A Guide to Foundation Training in Scotland
# Table of Contents

**Foreword** 1

**Introduction** 3

**Section 1 Guiding principles of Modernising Medical Careers** 6
- How does Modernising Medical Careers affect foundation training? 8
- Foundation Programmes – outcomes and competences 9
- Career planning 11
- After the Foundation Programme 11

**Section 2 Roles and responsibilities** 12
- The statutory authorities 14
- NHS Education for Scotland and its postgraduate deaneries 15
- Responsibilities of deaneries and NHSScotland Boards 17
- Responsibilities of the Foundation Doctor 18
  - Table 1 – The Foundation Programme 19
  - Table 2 – NHS Education for Scotland and its postgraduate deaneries 20

**Section 3 Accessing foundation training** 22
- UK, EU and other medical graduates who are eligible to apply for a two-year Foundation Programme 24
- Applying for a two-year Foundation Programme 25
- Applying for foundation training outwith the SFAS scheme 27
- Inter-Deanery Transfers for foundation training 27
- Medical graduates who start foundation training out of phase (asynchronous starters) 28
- Allocation of F1 and F2 training opportunities following selection into a two-year Foundation Programme 29
- Deferring the start of foundation training 29

**Section 4 Leaving foundation training** 30
- Temporary withdrawal from a Foundation Programme 32
- Guidelines for taking Time Out of Foundation Programmes 33
- Gaining foundation competences outside the UK 34
- Permanent withdrawal from a two-year Foundation Programme 35

**Section 5 Meeting educational needs** 36
- Flexible training 38
- Study leave 39
- Academic opportunities during foundation training 40
- Equal opportunities 41
- Defence Medical Services trainees 41
Section 6  The foundation training curriculum  

- The curriculum 44
- The educational environment 44
- Developing the Foundation Training Faculty 45
- Clinical and educational supervision 45
  - Clinical supervision 46
  - Educational supervision 46
- The shape and content of Foundation Programmes 47
  - General practice 47
  - Shortage or priority specialties 47
  - Embedded taster experience 48
  - Placements designed to allow experience of more than one specialty at a time 48
- Formal teaching programme for the development of professional skills during F1 and F2 49
  - F1 professional learning programme 49
  - F2 professional learning programme 50

Section 7  Assessment during foundation training  

- Assessment during foundation training 54
- The foundation training portfolio and appraisal of Foundation Doctors 55
- When a Foundation Doctor fails to make progress during foundation training 56
  - Failure to complete Foundation Year 1 (PRHO year) satisfactorily 56
  - Failure to complete Foundation Year 2 satisfactorily 57

Section 8  Approving foundation training  

- Approval of Foundation Programmes 62
- Identifying Foundation Programmes 62
- Foundation Programmes that cross deanery boundaries 63
- Commissioning F1 and F2 training opportunities 64

Section 9  Appendices  

- Foundation Programmes in Scotland 68
- Good Medical Practice 72
- Model job description for a Foundation Tutor 74
- Person Specification to enter a two-year Foundation Programme 76
- Model Training and Service Agreement 78
- Time Out of Foundation Programme Request Form 84
- General practice and foundation training 86
- Embedded Taster Experience – draft template 88
- F2 Foundation Achievement of Competence Document 91
- Trainees with the Defence Medical Services 92
- Glossary of Terms 93
Modernising Medical Careers (MMC) is a UK-wide strategy to reform postgraduate medical education, the career pathways of doctors and the way they will be able to practise in tomorrow's health service. The MMC policy, published by the four UK Health Ministers in 2003, will deliver a postgraduate education strategy that is based around clearly defined clinical and non-clinical competences that will support a process of lifelong professional development. It builds on the specialist training reforms begun some ten years ago.

The first component of this modernised training programme for doctors will be a two-year Foundation Programme: a planned programme of supervised clinical practice designed to provide a bridge between undergraduate and postgraduate medical training. Implementing this first phase will allow new graduates to work and learn in carefully planned, structured and managed training programmes. The NHS cannot afford to lose this opportunity to ensure that, early in their careers, doctors are specifically trained to provide safe patient care and are confident in managing acutely ill patients.

This Guide to Foundation Training is designed to help Postgraduate Deans in partnership with medical school colleagues, Foundation and Postgraduate Tutors and Supervisors, the NHS, and others to use a common approach to implement foundation training in Scotland. It is also there as a reference and support for trainees or Foundation Doctors. The principles that underpin it are common across the UK. This guide reflects the different service, educational and training arrangements that are found in Scotland, where Modernising Medical Careers is integrated within a broader programme to modernise clinical careers.

The enormous contribution of Professor Shelley Heard and of Postgraduate Deans and many others across the UK in the development of this guide is gratefully acknowledged.

