, this risk(s) needs to be shared with the relevant clinical director, head of service, medical director or general practitioner. HEE/NES/NIMDTA/Wales Deanery/foundation school must also be informed to ensure that appropriate measures are in place. The foundation doctor needs to be made aware of any such communications.

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- 7.23. The foundation doctor may submit, as part of their evidence to the ARCP, a response to the educational supervisor's end of year report or to any other element of the assessment documentation for the panel to take into account. Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the foundation doctor must expect that it will be followed up appropriately. Where, for example, a foundation doctor raises allegations of bullying, harassment or other inappropriate conduct on the part of a supervisor or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up to investigate or deal with allegations of this nature, it will bring such concerns to the attention of HEE/NES/NIMDTA/Wales Deanery/foundation school in writing immediately following the panel for further consideration and possible investigation by the employing organisation for the individual so identified. HEE, NES, NIMDTA, Wales Deanery and all employers of foundation doctors will have policies on managing allegations of inappropriate learning and working environments. Foundation doctors are encouraged to follow these policies, and training providers must make their policies on bullying and harassment known to foundation doctors as part of their induction.
- 7.24. Where it is likely that a foundation doctor could have an outcome indicating insufficient progress, which may require an extension to the indicative time for completion of the foundation programme, the panel should typically include at least one external member e.g. lay representative, external trainer, HEE/NES/NIMDTA/Wales Deanery/foundation school representative. The FTPD/T should invite the foundation doctor to meet with the panel after the panel has considered the evidence and made its judgement based upon that consideration. This will enable discussion of any recommendations for focused or additional remedial training, including an extension to training. If the outcome was not anticipated, the FTPD/T should invite the F1 doctor to a separate meeting. However, an outcome indicating insufficient progress should not be a surprise for the foundation doctor as concerns should have been identified and discussed prior to the F1 ARCP. The panel may consider the appropriateness at this stage of informing the foundation doctor's employer and training provider.

F1 ARCP outcomes

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

Section 7: Table 2 – F1 ARCP outcomes

Outcome Code	Description	Notes
1	Satisfactory completion of F1	The F1 ARCP panel should only use this outcome for foundation doctors who meet the requirements for satisfactory completion of F1
3	Inadequate progress – additional training time required	<p>This outcome should be used when the F1 ARCP panel has identified that an additional period of training is required which will extend the duration of F1 training.</p> <p>The panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for HEE/NES/NIMDTA/Wales Deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will</p>

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Outcome Code	Description	Notes
		depend on local circumstances and resources. The overall duration of the extension to F1 training should normally be for a maximum of one year. The panel should consider the outcome of the remedial programme as soon as practicable after its completion. HEE/NES/NIMDTA/Wales Deanery/foundation school should inform the graduating medical school and employer and training placement provider if this outcome is assigned.
4	Released from training programme	If the panel decides that the foundation doctor should be released from the training programme, HEE/NES/NIMDTA/Wales Deanery/foundation school should inform the GMC and the graduating medical school. The panel should seek to have employer representation.
5	Incomplete evidence presented – additional training time may be required	The panel can make no statement about progress since the foundation doctor has supplied either no information or incomplete information to the panel. If this occurs, the foundation doctor may require additional time to complete F1. The panel will set a revised deadline for completion of the e-portfolio and associated evidence. Once the required documentation has been received, the panel should consider it. The panel does not have to meet with the foundation doctor and the review may be done “virtually” and issue an alternative outcome.
8	Time out of foundation programme	It is unusual for foundation doctors to take such a career break. However, the panel should receive documentation from the foundation doctor indicating what they are taking approved time out of programme (OOP) and their expected date of return.

- 7.26. Details of placements must be recorded on the ARCP form, which is available in the e-portfolio.
- 7.27. If the panel is satisfied that the foundation doctor has met the requirements for satisfactory completion of F1, the FTPD/T or nominated deputy should record an Outcome 1 on the F1 ARCP form.
- 7.28. If additional remedial training is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. The FTPD/T and the FSD in consultation with the postgraduate dean or nominated deputy will determine how remedial or targeted training will be delivered. The remedial/targeted training programme will take full account of the need to protect patient safety.
- 7.29. Any additional/extended training should be agreed with the foundation doctor, and with the training site/employer and new trainers who will be providing/supervising it. HEE/NES/NIMDTA/Wales Deanery/foundation school should send the training site/employer full information about the circumstances leading to the additional/extended training requirement, including any areas of clinical and/or professional weakness and any negative reports on prior performance. This information will be shared with the foundation doctor, but agreement to such information being shared with any new employer and trainers/supervisors is a requisite of joining the training programme.
- 7.30. Additional details about the management of doctors requiring additional support are set out in Section 8 – Being a foundation doctor and an employee. Managing F1 ARCP outcome 3s and 4s is discussed below (see 7.41 – 7.65).

- 7.31. Where the evidence submitted is incomplete or otherwise inadequate, the panel should not take a decision about the performance or progress of the foundation doctor. The failure to produce timely, adequate evidence for the panel will result in an Incomplete Evidence Presented outcome (Outcome 5) and will require the foundation doctor to explain to the panel, in writing, the reasons for the deficiencies in the documentation. The foundation doctor will also be required to provide the relevant evidence within a specified time. Once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.
- 7.32. Following an Outcome 5 if the relevant evidence is not provided within the agreed timescale then an Outcome 3 will also be issued for the period under review. The panel should also then consider if this requires further action, by reviewing the foundation doctor's progression overall: Outcome 4 may be more appropriate.
- 7.33. Foundation doctors will not typically be able to appeal against an Outcome 5.
- 7.34. For practical and administrative reasons, HEE/NES/NIMDTA/Wales Deanery/foundation school or FTPD/T may wish to discuss other issues e.g. the foundation doctor's views on their training or planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Foundation doctors must not be present while the panel considers the outcome.
- 7.35. The foundation doctor should sign the ARCP form within 10 days of the panel meeting. Digital signatures are acceptable.
- 7.36. The foundation doctor may appeal against the decision of the F1 ARCP panel, which is acting under the guidance of HEE/NES/NIMDTA/Wales Deanery/foundation school. The process for appeals against the decision of the panel is described below (see 7.53 – 7.65). However, any appeal against an Outcome 4 for UK medical graduates will normally be heard by the university/medical school of graduation (see 7.66 – 7.69).
- 7.37. The ARCP panel's recommended outcome may be provisional until quality management checks have been completed. The panels recommended outcome will be made available to the FSD who will use this information to inform the decision to issue the Foundation Year 1 Certificate of Completion (F1CC) at the end of the training year.

Satisfactory completion of F1 (Outcome 1)

- 7.38. The FTPD/T should ensure that the completed F1 ARCP documentation is saved within the e-portfolio. The FSD should then only complete the Foundation Year 1 Certificate of Completion document if satisfied that the foundation doctor has met the requirements for satisfactory completion of F1, i.e. subject to any quality management process.
- 7.39. Universities/medical schools or their designated representative in HEE/NES/NIMDTA/Wales Deanery/foundation school will use the Foundation Year 1 Certificate of Completion when completing the Certificate of Experience to certify that a provisionally registered doctor has satisfactorily completed a programme for provisionally registered doctors.
- 7.40. For foundation doctors who graduated outside of the UK, the postgraduate dean with responsibility for the foundation school where the doctor is currently training is responsible for completing the Certificate of Experience.

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

- 7.41. If the F1 ARCP panel decides that the foundation doctor has not met the requirements for satisfactory completion of F1, it should award an Outcome 3. Where such an outcome is anticipated, the foundation doctor should be invited to attend the panel. If this was not anticipated, the FTPD/T should invite the F1 doctor to a separate meeting, which may include other members of the panel.
- 7.42. The F1 ARCP panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for HEE/NES/NIMDTA/Wales Deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. In forming an effective remediation plan and depending on the reasons for the doctor's failure to progress in training, HEE/NES/NIMDTA/Wales Deanery/foundation school may specify the completion of additional or alternative assessment methods to confirm compliance with [the curriculum](#). The need for non-standard assessments should be discussed with the foundation doctor as part of forming the remediation plan.
- 7.43. The maximum duration of any extension to F1 training should normally be for one year (or pro-rata for less than full-time training). The F1's employer should be informed of the outcome of the panel meeting.
- 7.44. In situations where a foundation doctor is deemed not to have satisfactorily completed F1 after the first 12 months (or pro-rata for less than full-time training) training and is awarded an Outcome 3, HEE/NES/NIMDTA/Wales Deanery/foundation school should inform the medical school of graduation.
- 7.45. If the panel decides that the foundation doctor should be released from the training programme, it should award an Outcome 4. HEE/NES/NIMDTA/Wales Deanery/foundation school and the medical school of graduation must jointly inform the Registration Directorate of the GMC and discuss with the Fitness to Practise Directorate of the GMC, irrespective of whether there was an extension to F1.

Extension to F1

- 7.46. The maximum duration of any extension to F1 training should normally be for one year. HEE/NES/NIMDTA/Wales Deanery/foundation school where the foundation doctor is currently training will normally provide the extension.
- 7.47. Irrespective of the duration of the agreed extension, the F1- ARCP panel should review progress at the end of the first four months to decide whether the foundation doctor concerned is making satisfactory progress and to review the remedial training. The FTPD/T should keep these arrangements under review and reconvene the panel earlier if necessary.
- 7.48. If, after the first four months of the extension, the foundation doctor is not making satisfactory progress or new concerns emerge, HEE/NES/NIMDTA/Wales Deanery/foundation school should involve the local specialist trainee support unit, if one exists. If the concerns are sufficiently serious, HEE/NES/NIMDTA/Wales Deanery/foundation school should also notify the GMC for Fitness to Practise (FtP) consideration. The doctor's employer must be informed as soon as is feasible in order to consider whether they deem it appropriate to implement their local employment policies or procedures or provide guidance to clinical supervisors or others.
- 7.49. Towards the end of the agreed extension to training, the ARCP panel should review the foundation doctor's progress.

