Medical students graduated after four-six years in medical school and were allocated one year placements working in a hospital as a Pre-Registration House Officer (PRHO).

Provisional registration: The GMC granted provisional registration to UK medical school graduates, provided they passed their final exams. Provisional registration was required before taking up their first post in the NHS as a PRHO.

Application process for PRHO post: Local application processes, mostly paper-based, with regional variations in applications, timelines and methodologies.

Medical students graduate after four-six years in medical school and apply through a system of open and fair competition for a place in a two-year Foundation Programme.

Provisional registration: There is no change in the process. Provisional registration is required before taking up a foundation year 1 post.

Application process for the Foundation Programme: National application process, mostly electronic, with all foundation schools and deaneries adhering to a set timeline, national person specification, application form and common scoring guidelines.
<table>
<thead>
<tr>
<th>Pre-Registration House Officer PRHO</th>
<th>The Foundation Programme Foundation Year 1 (F1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior House Officer (SHO) – First Year</td>
<td>The PRHO year consisted of:</td>
</tr>
<tr>
<td>• a minimum of three months in medicine and three months in surgery (as required by the GMC). In practice, this typically equated to a six-month placement in medicine and a six-month placement in surgery</td>
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</tr>
<tr>
<td>• a named educational supervisor</td>
<td>• three four-month placements – medicine, surgery and another specialty</td>
</tr>
<tr>
<td>• no national curriculum</td>
<td>• a named educational supervisor</td>
</tr>
<tr>
<td>• no standardised assessment process</td>
<td>• formal training based on a national curriculum for foundation doctors</td>
</tr>
<tr>
<td>• no national learning portfolio</td>
<td>• regular workplace-based assessments of competence using the explicit criteria in the foundation curriculum</td>
</tr>
<tr>
<td>• informal access to careers advice</td>
<td>• a national learning portfolio, which must be maintained in order to progress</td>
</tr>
<tr>
<td>Full registration with the GMC: At the end of this year, subject to sign-off by their medical school a doctor became fully registered with the GMC.</td>
<td>Full registration with the GMC: At the end of this year, subject to sign-off by the medical school, doctors become fully registered with the GMC, and continue into foundation year 2 (F2). From 2007, the GMC will award full registration based on the achievement of the outcomes required in the foundation curriculum.</td>
</tr>
</tbody>
</table>

Application process for first year SHO posts: Doctors applied for SHO jobs within six-eight months of beginning work as a PRHO. Applications were on a competitive basis with UK, EEA and non-EEA doctors.

<table>
<thead>
<tr>
<th>First Year SHO Posts</th>
<th>Foundation Year 2 (F2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year SHO jobs were typically either six-month standalone posts or one-three year programmes, usually in an organised rotation (e.g. GP vocational training scheme, basic surgical training programme). Standalone and rotational posts required individual and often multiple applications.</td>
<td>The typical year will consist of three varied four-month placements. Many programmes include at least one placement in a “shortage specialty” (a specialty that is actively recruiting), academic medicine or general practice, giving trainees the opportunity to try out a number of different specialties before making a decision about which specialty training programme they would like to pursue.</td>
</tr>
<tr>
<td>Under the Foundation Programme, each doctor will have:</td>
<td></td>
</tr>
<tr>
<td>• an educational supervisor</td>
<td>• an educational supervisor</td>
</tr>
<tr>
<td>• formal learning sessions (approx three hours per week)</td>
<td>• regular formal learning sessions</td>
</tr>
<tr>
<td>• regular meetings with their educational supervisor</td>
<td>• regular meetings with their educational supervisor</td>
</tr>
<tr>
<td>• informal access to career advice</td>
<td>• formal access to career advice</td>
</tr>
<tr>
<td>• there was no requirement for formal assessment of clinical or professional competence</td>
<td>• regular workplace-based assessment against the standards of competence set in the curriculum, which explicitly define the level of competence expected by the end of F1 and F2 years respectively</td>
</tr>
</tbody>
</table>

In some cases, the early years of postgraduate training were found to have poorly planned training, variable supervision, a heavy workload and limited opportunities for appraisal and feedback. 

By the end of the Foundation Programme, all doctors will have achieved the same generic clinical and non-clinical competences defined in the national curriculum, regardless of the precise nature of their placements over the two years. They will all be competent and safe members of a Hospital at Night team.
Entry into specialist training programmes typically required junior doctors to pass the relevant Royal College membership exams. Many doctors spent much of their spare time preparing for these exams, which often dominated their training.

After the transitional period, Royal College exams will not be entry criteria for specialty training, and trainees are able to concentrate on mastering the generic clinical and professional skills defined in the foundation curriculum without needing to do extra work for college exams in their spare time.

Application process:
Doctors competed for six-month posts or rotations lasting for up to three years to build up experience and knowledge either in a range of specialties, or in a specific specialty. Each post or rotation was applied for separately, and successive posts were not necessarily designed with the doctor’s past experience and current training needs in mind.

Application process:
A doctor can compete for a place on a run-through specialty training programme to begin immediately upon successful completion of the Foundation Programme.

Alternatively, doctors can apply from career posts, fixed term specialist training posts and from other specialist/GP run-through training programmes. These programmes may begin at a more senior level than those just leaving the Foundation Programme.