Stuart G Macpherson
Chairman
MMCScotland Delivery Group
Scottish Executive

July 2005
Foundation Doctors

The first wave of doctors begin training under the Modernising Medical Careers programme in August 2005. They will enter one of 53 Foundation Programmes across Scotland. This is an important moment. What they are called throughout NHSScotland and how patients and the public identify them are also important.

The old titles PRHO and SHO (Pre-Registration House Officer and Senior House Officer) seem to us at odds with the new two-year integrated Foundation Programme. PRHOs are but part of this programme and SHO posts will be substantially scaled down or phased out as the full MMC reforms are implemented over the next few years.

We believe that this new kind of doctor deserves a new title. Our proposal is that they are called ‘Foundation Doctor’. It is a simple title and signals clearly to all exactly what this new doctor is. Where necessary it will be possible to distinguish between an F1 and an F2 Foundation Doctor.

Throughout this guide we have used this title wherever it is appropriate to do so. This is only a change in title; not a change to terms and conditions of service, which remain as they are for these two years.

It is timely to test this proposal now and to learn from all concerned how acceptable it is.

MMCScotland Delivery Group

July 2005
1. Modernising Medical Careers (MMC) is a broad policy statement from the four UK Health Ministers that was published in February 2003. It sets a new direction for postgraduate medical education, reflecting formal consultation on proposals for reform originally set out in *Unfinished Business: reforming the SHO grade*.

2. MMC aims to ensure high levels of patient safety, and the delivery of better standards of patient care by improving the effectiveness of healthcare teams and developing medical practitioners who are accountable and sensitive to the needs of patients and the NHS as they progress in their careers.

3. The concept of Foundation Programmes (FPs), encompassing the current pre-registration and the first year of post-registration training, is one of the most fundamental and innovative proposals of MMC. This guide sets out the parameters within which FPs will develop under the auspices of the four UK Health Departments, the General Medical Council (GMC), the Postgraduate Medical and Education Training Board (PMETB)\(^1\) and the Postgraduate Deans. The GMC and PMETB are responsible for setting the standards of training, whilst the Postgraduate Deans are responsible for managing the delivery of training to meet the standards set by the GMC and PMETB.

4. The *Curriculum for the Foundation Years in Postgraduate Education and Training* was published in April 2005 and is available at [www.mmc.scot.nhs.uk](http://www.mmc.scot.nhs.uk). It sets out the outcomes and competences required by the end of foundation training. This guide has been developed in response to it; to help support its implementation by postgraduate deaneries, Foundation Tutors and the local health communities through which foundation training is commissioned, and to support Foundation Doctors (FDs).

5. The guide has been prepared for use in Scotland. It is derived from the document produced on behalf of the MMC Team in England entitled *Operational Framework for Foundation Training*. While the guide adheres to the overarching principles set out in the *Operational Framework*, its approach reflects the different organisational structure in Scotland, most notably the unique role that NHS Education for Scotland (NES) plays in Scottish postgraduate medical education.

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\(^1\) In September 2005 the Postgraduate Medical Education and Training Board will replace the Specialist Training Authority of the Medical Royal Colleges and the Joint Committee on Postgraduate Training for General Practice.
6. Foundation Programmes begin from August 2005. From that time all UK medical graduates who have not yet undertaken pre-registration training will apply for entry to a two-year Foundation Programme following graduation. Foundation Year 1 (F1) will replace the current Pre-Registration House Officer (PRHO) year. Successful completion of F1 will result in full registration with the GMC. This will be followed by Foundation Year 2 (F2), characterised by specific and defined educational objectives.

7. The strategic direction of postgraduate medical education is set out in Modernising Medical Careers, the Next Steps: The future shape of Foundation, Specialist and General Practice Training Programmes (available on www.mmc.scot.nhs.uk). Its Annex 2, A Firm Foundation, describes the standards for foundation training and emphasises that the Foundation Programme will be ‘the bridge between undergraduate medical training and specialist and general practice training’.

8. The new policy direction heralded by MMC needs to be placed firmly within the context of the General Medical Council’s Good Medical Practice (GMP). All FDs should ensure that they have read Good Medical Practice and are fully conversant with its content. It sets out the standards of clinical and professional performance expected of the medical practitioner. Appendix 2 of this guide reproduces the Duties of a Doctor registered with the GMC and seven fundamental principles of good professional practice. Both are part of Good Medical Practice. All doctors should be aware of GMP, not only because these are the standards against which a medical practitioner’s performance will be judged throughout their professional life, but also because adherence to them will ensure that patients receive high standards of safe and effective healthcare.

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Section 1
Guiding principles of Modernising Medical Careers

• How does Modernising Medical Careers affect foundation training?