- 7.50. In exceptional circumstances, it may become clear that the F1 doctor is not likely to progress through F1 to full registration with the GMC after only four or eight months of an extension to F1. Such circumstances will be rare, and if this is the case HEE/NES/NIMDTA/Wales Deanery/foundation school should involve their local specialist trainee support unit, if one exists, to provide corroboration of the evidence on which such a conclusion would be based. In addition, if the concerns are sufficiently serious the GMC should be notified for Fitness to Practise (FtP) purposes.
- 7.51. HEE/NES/NIMDTA/Wales Deanery/foundation school should communicate the final decision of the ARCP panel to the medical school of graduation. If the foundation doctor has met the requirement for satisfactory completion of F1, the FSD should complete the Foundation Year 1 Certificate of Completion (see Appendix 9.F).
- 7.52. The graduating UK medical school is responsible for the recommendation to the GMC for full registration. If the F1 ARCP panel awards an Outcome 4, the graduating UK university/medical school and HEE/NES/NIMDTA/Wales Deanery/foundation school must inform the GMC of the decision. In addition, the graduating UK medical school should write to the foundation doctor setting out the process for an appeal which will typically be heard by the graduating medical school. HEE/NES/NIMDTA/Wales Deanery/foundation school, in partnership with the university/medical school, should offer the F1 doctor career counselling.
- 7.53. However, if the F1 ARCP panel awards an Outcome 4 and the F1 doctor graduated outside of the UK, HEE/NES/NIMDTA/Wales Deanery/foundation school where the doctor undertook the extended training should hear the appeal. The FSD should write to the doctor setting out the process to appeal. The employer should be informed of an Outcome 4. In many cases it is anticipated that the employer will already have been involved earlier in the process. The employer will need to instigate its internal employment policies in order to fairly terminate the foundation doctor's contract of employment.

Appeals against a F1 ARCP outcome 3 (or 4 for non-UK medical graduates)

- 7.54. Foundation doctors may appeal against the decision of the F1 ARCP panel to award an Outcome 3. Non-UK medical graduates should also use this process to appeal against a decision to award an Outcome 4. They should lodge their appeal in writing within 10 working days of receiving the written decision of the F1 ARCP panel. The appeal should be addressed to the postgraduate dean or nominated representative and must specify the grounds for the appeal.
- 7.55. Foundation doctors can only appeal against a decision to withhold completion of the GMC Certificate of Experience if they can demonstrate that evidence confirming that they met all of the requirements for satisfactory completion of F1 was available to the ARCP panel, by the specified date, and was not considered appropriately.
- 7.56. The panel may uphold an appeal and recommend that the medical school awards a Certificate of Experience if it is satisfied that evidence was not considered appropriately e.g. administrative/process errors were made. The panel cannot however, recommend that the medical school award a Certificate of Experience recommending a foundation doctor for full registration with the GMC unless it is satisfied that there is sufficient evidence to support that the foundation doctor has met all of the requirements for satisfactory completion of F1, and that there are no on-going patient safety concerns. If the panel agrees that there is insufficient evidence or ongoing patient safety concerns, it can acknowledge the administrative/process error but must confirm that the decision not to complete a GMC Certificate of Experience was correct.

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- 7.57. It is not possible to appeal a decision to withhold completion of the GMC Certificate of Experience due to non-statutory leave in excess of the permitted 20 days, unless the amount of time of non-statutory leave itself is being contested.
- 7.58. The postgraduate dean (or nominated representative) should consider whether there are sufficient grounds for an appeal. If the postgraduate dean (or nominated representative) deems that there are sufficient grounds they should arrange a formal appeal hearing, which should normally take place within 15 working days of receipt of a request for an appeal where practicable. Foundation doctors may support their appeal with further written evidence. All documentation which may be considered by the appeal panel must be made available to the foundation doctor.
- 7.59. The postgraduate dean, or a nominated representative, will convene an appeal panel to consider the evidence and to form a judgement where the details for appeal are deemed to give sufficient grounds for an appeal process to be instituted. Such an appeal should consider representations and evidence from both the foundation doctor and from those who are closely involved with their training, such as the educational supervisor or FTPD/T.
- 7.60. The appeal panel should include the postgraduate dean or a nominated representative as chair, an independent FSD or FTPD/T from another foundation school, at least one consultant or GP from the same foundation school, a lay representative and a doctor in training from another location. The membership of the panel should not include members of the original ARCP panel. A representative from the personnel/HR directorate of the employer or HEE/NES/NIMDTA/Wales Deanery/foundation school must be present to advise the chair, for example, on equal opportunities, disability and diversity matters and to record the proceedings of the appeal. All members of the panel should have completed equality and diversity awareness training and be up-to-date with that training.
- 7.61. Foundation doctors also have a right to be represented at the appeal and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but this should not normally be a family member. If a foundation doctor wishes to be legally represented, the appeal panel chair should normally agree to their request. Legal representatives should be reminded that appeal hearings are not courts of law and the panel governs its own procedure, including the arrangements for the questioning of those providing evidence to the panel by the foundation doctor's legal representative.
- 7.62. In advance of the appeal hearing, the foundation doctor and the panel members should receive all documentation relevant to the appeal. The appeals panel may conduct enquiries as appropriate. The appeal panel should make its decision on the basis of the evidence submitted or provided at the appeal. There should be no cross-examination of parties external to the appeal panel. The appeal panel has the power to overturn or modify the decision made by the original F1 ARCP panel. If they exercise this power, the FSD will abide by their decision. The decision of the appeal panel is final.
- 7.63. The postgraduate dean or nominated deputy should normally notify the foundation doctor of the outcome in writing within five working days from the date of the appeal hearing.
- 7.64. The postgraduate dean or nominated deputy will inform the foundation doctor's employer of the outcome of the appeal, in order that they may take any action they deem appropriate at this stage.
- 7.65. The foundation doctor may withdraw an appeal at any stage of the process. If the foundation doctor wishes to withdraw their appeal, they must write to the postgraduate dean or nominated representative.

- 7.66. It is considered best practice to ensure that any communication to foundation doctors about appeals or appeal processes be provided using a trackable means of communication that can confirm receipt of such materials by that doctor.

Appeals against an F1 ARCP outcome 4

- 7.67. Under the Medical Act, the GMC has determined that the graduating UK university/medical school is responsible for the recommendation for full registration.
- 7.68. F1 doctors should lodge their appeal with the postgraduate dean or nominated representative in the first instance. For F1 doctors who have graduated from a UK medical school the postgraduate dean or nominated representative will contact the relevant medical school of graduation.
- 7.69. For F1 doctors graduating from UK medical schools the default position should be that the graduating university/medical school should hear the appeal. If greater flexibility is needed in establishing an appeal panel and considering the appeal, then HEE/NES/NIMDTA/Wales Deanery/foundation school must discuss this with the graduating medical school and the reasons for not following the standard process must be set out in writing both to the medical school of graduation and to the foundation doctor in question. The medical school of graduation and the doctor must confirm in writing that the proposed procedure is acceptable.
- 7.70. In the case of F1 doctors who have not graduated from a UK university/medical school any such appeal would normally be heard by the foundation school in which they are undertaking their training.
- 7.71. The F1 doctor may make a final appeal against the decision of the graduating UK university/medical school through the Office of the Independent Adjudicator (OIA) or equivalent. Further details should be available from the university/medical school of graduation.

Termination of a F1 training contract

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

Resignation during F1

- 7.75. If foundation doctors resign from their employment, they should also inform HEE/NES/NIMDTA/Wales Deanery/foundation school, which will normally terminate the training contract. HEE/NES/NIMDTA/Wales Deanery/foundation school must inform the foundation doctor's current and any known future employer as part of the foundation programme, when terminating a training contract.

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- 7.76. HEE/NES/NIMDTA/Wales Deanery/foundation school must inform the medical school of graduation. In addition, if necessary they should discuss with the Fitness to Practise Directorate of the GMC, unless a referral has already been made by the employer or representative of the employer responsible for dismissal.

Progression and sign-off in F2

- 7.77. The foundation programme is time and outcome-based. Foundation doctors must complete one year (full-time equivalent) in an approved foundation programme and meet the requirement for satisfactory completion of F2 to be eligible for the award of a Foundation Programme Certificate of Completion (FPCC).
- 7.78. There is significant overlap between the process for sign-off in F1 and F2 but there are also important differences. Therefore the entire process for progression and sign-off in F2 is set out below.

Requirements for satisfactory completion of F2

- 7.79. The requirements for satisfactory completion of F2, with guidance notes, are set out in Table 3 below. HEE/NES/NIMDTA/Wales Deanery/foundation school should make the requirements clear at the beginning of the F2 year.