Specialist/GP “Run-Through” Training Programmes

Doctors who were initially unsuccessful could apply repeatedly for an NTN. Career progression was not clear.

Many doctors tried to improve their chances of securing a specialist training post by completing a PhD/MD or other research degree, although this was not specifically required for entry into a specialist training programme. This quite often led to a delay of several years between entry to the SHO grade and progression to specialty training.

Run-through specialist/GP training will be delivered in a focused and structured way to new curricula for each programme, which meet the standards of the Postgraduate Medical Education and Training Board (PMETB). Standardised assessments will be used to assess competences set out in the specialty curricula.

Unless a doctor is going into an academic medical career, a research degree is unnecessary for securing a place on a specialist/GP training programme.

Transition:
During the transition period from the old system to the new system, successful candidates will enter specialty training at a defined point in the programme that takes account of the competences they have already gained, removing the need to repeat periods of training from other previous experience.

Career progression is based on the acquisition of competences as set out in each specialty’s curriculum.

Specialist Registrars (SpRs)

Once a doctor competed successfully for a place on a specialist training programme, they got an NTN and became an SpR.

If a doctor wanted to change specialties, they often had to start at the beginning of the new specialty training programme. However, previous relevant experience could be counted.

Specialist training was delivered in accordance with royal college derived curricula which were approved by the Specialist Training Authority.

SpRs were assessed annually by the record of in-training assessment (RITA) process, which was not nationally standardised and not always based on formal workplace-based assessment of competence.
Doctors who successfully complete the Foundation Programme, but do not go into run-through specialist or GP training programmes, can apply to enter fixed-term specialist training posts. Each year-long post must be applied for separately. These will only be available in hospital settings.

These are educationally approved training posts which are under the auspices of the postgraduate medical deans.

These posts will reflect the first and second years of a specialist training curriculum so that a doctor will be able to achieve competences to those levels. There will be no developmental training past the second year for doctors staying in these posts. No post will be offered at the third year level of specialist training or beyond.

At any time whilst working in these posts, doctors will be able to apply for:
1. a specialist or GP run-through training post
2. a fixed-term specialist training post in another specialty.

Alternatively, after completing the competences for the first two years of a specialist training curriculum, a doctor may apply for a career post.

After successful completion of SpR training in a specialty, the hospital doctor was awarded a CCST, and a GP was awarded a letter of completion of training. At this point, the doctor was eligible to apply for a senior medical appointment (e.g. consultant or GP principal).

After successful completion of run-through specialist training, the doctor will be awarded a CCT and is then eligible to apply for a senior medical appointment (e.g. consultant or GP principal).

F1 and F2: Foundation year 1 (F1) and Foundation year 2 (F2) make up the two-year Foundation Programme which all UK medical graduates are required to undertake before progressing to specialty or GP training. These two years effectively replace the pre-registration house officer (PRHO) year and the first year of senior house officer (SHO) training. Foundation doctors are trained and assessed against specific competences set out in the Curriculum for the Foundation Years in Postgraduate Education and Training. This curriculum was agreed with the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB).

Foundation schools: Foundation training is managed in a way that brings together medical schools, postgraduate deaneries and health care providers to provide training in a variety of specialties and settings (acute, community, mental health and general practice). This training is supported and overseen by the postgraduate medical deaneries. This administrative body may be referred to as a foundation school.
Specialist and GP training programmes
(run-through training):
These are specialist and GP training programmes which candidates who are successful in their application can start directly after the F2 year. Once a doctor is in specialist or GP training, they will have the opportunity to gain a Certificate of Completion of Training (CCT), subject to satisfactory progress. Each programme will have a curriculum, agreed by PMETB, against which doctors in training will be assessed. The number of years that a trainee spends in training will vary from programme to programme. After a doctor receives a CCT, they will be legally eligible for entry to the Specialist or GP Register and can then apply for an appropriate senior medical appointment.

Specialty/GP training schools:
As with foundation training, specialist and GP training programmes will be delivered through a range of organisations, overseen and supported by the postgraduate deans. Similarly, this administrative body may be known as a specialty/GP training school.

Specialist and GP Registers (CCT route vs Article 14/11 route):
Once a doctor is awarded a CCT by PMETB at the end of a training programme, they will be eligible for entry to the Specialist or GP Register held by the GMC. A doctor who has not completed a specialist/GP training programme may apply for entry to the Specialist or GP Register through PMETB. If PMETB is satisfied, they may be entered on the appropriate register. (This route is defined by Articles 11 and 14 of the General and Specialist Medical Practice (Education Training and Qualifications) Order 2003). Once a doctor is on the register, they are then eligible to apply for an appropriate senior medical appointment.

Senior medical appointments:
These may cover, for example, GP principals, other employed GPs, consultants or other specialist roles. These roles will be determined by the service.

Fixed-term specialist training:
These appointments will be for a fixed period. They will offer training in a specialty which broadly reflects the first and second years of training in that specialty. Training in these posts will be to explicit standards which will be assessed and documented against explicit standards. The duration of these posts is one year.

Career posts:
These positions are service delivery posts with no formal specialty training elements. However, employer appraisal and relevant continuing professional development will be an essential part of these doctors' careers. These posts will only be available in secondary care.

Competitive entry:
Progress through each stage of training will be through open and fair competition.

For more information and to find out how the changes to medical training affect you, go to: www.mmc.nhs.uk