• Foundation Programmes – outcomes and competences

• Career planning

• After the Foundation Programme
There are four key educational principles to Modernising Medical Careers (MMC) that set the context for Foundation Programmes (FPs):

- **Outcome-based**: MMC makes clear that outcome-based learning and training will mark a key change in the direction of postgraduate medical education.

- **Defined competence**: These outcomes define in broad terms what the doctor can be expected to offer as a professional upon completion of the training programme. However, at each stage of training there should be clarity about the areas of competence to be reached. Trainees must achieve explicit incremental standards at each stage of training in order to progress.

- **Assessment of competence**: The assessment of competence and performance in various defined clinical and professional areas of practice. Since assessment drives learning, the introduction of assessment that looks at the core competences (competency-based assessment) at all stages of postgraduate medical education signals a major educational development.

- **Professional development and life-long learning**: MMC recognises that doctors need to develop an ability to support flexibility within their careers so that they can respond to an ever-changing health environment. This need for life-long learning, career development and reflection should be placed within the context of professional development as described in Good Medical Practice. For example MMC highlights excellent team-working skills as key to professional behaviours that will support patient safety and good clinical care. It also makes an explicit commitment to supporting the development of those who want to pursue an academic career.

Robust educational arrangements will be required to underpin these principles, to support both the delivery of the training programmes and the individuals undertaking them. These arrangements should, however, be set within the context of learning from patients and professionals within the workplace. Training, education and learning must coexist with the care and service provided to patients. The healthcare system has two core functions:

i. to promote good health and provide healthcare (in the widest sense and including research and development) to those who require it today; and

ii. to promote good health and provide healthcare for the generations to come.

All foundation training will be set within a structured Foundation Programme. This reflects the move of postgraduate medical education in the UK from experiential training gained in a series of posts to training gained through a structured programme which is also experientially based, but managed within a coherent framework of training. This builds on the changes that have already taken place in specialist training.

How does Modernising Medical Careers affect foundation training?

1. There are four key educational principles to Modernising Medical Careers (MMC) that set the context for Foundation Programmes (FPs):

2. Robust educational arrangements will be required to underpin these principles, to support both the delivery of the training programmes and the individuals undertaking them. These arrangements should, however, be set within the context of learning from patients and professionals within the workplace. Training, education and learning must coexist with the care and service provided to patients. The healthcare system has two core functions:

   i. to promote good health and provide healthcare (in the widest sense and including research and development) to those who require it today; and

   ii. to promote good health and provide healthcare for the generations to come.
Foundation Programmes – outcomes and competences

3. The underlying educational principles of FPs can now be identified within the context set by these Modernising Medical Careers principles.

- **Outcomes**: Clear outcomes and competences for each foundation year have been identified by the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB) for F1 and F2. These have formed the basis of the combined Curriculum for the Foundation Years in Postgraduate Training and Education, supported by the GMC and PMETB.

The GMC has published a new edition of *The New Doctor* available at [www.gmc-uk.org](http://www.gmc-uk.org). This is transitional, with full implementation of the defined outcomes and competences expected by 2007. It describes the outcomes that must be demonstrated by an F1 doctor after August 2007 before they are granted full registration at the end of the F1 year. Until 2007, to be eligible for full registration, doctors will need to complete satisfactorily 12 months approved F1 service. At least three months of this time must be spent in medicine, and at least three months in surgery. The remaining six months must be spent in a recognised clinical specialty (which can include up to four months in general practice). Universities are responsible for approving hospitals and recognising house officer posts for F1 training. The university completes a Certificate of Experience, which certifies that the requirements for full registration have been met.

Programme providers are empowered to deliver the outcomes set out in *The New Doctor* from 2005 and they must deliver these outcomes by 2007.

The overall outcomes of the F2 year (first year post-registration) are defined in *Modernising Medical Careers: the Next Steps*. These aim to imbue trainees with basic practical skills and competences in medicine and will include:

- effective relationships with patients;
- high standards in clinical governance and safety;
- the use of evidence and data;
- communication;
- team-working;
- multi-professional practice;
- time management;
- decision-making; and
- an effective understanding of the different settings in which medicine is practised.

- **Defined competences**: The specific aims and objectives of foundation training are to enable the new medical graduate to:

  - develop further and consolidate clinical skills, particularly with respect to acute medicine, so that sick patients are regularly and reliably identified and managed, in whatever setting they present;
  - ensure that professional attitudes and behaviours are embedded in clinical practice;
  - validate the acquisition of competence in these areas through a reliable and robust system of assessment; and to
  - offer the opportunity for doctors to explore a range of career opportunities in different settings and areas of medicine.