Section 7: Table 3 – Requirements for satisfactory completion of F2

Full registration and a licence to practise with the GMC	To undertake the second year of the foundation programme, doctors must be fully registered with the GMC and hold a licence to practise.
Completion of 12 months F2 training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, 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 not required for the last F2 placement; the educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports	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)

<p>The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.</p>	<p>Evidence that the foundation doctor can carry out the procedures required by the GMC.</p>
<p>A valid Advanced Life Support (or equivalent) certificate</p>	<p>If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.</p>
<p>Evidence of participation in systems of quality assurance and quality improvement projects</p>	<p>The curriculum requires that the F2 doctor demonstrates significant personal contribution to a quality improvement project. F2 doctors are also required to complete the national GMC trainee survey and any end of placement surveys.</p>
<p>Completion of the required number of supervised learning events</p> <p>The minimum requirements are set out in the curriculum. HEE/NES/NIMDTA/Wales Deanery/foundation school may set additional requirements.</p>	<p>Direct observation of doctor/patient interaction:</p> <ul style="list-style-type: none"> • Mini CEX • DOPS <p>(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>
<p>An acceptable attendance record at generic foundation teaching sessions</p>	<p>It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F2 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F2 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F2 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD.</p>
<p>Signed probity and health declarations</p>	<p>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.</p>

Review of progress in F2

- 7.80. The majority of doctors successfully complete F2 and are awarded a Foundation Programme Certificate of Completion (FPCC). However, a small proportion will require additional help and support to meet the requirements, which may include an extension for remedial training. Some foundation doctors will not meet the requirements for satisfactory completion of F2, despite additional help and support. These doctors will require career guidance as they consider alternative options.
- 7.81. At the beginning of each placement, foundation doctors should meet with their educational supervisors to agree and record the learning objectives for this period of training. Educational supervisors should make sure that a foundation doctor's performance is reviewed at appropriate intervals and that those who have worked with the foundation doctor have an opportunity to provide constructive feedback (e.g. TAB, the clinical supervisor's end of placement report).
- 7.82. Foundation doctors should meet regularly with their educational supervisor to assess whether they have met the necessary foundation professional capabilities. At the end of each placement, the educational supervisor should complete the educational supervisor's end of

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placement report and towards the end of the year, the educational supervisor's end of year report. The educational supervisor must only confirm satisfactory performance if the foundation doctor has participated in the educational process and met the required foundation professional capabilities.

- 7.83. Regular review of progress and clear lines of communication enable the early identification of foundation doctors needing additional help. Guidance on the identification, support and management of doctors in difficulty is set out in Section 8 – Being a foundation doctor and an employee.
- 7.84. The foundation school should publish its timeline for the review of progress and the FTPD/T should specify the local timetable for completion and scrutiny of e-portfolios and any additional evidence.
- 7.85. It is the responsibility of foundation doctors to maintain their e-portfolio and provide the evidence that they have met the requirements for satisfactory completion of F2. At the end of the F2 year, a panel will review each foundation doctor's e-portfolio, including the educational supervisor's end of year report, and other evidence (e.g. attendance/absence record if not included in the e-portfolio) to determine whether all the requirements for satisfactory completion have been met.
- 7.86. The FTPD/T will not chase foundation doctors, who have not updated their e-portfolios by the specified date. Foundation doctors should be aware that failure to complete their e-portfolio and submit any additional evidence on time will result in the panel failing to consider their progress.

F2 Annual Review of Competence Progression (F2 ARCP)

- 7.87. Towards the end of F2, the FTPD/T, under the guidance of HEE/NES/NIMDTA/Wales Deanery/foundation school, should convene an Annual Review of Competence Progression (ARCP) panel to review the progress of all foundation doctors in their programme.
- 7.88. The ARCP provides a formal process for reviewing foundation doctors' progress which uses the evidence gathered by them and supplied by their supervisors. The ARCP is not an additional method of assessment.
- 7.89. While all foundation doctors should present evidence for review towards the end of F2, it may be necessary to convene a panel earlier if there are significant concerns about the foundation doctor's progress. Therefore, the review may be conducted more frequently if there is a need to deal with progression issues outside the annual review.
- 7.90. There should be a similar arrangement for monitoring the progress of foundation doctors training less than full time, with suitable adjustments made to the timetable.
- 7.91. The ARCP fulfils the following functions:
 - to document the judgement about whether a foundation doctor has met the requirements and has provided documentary support for the satisfactory completion of F2;
 - to document recommendations about further training and support where the requirements have not been met;
 - to document the judgement about the foundation professional capabilities demonstrated by a foundation doctor in a stand-alone F2 programme and to document these accordingly; and
 - to provide a framework for review of the supporting information required for revalidation (F2 being the first year of the five year cycle).

7.92. The ARCP should be conducted within the agreed HEE/NES/NIMDTA/Wales Deanery/foundation school timetable. The FTPD/T, acting on behalf of HEE/NES/NIMDTA/Wales Deanery/foundation school, should make clear the local arrangements to receive the necessary documentation from foundation doctors. This means that at least six weeks' notice must be given of the submission date, so the foundation doctor can check their e-portfolios, and the educational supervisors can meet with the foundation doctor and complete the required structured reports (including the educational supervisor's end of year report).

7.93. All F2 doctors are required to participate in the revalidation process. This includes submission of details of significant events involving the foundation doctor and any health or probity concerns.

The F2 ARCP Panel

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

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

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

7.97. The panel should systematically consider the evidence as presented for each foundation doctor against the requirements for satisfactory completion and make a judgement based upon it. The possible outcomes for F2 are set out in Section 7: Table 3 above.

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

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

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- 7.100. The foundation doctor may submit, as part of their evidence to the ARCP, a response to the educational supervisor's end of year report or to any other element of the assessment documentation for the panel to take into account. Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the foundation doctor must expect that it will be followed up appropriately. Where, for example, a foundation doctor raises allegations of bullying, harassment or other inappropriate conduct on the part of a supervisor or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up to investigate or deal with allegations of this nature, it will bring such concerns to the attention of HEE/NES/NIMDTA/Wales Deanery/foundation school in writing immediately following the panel for further consideration and possible investigation by the employing organisation for the individual so identified. HEE, NES, NIMDTA, Wales Deanery and all employers of foundation doctors will have policies on managing allegations of inappropriate learning and working environments. Foundation doctors are encouraged to follow these policies, and training providers must make their policies on bullying and harassment known to foundation doctors as part of their induction.
- 7.101. Where it is likely that a foundation doctor could have an outcome indicating insufficient progress, which may require an extension to the indicative time for completion of the foundation programme, the panel should typically include at least one external member e.g. lay representative, external trainer, HEE/NES/NIMDTA/Wales Deanery/foundation school representative. The FTPD/T should invite the foundation doctor to meet with the panel after the panel has considered the evidence and made its judgement based upon that consideration. This will enable discussion of any recommendations for focused or additional remedial training, including an extension to training. If the outcome was not anticipated, the FTPD/T should invite the F2 doctor to a separate meeting. However, an outcome indicating insufficient progress should not be a surprise for the foundation doctor as concerns should have been identified and discussed prior to the F2 ARCP.

F2 ARCP outcomes

- 7.102. Table 4 sets out the possible ARCP outcomes for F2 (the outcome codes are those used for specialty training however some do not apply to F2, i.e. no outcome 1, 2, or 7). It is recommended that members of the panel use a check-list to confirm that they have considered all of the requirements and add any comments to explain the judgement.

Section 7: Table 4 – F2 ARCP outcomes

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

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

- 7.103. Details of placements must be recorded on the ARCP form, which is available in the e-portfolio, including any agreed out of programme training.
- 7.104. If the panel is satisfied that the foundation doctor has met the requirements for satisfactory completion of F2, the FTPD/T, or nominated deputy, should record an Outcome 6 on the F2 ARCP form.
- 7.105. If additional remedial training is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of how a remedial or targeted training programme will be delivered will be determined by the FTPD/T and the foundation school director in consultation with the postgraduate dean or nominated deputy. The remedial/targeted training programme will take full account of the need to protect patient safety. The foundation school director or his/her representative will ensure that the foundation doctor's employer and education provider are aware of the remedial training that is required and can ensure that any local relevant employment policies and procedures are implemented.
- 7.106. Any additional/extended training should be agreed with the foundation doctor, and with the training site/employer and new trainers who will be providing/supervising it. HEE/NES/NIMDTA/Wales Deanery/foundation school should send the training site/employer full information about the circumstances leading to the additional/extended training requirement, including any areas of clinical and/or professional weakness and any negative reports on prior performance. This information will be shared with the foundation doctor, but agreement to such information being shared with any new employer and trainers/supervisors is a requisite of joining the training programme.

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- 7.107. Additional details about the management of doctors requiring additional support are set out in Section 8 – Being a foundation doctor and an employee. Managing F2 ARCP outcome 3s and 4s is discussed below (see 7.114 – 7.119).
- 7.108. Where the evidence submitted is incomplete or otherwise inadequate, the panel should not take a decision about the performance or progress of the foundation doctor. The failure to produce timely, adequate evidence for the panel will result in an Incomplete Evidence Presented outcome (Outcome 5) and will require the foundation doctor to explain to the panel, in writing, the reasons for the deficiencies in the documentation. The fact that an Outcome 5 has been recorded will remain as a part of the foundation doctor's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence submitted and evaluated by the F2 ARCP panel. Foundation doctors will not typically be able to appeal against an Outcome 5.
- 7.109. For practical and administrative reasons, HEE/NES/NIMDTA/Wales Deanery/foundation school or FTPD/T may wish to discuss other issues e.g. the foundation doctor's views on their training, planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Foundation doctors must not be present while the panel considers the outcome.
- 7.110. The foundation doctor should sign the ARCP form within 10 days of the panel meeting. Electronic signatures are acceptable.
- 7.111. The foundation doctor may appeal against the decision of the F2 ARCP panel. The process for appeals against the decision of the panel is described below (see 7.123 – 7.135).
- 7.112. The ARCP panel's recommended outcome may be provisional until quality management checks have been completed. The panels recommended outcome will be made available to the postgraduate dean/authorised signatory who will use this information to inform the decision to issue a Foundation Programme Certificate of Completion (FPCC) at the end of the training year.

Satisfactory completion of F2 (Outcome 6)

- 7.113. The FTPD/T should complete F2 ARCP documentation within the e-portfolio to be reviewed by the FSD of the current foundation school. Subject to any HEE/NES/NIMDTA/Wales Deanery/foundation school quality management processes, the FSD (on behalf of the postgraduate dean) should complete the FPCC
- 7.114. The FSD (or any other authorised signatory) should only complete a FPCC if satisfied that the foundation doctor has met the requirements for satisfactory completion of F2. An electronic signature is acceptable. A copy of the FPCC may be printed by HEE/NES/NIMDTA/Wales Deanery/foundation school. The FPCC should normally be printed on HEE/NES/NIMDTA/Wales Deanery/foundation school letter-head and where possible include an official stamp.

Failure to meet the requirements for satisfactory completion of the foundation programme (Outcomes, 3 and 4)

- 7.115. If the F2 ARCP panel decides that the foundation doctor has not met the requirements for satisfactory completion of F2, it should award an Outcome 3. Where such an outcome is anticipated, the foundation doctor should be invited to attend the panel. If this was not anticipated, the FTPD/T should invite the F2 doctor to a separate meeting, which may include other members of the panel.

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- 7.116. The F2 ARCP panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for HEE/NES/NIMDTA/Wales Deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. The maximum duration of any extension to F2 training should normally be for one year. The F2's employer should be informed of the outcome of the panel meeting.
- 7.117. If the panel decides that the foundation doctor should be released from the training programme, it should award an Outcome 4. HEE/NES/NIMDTA/Wales Deanery/foundation school should discuss with the Fitness to Practise Directorate of the GMC if the F2 ARCP panel awards an Outcome 4, irrespective of whether there was an extension to F2.

Extension to F2

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

Appeals against F2 ARCP outcome 3 or 4

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

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- 7.125. Foundation doctors can only appeal against a decision to withhold completion of a Foundation Programme Certificate of Completion (FPCC) if they can demonstrate that they have provided evidence indicating that they had successfully completed all requirements for satisfactory completion of the foundation programme to the ARCP panel by the specified date.
- 7.126. The panel may uphold an appeal and complete a Foundation Programme Certificate of Completion (FPCC) if it is satisfied that evidence was not considered appropriately e.g. administrative/process errors were made. The panel cannot however, complete a FPCC unless it is satisfied that there is sufficient evidence to support that the foundation doctor has met all of the required outcomes contained in [the curriculum](#), and that there are no on-going patient safety concerns. If the panel agrees that there is insufficient evidence or ongoing patient safety concerns, it can acknowledge the administrative/process error but must confirm the decision not to complete a FPCC.
- 7.127. It is not possible to appeal a decision to withhold completion of the a FPCC due to non-statutory leave in excess of the permitted 20 days, unless the amount of time of non-statutory leave itself is being contested.
- 7.128. The postgraduate dean (or nominated representative) should consider whether there are sufficient grounds for an appeal. If the postgraduate dean (or nominated representative) deems that there are sufficient grounds, they should arrange a formal appeal hearing, which should normally take place within 15 working days of receipt of a request for an appeal where practicable. Foundation doctors may support their appeal with further written evidence. All documentation which may be considered by the appeal panel must be made available to the foundation doctor.
- 7.129. The postgraduate dean, or a nominated representative, will convene an appeal panel to consider the evidence and to form a judgement where the details for appeal are deemed to give sufficient grounds for an appeal process to be instituted. Such an appeal should consider representations and evidence from both the foundation doctor and from those who are closely involved with their training, such as the educational supervisor or FTPD/T. There should be no cross-examination of parties external to the appeal panel.
- 7.130. The appeal panel should include the postgraduate dean or a nominated representative as chair, an independent FSD or FTPD/T from another foundation school, at least one consultant or GP from the same foundation school, a lay representative and a doctor in training from another location. The membership of the panel should not include members of the original ARCP panel. A representative from the personnel/HR directorate of the employer or HEE/NES/NIMDTA/Wales Deanery/foundation school must be present to advise the chair, for example, on equal opportunities, disability and diversity matters and to record the proceedings of the appeal. All members of the panel should have completed equality and diversity awareness training and be up-to-date with that training.
- 7.131. Foundation doctors also have a right to be represented at the appeal and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but this should not normally be a legal representative or a family member. However, if a foundation doctor wishes to be legally represented, the appeal panel chair should normally agree to their request. Legal representatives should be reminded that appeal hearings are not courts of law and the panel governs its own procedure, including the arrangements for the questioning of those providing evidence to the panel by the foundation doctor's legal representative.
- 7.132. In advance of the appeal hearing, the foundation doctor and the panel members should receive all documentation relevant to the appeal. The appeals panel may conduct enquiries as

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appropriate. The appeal panel should make its decision on the basis of the evidence submitted or provided at the appeal. The appeal panel has the power to overturn or modify the decision made by the original F2 ARCP panel. If they exercise this power, the FSD will abide by their decision. The decision of the appeal panel is final.

- 7.133. The postgraduate dean or nominated representative should normally notify the foundation doctor in writing of the outcome within five working days from the date of the appeal hearing.
- 7.134. The postgraduate dean or nominated representative will inform the foundation doctor's employer of the outcome of the appeal, in order that they may take any action they deem appropriate at this stage.
- 7.135. The foundation doctor may withdraw an appeal at any stage of the process. If the foundation doctor wishes to withdraw their appeal, they must write to the postgraduate dean or nominated representative.
- 7.136. It is considered best practice to ensure that any communication to foundation doctors about appeals or appeal processes be provided using a trackable means of communication that can confirm receipt of such materials by that doctor.

Terminating a F2 training contract

- 7.137. If a foundation doctor is dismissed by an employer, other than at the end of their fixed term contract, HEE/NES/NIMDTA/Wales Deanery/foundation school will normally terminate the training contract. HEE/NES/NIMDTA/Wales Deanery/foundation school must inform the foundation doctor's current and any known future employer as part of the foundation programme, when terminating a training contract.
- 7.138. HEE/NES/NIMDTA/Wales Deanery/foundation school should consider discussing the situation with the Fitness to Practise Directorate of the GMC if appropriate, unless a referral has already been made by the employer or representative of the employer responsible for dismissal.
- 7.139. The employer is responsible for publishing and managing the appeals process against dismissal for misconduct.

Resignation in F2

- 7.140. If foundation doctors resign from their employment, they should also inform HEE/NES/NIMDTA/Wales Deanery/foundation school, which will normally terminate the training contract. HEE/NES/NIMDTA/Wales Deanery/foundation school must inform the foundation doctor's current and any known future employer as part of the foundation programme, when terminating a training contract.
- 7.141. An ARCP outcome must be recorded for every period of training completed, and the panel should record the outcome as if resignation had not occurred.
- 7.142. HEE/NES/NIMDTA/Wales Deanery/foundation school should discuss with the Fitness to Practise Directorate of the GMC if they think there may be fitness to practise concerns (see 8.59).

8. Being a Foundation Doctor and an Employee

Accountability issues for employers, Health Education England local office/deaneries and foundation doctors

- 8.1. Foundation doctors are both pursuing training programmes under the management of HEE/NES/NIMDTA/Wales Deanery/foundation school and are employees in healthcare organisations. In fulfilling both of these roles they incur certain rights and responsibilities.
- 8.2. While HEE/NES/NIMDTA/Wales Deanery/foundation school is responsible for managing the delivery of training to foundation doctors this is always within the context of foundation doctors being employees of other organisations. Foundation doctors therefore have an employment relationship with their employer and are subject to their employing organisations' policies and procedures.
- 8.3. It is important therefore that employers are fully aware of the performance and progress of all foundation doctors in their employ. In addition, there must be a systematic approach to dealing with poorly performing foundation doctors. In this context, the relationship between the employer and HEE/NES/NIMDTA/Wales Deanery/foundation school must be clearly defined.

Roles and responsibilities

Employers

- 8.4. Employers are contracted to provide foundation training.
- 8.5. Employers issue contracts of employment for foundation doctors, their supervisors and other educational staff. They manage and implement any appropriate employment policies fairly and equitably and where concerns arise in relation to the capability, performance or conduct of the foundation doctor they ensure that these are managed appropriately working closely with clinical trainers, supervisors and the deanery. It is their responsibility to confirm that a foundation doctor holds the appropriate GMC registration, has the right to work in the UK, and undertake all other relevant pre-employment checks before allowing them to commence work.
- 8.6. All foundation doctors' hours and working patterns must be in accordance with the requirements of their terms and conditions and the [Working Time Regulations](#). Employers may include foundation doctors who are on academic or community rotations in the on call rota depending on local service needs and subject to appropriate supervision arrangements being in place.
- 8.7. Foundation doctors are included in their employers' arrangements for clinical negligence claims irrespective of the physical location of where they are working. The employing organisation is covered for acts of clinical negligence carried out by foundation doctors within a GP practice or other location away from the employing healthcare organisation, provided that the foundation doctor remains employed by the organisation while working elsewhere and the negligent act is carried out in the context of their employment.
- 8.8. Employers must ensure that there are systems and processes in place to induct, supervise, support, train, assess and monitor the progress of foundation doctors. This includes ensuring that foundation doctors are not required to work beyond their level of competence. There must be clear procedures to immediately address any concerns about patient safety arising from the training of foundation doctors.

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- 8.9. They must provide a safe working environment and protect their employees from bullying and harassment. This includes protecting employees from any form of discrimination because they have a protected characteristic for the purpose of the [Equality Act 2010](#).
- 8.10. There must be clear whistle-blowing policies so foundation doctors can confidentially raise concerns about patient care or about their training. Whistle-blowing refers to the raising of concerns by employees about possible fraud, crime, danger or other serious risk that could threaten patients, colleagues, the public or the organisation's reputation.
- 8.11. Employers must ensure that foundation doctors do not carry out inappropriate tasks (see 3.19 – 3.23).
- 8.12. Employers are also responsible for ensuring that there are appropriate facilities for high quality and safe training. This includes provision of appropriate teaching facilities, clinical skills facilities, libraries and IT facilities to access the e-portfolio and e-learning modules.
- 8.13. Employers must ensure that processes for recruitment to any vacant foundation posts, and supervisory and other educational roles are open, fair and effective. This includes monitoring equality and diversity data, analysing the results and taking action as required. They must include HEE/NES/NIMDTA/Wales Deanery/foundation school when recruiting to stand-alone F2 programmes.
- 8.14. Employers must make reasonable adjustments if required for foundation doctors with disabilities (see GMC [Gateways' Guidance](#) for more information).
- 8.15. Employers must ensure that appointees to the foundation programme have a period shadowing the F1 doctor who is in the post they will take up. The shadowing period should last a minimum of four days and include employee induction. It should take place as close to the point of employment as is possible (see 6.43 – 6.48).
- 8.16. Employers as LEPs (and other LEPs) are responsible for meeting GMC standards in [Promoting excellence: standards for medical education and training](#). They are responsible for the quality control of the training they deliver and this will be reviewed by HEE/NES/NIMDTA/Wales Deanery/foundation school quality management processes. GMC approval of foundation training is at both LEP and HEE/NES/NIMDTA/Wales Deanery/foundation school level.

HEE, NES, NIMDTA, Wales Deanery, foundation schools

- 8.17. HEE/NES/NIMDTA/Wales Deanery/foundation school is responsible for the foundation doctor's training and education while in recognised foundation programmes. HEE, NES, NIMDTA, Wales Deanery or the foundation school does not employ foundation doctors, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract HEE/NES/NIMDTA/Wales Deanery/foundation school has a legitimate interest in matters arising which relate to the education and training of foundation doctors within the employing environment.
- 8.18. HEE/NES/NIMDTA/Wales Deanery/foundation schools are responsible for:
 - organising training programmes/posts for foundation doctors; and
 - recruiting foundation doctors through nationally defined processes.
- 8.19. Equally, employers have a legitimate interest in being clear about the performance of foundation doctors as their employees. Excellent two-way communication between HEE/NES/NIMDTA/Wales Deanery/foundation schools and employers about the performance of foundation doctors is therefore essential.

- 8.20. So whilst HEE/NES/NIMDTA/Wales Deanery/foundation schools are responsible for commissioning and managing good quality training and education, employers must ensure that mechanisms are in place to support the training of foundation doctors and to enable problems which may be identified to be addressed at an early stage in an open and supportive way. At a minimum this should include:
- ensuring that clinical responsibility is tailored to a realistic assessment of the foundation doctors' competence so that patient safety remains paramount and the foundation doctor is not put at risk by undertaking clinical work beyond his/her competence
 - induction to both the employer and clinical environment. This should include, for example, introduction to key team members and their roles, clarity about any of the geographic areas where a foundation doctor might need to work, a working understanding of the equipment which might be required (especially in an emergency situation), access to and requirements for the use of protocols and guidance documents, supervision arrangements, out-of-hours arrangements, clearly defined supervisory arrangements, including an identified educational supervisor and sufficient and appropriate clinical supervision for every foundation doctor
 - clearly defined and timely training arrangements for foundation doctors, with objectives agreed early in their programme with their educational supervisor
 - regular opportunities to continue to plan, review and update these objectives
 - regular assessment of competence based on the GMC approved assessment processes, undertaken by trained assessors and handled in a transparent manner with substantiated and documented evidence of poor performance and conduct where and when this is necessary
 - where necessary, the support to deliver defined and agreed additional remedial training and
 - access to pastoral support.

Transfer of information during the Foundation programme

- 8.21. The basic structure of foundation programmes is a rotational experience which allows the foundation doctor to develop and demonstrate competences in a range of clinical settings and environments. Foundation doctors rely on the integrity of the foundation programme to support their growth and development within it. The ability to demonstrate competences and conduct appropriate to the level of training and the GMC's [Good Medical Practice](#) forms part of this continuum.
- 8.22. Foundation doctors must maintain a learning portfolio, which covers all aspects of their training. They must share this with their educational and clinical supervisors as they move through their programme, as part of the ongoing training process. The transfer of educational information from placement to placement within the training programme is fundamental to the training process and is applicable to every foundation doctor.
- 8.23. Foundation doctors also have an important employee/employer relationship with their employing organisation. In situations where an employer has had to take disciplinary action against a foundation doctor because of conduct or performance issues, it may be that the employment contract ends before these proceedings are completed. It is in the foundation doctor's interest to have the matter resolved, even if they move on or have already moved on to the next placement in the programme. HEE/NES/NIMDTA/Wales Deanery/foundation schools will usually help to facilitate this.
- 8.24. It will be essential in such circumstances for the educational supervisor and director or lead for medical education (e.g. Clinical Tutor, Director of Medical Education) at the foundation

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doctor's next placement to be made aware of the on-going training and/or pastoral needs to ensure that these are addressed.

- 8.25. It is also essential, for the sake of patient safety and to support the foundation doctor where required, that information regarding any completed disciplinary or competence issue and a written, factual statement about these, is transferred to the next employer. This should make reference to any formal action taken against the foundation doctor, detailing the nature of the incident triggering such action, any allegations that were upheld, but not those that were dismissed, and the outcome of the disciplinary action along with any on-going or planned remedial training. Information about any completed disciplinary procedure which exonerated the foundation doctor will not be passed on.
- 8.26. Under these circumstances the information should be transferred with the knowledge of the foundation doctor and HEE/NES/NIMDTA/Wales Deanery/foundation school to the educational lead in the next employing organisation. This also applies to existing, unexpired disciplinary warnings.
- 8.27. Where a foundation doctor has identified educational or supervisory needs which must be addressed as a result of the disciplinary process, information concerning these will be transferred by HEE/NES/NIMDTA/Wales Deanery/foundation school to the educational lead in the receiving employing organisation.
- 8.28. In all of these circumstances, the foundation doctor has the right to know what information is being transferred and has the right to challenge its accuracy, but not to prevent the information being transferred, subject to the requirements of the [Data Protection Act](#).

Managing concerns over performance during foundation training

- 8.29. In all professions it is recognised that sometimes employees may encounter difficulties during their career. These may show themselves in various ways, e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system.
- 8.30. Although it is recognised that the cost of training doctors is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety which is of paramount importance.
- 8.31. It is possible that disciplinary action initiated by one employing organisation will not be completed before the foundation doctor's employment contract expires and the foundation doctor moves on to the next employing organisation.
- 8.32. The end of an employment contract does not have to mean the disciplinary process may not continue. Any warning or suspension notice would cease to have effect once employment with the issuing employing organisation ends. However an enquiry may, if the employing organisation is willing, still proceed all the way to a finding. The range of responses to a disciplinary finding will, however be limited by the expiry of the employment contract. For example, the employing organisation will not be able to dismiss an ex-employee or ask that a subsequent employer dismisses them. Any proven offence must be recorded by the investigating employing organisation and should be brought to the attention of the GMC and HEE/NES/NIMDTA/Wales Deanery/foundation school to assess any impact on the training programme for the foundation doctor.
- 8.33. HEE/NES/NIMDTA/Wales Deanery/foundation school should be aware of any disciplinary action against a foundation doctor, at the earliest possible stage, and act on the information accordingly. If a foundation doctor is excluded when an employment contract ends HEE/NES/NIMDTA/Wales Deanery/foundation school may decide not to arrange for further

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placements to be offered until the enquiry has concluded. The best course in these circumstances may be to arrange with the existing employer an extension of employment until the matter is resolved. An employment contract cannot, however, be extended purely to allow disciplinary action, such as suspension, without the employee's express consent.

- 8.34. If practice is restricted for whatever reason when an employment contract ends, it would be reasonable for HEE/NES/NIMDTA/Wales Deanery/foundation school to arrange further placements with appropriate restrictions until the enquiry has reached a finding.
- 8.35. Once a finding has been reached, HEE/NES/NIMDTA/Wales Deanery/foundation school will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the foundation programme is the natural consequence.
- 8.36. HEE/NES/NIMDTA/Wales Deanery/foundation school will seek assurance from the employer through the educational contract that foundation doctors will be managed in accordance with best employment practice.
- 8.37. HEE/NES/NIMDTA/Wales Deanery/foundation school must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a foundation doctor, but may provide evidence to the panel and advise on training and education matters if required.

Poor performance and competence

- 8.38. Foundation doctors require close supervision. They must not be expected to exceed their level of clinical competence. Occasionally, foundation doctors fall below the standards of performance and progress expected of them.
- 8.39. Underperformance may be identified by a number of routes, which include any combination of the following:
 - the foundation doctor's reluctance or failure to engage fully in education and training
 - the foundation doctor's reluctance or failure to get fully involved in the assessment process;
 - concerns raised by clinical supervisors, educational supervisors, clinical directors or other members of the healthcare team
 - unexplained, repeated or prolonged absences from training or
 - serious incidents, events or complaints.
- 8.40. Often these factors are interrelated, so clinical and educational supervisors should look out for signs of such problems, and be ready to offer help and advice to foundation doctors. It is essential that the clinical and educational supervisors are clear about who will raise concerns, and these should be raised early and firstly with the foundation doctor. The specific issues should be documented, as should any relevant discussions. If the clinical supervisor raises concerns, the educational supervisor must also be informed. The educational supervisor may also wish to seek advice from the FTPD/T and HEE/NES/NIMDTA/Wales Deanery/foundation school. The educational supervisor may wish to seek advice from the foundation doctor's employer.
- 8.41. Managing and supporting foundation doctors in difficulty depends on a close working relationship between the employer, employer-based human resources, occupational health, HEE/NES/NIMDTA/Wales Deanery/foundation school and, wherever possible, the graduating medical school for foundation doctors in F1. It is important that all involved parties

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communicate at an early stage to understand their roles and responsibilities in relation to providing additional support and implement those responsibilities in an appropriate and timely manner.

- 8.42. If concerns relate to patient safety, the clinical supervisor, educational supervisor or the FTPD/T should discuss the matter with the relevant clinical director, head of service, medical director or general practitioner to ensure that appropriate measures are in place. HEE/NES/NIMDTA/Wales Deanery/foundation school must also be informed.
- 8.43. Where there are issues around poor performance and professional competence of a foundation doctor, the employer should advise HEE/NES/NIMDTA/Wales Deanery/foundation school and provide details of the action being taken to support and remedy any deficiencies. HEE/NES/NIMDTA/Wales Deanery/foundation school and employer must work closely together to identify the most effective means of supporting the foundation doctor, whilst ensuring that patient safety is maintained at all times. Educational and informal but clearly identified and documented action should be taken wherever possible, prior to invoking formal measures.
- 8.44. The foundation doctor's named clinical and educational supervisors should record all evidence of potential concerns about a foundation doctor's progression. The FTPD/T should work with the educational supervisor to monitor the progress of foundation doctors and identify at an early stage any who may need additional support. It is important that the employer is fully informed of the situation and that any relevant employment policies are implemented appropriately.
- 8.45. When a concern has come to light, the educational supervisor should ask those involved to describe, where possible in writing, the actual events that took place. This will form the basis for any subsequent discussion with the foundation doctor. In the first instance, the educational supervisor should meet with the foundation doctor and review their health, attitudes, skills and training environment, so that they can take appropriate supportive action and consider a referral to the local specialist trainee support unit where this exists. A learning plan should be devised with the foundation doctor, wherever possible. If the educational supervisor concludes that it is not possible to devise and deliver an appropriate learning plan, this should be discussed with the FTPD/T. A summary of all discussions should be documented and agreed with the foundation doctor. All meetings, discussions, plans and assessments should be recorded in writing.
- 8.46. The FTPD/T should be made aware early in the process that there is a problem. This is especially important where the problem is serious, the foundation doctor does not acknowledge that a problem exists, or fails to engage in the process.
- 8.47. The FTPD/T should discuss the concerns with the FSD so that additional support can be provided. This may include extra assessment, and specified remedial support. Such action may be separate to or part of the employer's performance or disciplinary procedure. The FSD should ensure all available and relevant local support mechanisms can be accessed to support the foundation doctor.
- 8.48. Where additional support is required, the FTPD/T, working with the educational supervisors, should introduce targeted/remedial training to try and ensure that the foundation doctor meets the requirements for satisfactory completion of F1 or the foundation programme. This could include the convening of an ARCP panel before the end of the year to review progress and make recommendations to support the foundation doctor's training. The foundation doctor's employer should be informed of any targeted or remedial training plan.

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- 8.49. It is recommended that the foundation doctor's clinical and professional performance is mapped carefully against both [the curriculum](#) outcomes and [Good Medical Practice](#). In this way, the FTPD/T, in partnership with the Health Education England local office/deanery/foundation school, should be able to provide a targeted/remedial input to support the foundation doctor. Every effort should be made to provide clarity over the issues that require attention and these should be provided to the foundation doctor, who may require assistance in understanding what the problems are and what they need to do to address them. The educational supervisor or FTPD/T must meet with the foundation doctor and discuss the areas of concern and the proposed targeted training. All discussion should be documented in the e-portfolio. These measures should also be relayed to the foundation doctor, and fully documented together with all the information that has been provided to the foundation doctor.
- 8.50. In exceptional circumstances, HEE/NES/NIMDTA/Wales Deanery/foundation school should consider engaging their local specialist trainee support unit, where one exists. HEE/NES/NIMDTA/Wales Deanery/foundation school should communicate any actions taken to the foundation doctor's employer in order that they can implement any appropriate employment policies and procedures. In addition, HEE/NES/NIMDTA/Wales Deanery/foundation school may wish to engage an external agency especially where the problems are of such significance that the foundation doctor might not ever make sufficient progress to complete F1 or the foundation programme, even after an extension. It may be necessary to undertake additional formal assessments to support the identification and documentation of issues and concerns and the development of an adequate educational diagnosis and prescription. Such investigations may include behavioural and cognitive assessments. The foundation doctor should also be referred to the occupational health service if this has not already happened.

F1 doctors and the medical school of graduation

- 8.51. For F1 doctors, it is essential that HEE/NES/NIMDTA/Wales Deanery/foundation school maintains close communication with the medical school of graduation for those foundation doctors who are identified as experiencing problems with their progress. The medical school of graduation retains responsibility for the foundation doctor until the F1 year is successfully completed, and full registration with the GMC awarded. This may not be practically possible where the medical school of graduation is outside the UK.
- 8.52. HEE/NES/NIMDTA/Wales Deanery/foundation school should work closely with the medical school of graduation to draw upon previous experience and clarify the areas of concern. This will enable the development of a specific educational prescription for any necessary extension to training.

Misconduct

- 8.53. It is important that any misconduct is brought to the attention of the FTPD/T and HEE/NES/NIMDTA/Wales Deanery/foundation school as soon as possible. The educational and clinical supervisors may be required to provide information about alleged misconduct to those conducting the investigation on behalf of the employer.
- 8.54. Misconduct should be taken forward in accordance with the employer's agreed disciplinary procedures in line with local policies. Processes must be in accordance with those set out in the relevant national guidance on maintaining high professional standards, including cases of personal misconduct that are unconnected with training progress. HEE/NES/NIMDTA/Wales Deanery/foundation school must be involved from the outset.
- 8.55. Foundation doctors must provide information in their e-portfolio of any concerns raised in relation to misconduct. The information recorded in the e-portfolio should include the

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outcome of any procedures or investigations undertaken by their employer, together with a reflective report on the episode by the foundation doctor. This is in addition to the declaration of fitness to practise required by the GMC when applying for full registration (see www.gmc-uk.org for more details).

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

Critical Incidents

- 8.57. On occasion a foundation doctor might make or be involved in a critical or serious, isolated medical error. All such incidents should be recorded in the doctor's e-portfolio. During F2, foundation doctors must report such incidents as part of revalidation.
- 8.58. Such situations may lead to a formal inquiry and are stressful for all staff involved. HEE/NES/NIMDTA/Wales Deanery/foundation school should be kept informed in writing at each stage of any such inquiry and should ensure that pastoral support is offered to the foundation doctor throughout the process.
- 8.59. Where a foundation doctor is expected to move to another placement before the inquiry has been completed, HEE/NES/NIMDTA/Wales Deanery/foundation school will ensure the continuing involvement of the foundation doctor in the inquiry process.

Poor performance and the GMC

- 8.60. On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC's fitness to practise process. Foundation doctors may be subject to fitness to practise investigation and adjudication by the GMC. Significant fitness to practise concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Guidance on managing such situations is available from the GMC - [GMC | A Health Professional's Guide - How to Refer a Doctor to the GMC](#)

Managing absence from training other than annual leave

- 8.61. The following applies to a foundation doctor who is absent from training when they would be expected to be training:
- the foundation doctor must advise the employing organisation and HEE/NES/NIMDTA/Wales Deanery/foundation school if they are absent due to ill-health, if they are going to be taking maternity/adoption/paternity leave or if they have to attend jury service; and
 - if the foundation doctor is taking time off from the foundation programme for sickness, jury service, maternity leave, adoption leave or paternity leave, and the cumulative sum of these absences exceeds 14 days in the current training year, then a review should be undertaken with the doctor to consider the likelihood of exceeding the 20 day maximum absence.
- 8.62. Payment in respect of ill-health, jury service, maternity, adoption and paternity absence remain the responsibility of the employing organisation.
- 8.63. If the foundation doctor is absent due to ill-health, entitled to be paid sick leave allowance and if the contract of employment expires before they return from sickness absence, then the original employing organisation should extend the contract of employment to allow the foundation doctor to remain employed during the period of paid sickness absence.

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- 8.64. If the foundation doctor is entitled to NHS Occupational Maternity Pay and the contract of employment expires after the 11th week before the Expected Week of Childbirth (EWC), then the employing organisation should extend the contract to allow the foundation doctor to remain employed by their original employing organisation during the period of maternity leave and for any additional period to enable them to complete any training missed during that leave.
- 8.65. Foundation doctors will need to participate in a Return to Work package at the end of any prolonged absence from work, including maternity leave. This should include consideration of returning to clinical learning as well as to clinical practice, and may include 'Keep in Touch' arrangements. Further guidance can be found on the [AoMRC website](#).

Ill health

- 8.66. As part of the induction process, FTPD/Ts should ensure that foundation doctors are made aware of the employer's sickness absence policy, including their responsibilities for informing the employer of illness and cover arrangements during absences.
- 8.67. Illness, particularly stress related or psychological illness, can first present as underperformance.
- 8.68. When identified, matters relating to ill-health or to substance misuse should be dealt with through employers' occupational health processes and outside disciplinary procedures where possible. If the doctor's fitness to practise is impaired by a health condition, the doctor should inform the GMC fitness to practise directorate and HEE/NES/NIMDTA/Wales Deanery/foundation school in writing. The GMC fitness to practise directorate should also be involved if the doctor fails to comply with any measures that have been put in place locally to address health issues.
- 8.69. Occupational health may recommend a review of the foundation doctor's training programme, including current or planned placements. If this is the case, the educational supervisor should meet with the foundation doctor to review their learning needs. The educational supervisor should work with the FTPD/T to adapt the rotation to meet the health needs of the foundation doctor if this is viewed as an appropriate adaptation, where feasible. The employer should be informed of the referral to occupational health and informed of any recommendations from occupational health to ensure that the foundation doctor obtains employer support and is managed appropriately in accordance with the employer's attendance management/sickness absence policy.

9. Appendices

- a) Sample job description for Foundation School Director (FSD)
- b) Sample job description for Foundation School Manager (FSM)
- c) Sample job description for Foundation Training Programme Director/Tutor (FTPD/T)
- d) Conditions of taking up a training post
- e) Security standards for foundation programme e-portfolios
- f) Foundation Year 1 Certificate of Completion (F1CC)
- g) Foundation Programme Certificate of Completion (FPCC)

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

Job Title: Foundation school director

Reports to: Postgraduate dean

Role overview:

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

Key responsibilities:

1. Strategic development:
 - To set the strategic direction of the school under the guidance of the dean
 - To work collaboratively with medical school(s) to aid seamless transition from undergraduate to foundation training
 - To work collaboratively with Local Education Providers (LEPs) to ensure foundation doctors have access to high quality foundation training
 - To provide an annual report to the UK Foundation Programme Office
 - To attend and represent the foundation school at national FSD meetings and UKFPO conferences.
2. Governance and Quality Management:
 - On behalf of HEE, NES, NIMDTA or Wales Deanery, to set in place appropriate quality management processes to ensure the school meets the standards for training for the Foundation Programme as described in [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 (FTPD/Ts), educational supervisors and clinical supervisors to ensure a consistent and coordinated approach to the delivery of [the curriculum](#). This includes induction, effective supervision, teaching programme, assessments, an appropriate workload, personal support and time to learn.
 - To ensure that only foundation doctors who meet the standards for satisfactory completion of F1 and the foundation programme are signed off.
 - To ensure that there are systems to identify and assist doctors with differing needs. This includes doctors who wish to train less than full-time, those returning after a career break, doctors with disabilities and those at risk of not meeting the requirements for satisfactory completion of F1 or the foundation programme.
 - To ensure that the school provides timely, accurate and appropriate career information.
 - To ensure that an appeals panel meets when necessary (including making sure that all appeals panel members have been trained in equality and diversity).
 - To collect and analyse equality and diversity data (including outcome data) and make changes to local processes if issues are identified. The impact of these changes will subsequently be monitored.
 - To ensure that the sponsor organisation is informed about issues regarding non-EEA doctors sponsored under the UK Border Agency Tier 4 visa.

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3. Faculty development:

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

4. External relations:

- To represent the foundation school at local and national meetings.

Person Specification:

	Essential	Desirable
Qualifications/ Education	Bachelors level degree or equivalent	Higher degree Postgraduate certificate or diploma in medical education
Skills/Training	<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 <i>foundation programme curriculum</i> and <i>foundation programme reference guide</i></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>	

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

Job Title: Foundation school manager

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

Role Overview:

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

Key responsibilities:

1. Programme management:
 - To manage the application process for foundation training in accordance with the national and HEE, NES, NIMDTA or Wales Deanery 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 Wales Deanery policy.
 - To provide regular reports for the foundation school board and committees and to deliver presentations in relation to foundation training as required.
 - To organise and contribute to the submission of the school's annual report to the UKFPO.
 - To ensure that all data held by and transferred out of the foundation school conforms to the principles of information governance including compliance with the obligations set out within the [Data Protection Act 1998](#) in relation to personal data.
4. Systems development:
 - To develop, maintain and monitor systems for the collection, entry and analysis of assessment data to support F1 sign-off, application for full registration with the GMC and foundation programme sign off.
 - To develop, maintain and monitor policies and procedures which meet the requirements laid down in the reference guide with reference to the acquisition of foundation competences outside the UK; appeals; doctors requiring additional educational support; less than full-time training; taster days and time out of the foundation programme.

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.

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

Job Title: Foundation training programme director/tutor

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

Role Overview:

The FTPD/T is responsible for the overall management and quality control of a foundation programme. FTPD/Ts should be allocated the equivalent of one session of programmed activity for every 20-40 posts. S/he will work with the local lead educators to ensure that each placement of the programme and the programme as a whole meets the HEE, NES, NIMDTA or Wales Deanery 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 Wales Deanery.
 - To ensure there is a database of local educators (educational supervisors, clinical supervisors, trained assessors).
4. To work with the FSD and faculty to ensure foundation training benefits from a coordinated approach:
- To liaise regularly with the FSD, FSM and other FTPD/Ts to ensure that best practices are shared and there is a coordinated approach to the development and management of foundation training programmes.
 - To attend foundation school management committee meetings (or equivalent).

9.d Conditions of joining a speciality training programme (Note: this is NOT an offer of employment)

Dear Postgraduate Dean,

On accepting an offer to join a training programme in [.....], I agree to meet the following requirements throughout the duration of the programme:

- I will always have at the forefront of my clinical and professional practice the principles of *Good Medical Practice* for the benefit of safe patient care. I am aware that *Good Medical Practice* requires me to keep my knowledge and skill up to date throughout my working life, and to regularly take part in educational activities that maintain and further develop my competence and performance.
- As a junior doctor in training, I will make myself familiar with my curriculum and meet the requirements set within it. I will use training resources available optimally to develop my knowledge, skills and attitudes to the standards set by the relevant curriculum. This will include additional requirements as set out by the relevant curricula.
- I will ensure that the care I give to patients is responsive to their needs, and that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers.
- I will ensure I treat my clinical and non-clinical colleagues with respect, promoting a culture of teamworking across all professions working in healthcare.
- I will maintain my General Medical Council (GMC) registration with a licence to practise (even if temporarily out of programme). For all trainees, failure to do so may result in a police investigation, immediate suspension from employment and referral to the GMC. Failure to do so may also result in my removal from the training programme.
- I understand my responsibilities within revalidation, that I must declare my full scope of practice (including locum positions) and that I will provide evidence for all areas of activity. I understand that my Responsible Officer is the Postgraduate Dean and that Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery or the Northern Ireland Medical and Dental Training Agency (NIMDTA) is my designated body.
- If starting at F1 level, I will have achieved a primary medical qualification as recognised by the GMC and obtained provisional registration by the time I am scheduled to commence the F1 year. I understand that I will need to obtain full registration with the GMC in advance of commencing as a F2 doctor.
- I will ensure that when carrying out work in a general practice setting, I am on the GP Performers List (specialty trainees only).
- I agree that I will only assume responsibility for or perform procedures in areas where I have sufficient knowledge, experience and expertise as set out by the GMC, my employers and my clinical supervisors.
- I will have adequate insurance and indemnity cover, in accordance with GMC guidance. I understand that personal indemnity cover is also strongly recommended.

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- I will inform my Responsible Officer, HEE/NES/the Wales Deanery/NIMDTA and my employer immediately if I am currently under investigation by the police, the GMC/General Dental Council (GDC), the National Clinical Assessment Service or other regulatory body, and I will inform my Responsible Officer and HEE/NES/the Wales Deanery/NIMDTA if I am under investigation by my employer. I also agree to share information on the progress of any investigations.
- I will inform my Responsible Officer, HEE/NES/the Wales Deanery/NIMDTA and my employer immediately if the GMC, GDC or NHS England place any conditions (interim or otherwise) on my licence, or if I am suspended or erased/removed from the Medical or Dental Register/Performers List.
- I will provide my employer and HEE/NES/the Wales Deanery/NIMDTA with adequate notice as per GMC guidance/contract requirements if I wish to resign from my post/training programme.
- I will maintain a prescribed connection with HEE/NES/the Wales Deanery/NIMDTA, work in an approved practice setting until my GMC revalidation date (this applies to all doctors granted full registration after 2 June 2014) and comply with all requirements regarding the GMC revalidation process.
- I will ensure that I comply with the standards required from doctors when engaging with social media, and I will adhere to my employer's policy on social media and GMC guidance.
- I acknowledge that as an employee in a healthcare organisation, I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes familiarity with policies, participating in employer and departmental inductions, and workplace-based appraisal as well as educational appraisal. I acknowledge and agree to the need to share information about my performance as a doctor in training with other organisations (e.g. employers, medical schools, the GMC, Colleges/training bodies involved in my training) and with the Postgraduate Dean on a regular basis.
- I acknowledge that data will be collected to support the following processes and I will comply with the requirements of the Data Protection Act 1998:
 - a) Managing the provision of training programmes
 - b) Managing processes allied to training programmes, such as certification, evidence to support revalidation and supporting the requirements of regulators
 - c) Quality assurance of training programmes
 - d) Workforce planning
 - e) Improving patient safety
 - f) Compliance with legal and regulatory responsibilities, including monitoring under the Equality Act 2010
 - g) Research related to any of the above
- I will maintain regular contact with my Training Programme Director, other trainers and HEE/NES/the Wales Deanery/NIMDTA by responding promptly to communications from them.

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- I will participate proactively in the appraisal, assessment and programme planning process, including providing documentation that will be required to the prescribed timescales and progressing my training without unreasonable delay.
- I will ensure that I develop and keep up to date my learning e-portfolio, which underpins the training process and documents my progress through the programme.
- I agree to ensure timely registration with the appropriate College/Faculty.
- I will support the development and evaluation of my training programme by participating actively in the national annual GMC Trainee Survey/programme specific surveys as well as any other activities that contribute to the quality improvement of training.
- I acknowledge that where programmes are time dependant, failure to complete the required time in programme may result in an unsatisfactory outcome.

In addition, I acknowledge the following specific information requirements:

1. I understand that programme and post allocations are provisional and subject to change until confirmed by HEE/NES/ the Wales Deanery/NIMDTA and/or my employing organisation.
2. I understand that I will need to satisfy all requirements of the programme and curriculum to enable satisfactory sign off, and that this may require a specific time commitment.
3. I agree to the following:
 - a. I will obtain and provide my School and HEE/NES/the Wales Deanery/ NIMDTA with a professional email address.
 - b. I will inform my School and HEE/NES/the Wales Deanery/NIMDTA of any change of my personal contact details and/or personal circumstances that may affect my training programme arrangements.
 - c. I will keep myself up to date with the latest information available via HEE/ NES/the Wales Deanery/NIMDTA as well as via the relevant educational and regulatory websites.
 - d. I will attend the minimum number of formal teaching days as required by my School/programme.
4. Where applicable, I will fully engage with immigration and employer requirements relating to Tier 2 and Tier 4 UK visas.

I acknowledge the importance of these responsibilities and understand that they are requirements for maintaining my registration with the Postgraduate Dean. If I fail to meet them, I understand that my training number may be withdrawn by the Postgraduate Dean.

I understand that this document does *not* constitute an offer of employment.

Yours sincerely,
Trainee's signature

Trainee's name

Date

9.e Security standards for foundation programme e-portfolios

Introduction

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

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

The data processor, for the purposes of the Data Protection Act 1998 is the supplier of the e-portfolio system in question

The COPMed National E-portfolio Management Group has agreed the following security standards. These conform to the Cabinet Office Report "[Data Handling Procedures in Government: Final Report](#)", June 2008, the [Freedom of Information Act 2000](#) and the [Data Protection Act 1998](#). HEE/NES/NIMDTA/Wales Deanery/foundation schools and e-portfolio providers must ensure foundation programme e-portfolios conform to these standards.

Section 1 – Patient Confidentiality

Standard:

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

Rationale:

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

Mandatory requirements:

- Providers must display instructions to users not to upload any data that could identify an individual patient.
- Any data relating to patients must be anonymised. This includes, but is not restricted to, data recorded as part of assessments and reflective logs.

Section 2 – Trainee confidentiality and access to data

Standards:

Personal data collected will be protected in accordance with the [Data Protection Act 1998](#).

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

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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.

Mandatory requirements:

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

Appendix 9e: Table 1 - Recommended levels of access

Job Title	Access Level	Access Duration
Foundation doctor	All own data only	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 year Read-only: Unrestricted
Foundation Training Programme Director/Tutor (FTPD/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 Read-only: Unrestricted
E-portfolio provider / system administrator	All e-portfolio data	Access must comply with HEE's Information Governance Policy or equivalent in the devolved nations

Section 3 – Quality management

Standard:

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

Rationale:

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

Mandatory requirements:

- Only specially designated user accounts at a particular foundation school have the ability to create new users and to assign access levels.
- The process for requesting the correction of user errors must be clearly documented and instructions issued to all e-portfolio users.
- Providers should put systems in place to authenticate all users' identities (including individual doctors and assessors).

Section 4 – Database security

Standards:

All foundation programme e-portfolios must employ strategies to reduce the risk of unauthorized access and data loss.

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

Rationale:

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

Mandatory Requirements:

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

9.f Foundation Year 1 Certificate of Completion (F1CC)



Foundation Year 1 Certificate of Completion (F1CC)

(DOCTOR'S NAME):

GMC number:

Foundation school:

Medical school:

undertook the following F1 training:

	Specialty	Clinical Supervisor	Local Education Provider	Date from (dd/mm/yy)	Date to (dd/mm/yy)
1					
2					
3					
4					

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of foundation year 1 as laid down by the General Medical Council and set out in the *foundation programme curriculum* and the *foundation programme reference guide*.

Signature: _____ Name: _____

Designation: Foundation School Director Date: _____

9.g Foundation Programme Certificate of Completion (FPCC)



Foundation Programme Certificate of Completion (FPCC)

(DOCTOR'S NAME)

GMC number:

Foundation school:

Medical school:

undertook the following F2 training:

	Specialty	Clinical Supervisor	Local Education Provider	UK APS*	Date from (dd/mm/yy)	Date to (dd/mm/yy)
1				Yes/No		
2				Yes/No		
3				Yes/No		
4				Yes/No		

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

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of the foundation programme (F2) as laid down by the General Medical Council and set out in the *foundation programme curriculum* and the *foundation programme reference guide*.

Signature: _____ Name: _____

Designation: Foundation School Director Date: _____

10. Glossary of terms

Appraisal	A positive process to provide feedback on the foundation doctor's performance, chart their continuing progress and identify their developmental needs.
APS	Approved practice setting.
ARCP	Annual Review of Competence Progression.
MSC	Medical Schools' Council (Heads of medical schools and Deans of UK Faculties of Medicine).
Foundation Programme Certificate of Completion (FPCC)	Awarded to the foundation doctor at the end of foundation training to indicate that the foundation competences have been successfully achieved.
Foundation Year 1 Certificate of Completion (F1CC)	Awarded to the foundation doctor at the end of the foundation year 1 (F1) to indicate that the F1 competences have been successfully achieved.
COGPED	Committee of GP Education Directors.
Competence	The possession of requisite or adequate ability, having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from performance, which denotes what someone is actually doing in a real life situation.
Competences	The skills that doctors need. Please see the curriculum for full details.
COPMeD	Conference of Postgraduate Medical Deans in the UK.
Curriculum	A curriculum is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning, assessment, supervision, and feedback.
F1	The first foundation year which follows on from graduation from medical school and which is prior to full registration with the General Medical Council (GMC).
F2	The second foundation year; follows full registration with the GMC.
Foundation school director (FSD)	The head of the foundation school. The FSD is accountable to the postgraduate dean
Foundation school manager (FSM)	The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM reports to the FSD.
Foundation training programme director/tutor (FTPD/T)	The individual appointed by the Health Education England local office/deanery and local education provider (LEP) to manage and lead a foundation programme.
GMC	General Medical Council. The GMC's statutory purpose is 'to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine'
Local education provider (LEP)	Postgraduate education providers of placements as part of programmes for example trusts, Health Boards, general practices. There should be a service level agreement or equivalent between LEPs and the Health Education England local office/deanery or commissioner of education.
Named clinical supervisor	A doctor who is selected and appropriately trained to be responsible for overseeing a specified foundation doctor's clinical work and providing constructive feedback during a training placement.
Named educational supervisor	A registered and licensed medical practitioner who is selected and appropriately trained to be responsible for the overall supervision and management of a specified foundation doctor's educational progress during a training placement or series of placements.
OOP	Approved time out of the foundation programme.

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Placements	The clinical components of an individual foundation programme, typically consisting of three specialties in either a F1 or F2 rotation.
Placement supervision group	The group consists of trainers nominated in each placement by the named clinical supervisor. Their observations and feedback will inform the clinical supervisor's end of placement report.
Professionalism	Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients' best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs (from the Workplace-Based Assessment Subcommittee of the PMETB).
Programme	A managed educational experience.
Rotation	A series of placements grouped together to make either an F1 or F2 rotation.
Training posts	These are the training opportunities contracted with foundation doctors by healthcare organisations during their individual foundation programmes at either F1 or F2 level.

The GMC also hosts a glossary in *Promoting excellence: standards for medical education and training* which may be useful to reference: <http://www.gmc-uk.org/education/27395.asp>

11. Index of Foundation Programme processes

This section lists all of the specific processes referred to in the reference guide. Health Education England local office/deaneries may wish to ensure that they provide guidance for each of the following processes. This could include use of nationally developed guidance or locally adapted guidance.

- [Pre-allocation to a foundation school \(special circumstances\)](#)
- [Changing foundation schools and inter-foundation school transfers](#)
- [Deferring the start of foundation training](#)
- [Medical graduates who start foundation training out of phase](#)
- [Filling gaps in programmes, locum appointments](#)
- [Transfer of information](#)
- [Shadowing](#)
- [Induction](#)
- [Generic teaching and study leave](#)
- [Less than full-time training](#)
- [Time out of Foundation Programme](#)
- [Acquisition of foundation competences outside of the UK](#)
- [Inappropriate tasks](#)
- [Approved practice settings \(APS\)](#)
- [Requirements for satisfactory completion of F1](#)
- [Requirements for satisfactory completion of the Foundation Programme](#)
- [Doctors in difficulty](#)
- [Failure to meet requirements for satisfactory completion of F1](#)
- [Failure to meet requirements for satisfactory completion of F2](#)
- [Misconduct](#)
- [Doctors who are ill](#)
- [Doctors who are underperforming](#)
- [Permanent withdrawal from the Foundation Programme.](#)