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The Curriculum for Foundation Years document (www.mmc.scot.nhs.uk) identifies the core competences which doctors should normally obtain within two years of graduating from medical school. These will be assessed using tools developed in accordance with the principles and standards of assessment laid down by the statutory authorities for foundation training, the GMC and PMETB. Foundation Doctors (FDs) will be required to demonstrate the achievement of the foundation competences and to complete two years of experiential foundation learning.

- **Professional development and life-long learning:** All doctors undertaking foundation training will need to develop their understanding and skills in self-directed and reflective learning in order to support their professional development. The need to maintain and develop professional behaviours throughout a lifetime of work starts with foundation training, and will be re-affirmed by regular revalidation of their professional standing and registration. Based on the professional requirements of Good Medical Practice and Continuing Professional Development (both available from the GMC at www.gmc-uk.org), a generic learning programme to support professional development focused on patient safety and accountability through clinical governance is described in Section 6, paragraphs 22–26.

4. The learning environment for FPs will be:

- trainee-centred;
- competency assessed;
- service-based;
- quality-assured;
- flexible in approach;
- coached; and
- structured and streamlined.

NHSScotland has a clear patient-focused ethos. The trainee-focus of MMC must be reconciled and integrated with this. This guide will describe in some detail what is needed to create the educational environment to deliver the outcomes of FPs.
Career planning After the Foundation Programme

5. Foundation training will offer F1 and F2 doctors the opportunity to explore career options. In addition to rotating through a range of specialties and settings, FDs will be given access to advice and accurate information about current and future career opportunities. They will also receive support, advice and coaching to help plan their careers.

6. Career planning will encourage FDs to take responsibility for managing their own careers. They will learn to tailor their aspirations and align their aptitudes, strengths and interests with the opportunities to practise in NHSScotland. Robust workforce information, as well as clarity about career pathways, is essential. Good career planning will also involve helping FDs understand that life-long learning is at the core of a successful career, enabling flexibility and adaptability throughout their medical working lives.

7. Deaneries will ensure that those who provide career advice and coaching are trained appropriately.

8. Successful completion of foundation training will ensure eligibility for entry into specialist training programmes (including training for general practice). FDs will draw on career planning advice and support, which seeks to align their aptitudes and aspirations with the opportunities to practise medicine.

9. In accordance with Modernising Medical Careers: the Next Steps, the specific experiences undertaken by an FD during foundation training will not determine their entry into specific specialist training programmes. Further advice on the process by which this will occur for each specialty will be available in due course.
Section 2
Roles and responsibilities

• The statutory authorities – the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB)

• NHS Education for Scotland and its postgraduate deaneries

• Responsibilities of deaneries and NHSScotland Boards

• Responsibilities of the Foundation Doctor
1. The General Medical Council (GMC) determines the patterns of experience that are recognised as suitable for the completion of basic medical education leading to full registration. The GMC has a statutory duty to promote high standards and to co-ordinate all stages of medical education. It also has more specific roles in relation to undergraduate medical education and its quality assurance. Its authority and responsibilities are set out in the Medical Act 1983 and subsequent amendments to it. All doctors must be registered with the GMC before working as a doctor in the UK. Further information about registration is available on the GMC website at www.gmc-uk.org.

2. The GMC has responsibility for Foundation Year 1 and the Postgraduate Medical Education and Training Board (PMETB) has responsibility for Foundation Year 2. They work together to ensure the development and maintenance of co-ordinated structures and arrangements for foundation training including setting standards and quality assurance.

3. The PMETB is the statutory authority responsible for setting the standards and for quality assuring postgraduate medical education across the UK following full registration and completion of basic medical education. Its authority and responsibilities are laid down in The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.

4. The PMETB has defined a programme as a ‘defined period of managed, supervised training’. The MMC publication ‘Next Steps’ states that ‘the best definition of a programme is in terms of a unit of approval composed of a series of rotations and placements which is educationally viable and convenient to manage. Such units of approval will have the capacity to encompass a number of trainees.’ It is fundamental to developing the structure and approach that will support foundation training. The unit of approval as defined by the PMETB will therefore be a Foundation Programme (FP) with approximately 30 F1 and F2 one-year training opportunities (posts) that will be managed by the Foundation Tutor (FT), accountable to the Postgraduate Dean for the quality and delivery of training.

All foundation training will be delivered within a Foundation Programme led by a Foundation Tutor. There will be two types of appointment into Foundation Programmes in Scotland:

- a two year appointment to encompass F1 and F2 training; or
- a one year appointment to F2 (second year of foundation training).

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NHS Education for Scotland (NES) and its postgraduate deaneries

5. NHS Education for Scotland (NES) is a Special Health Board that includes within its remit responsibility for the commissioning and delivery of postgraduate medical education in Scotland. The four Scottish postgraduate deaneries are an integral part of NES. The postgraduate deaneries have operational responsibility for ensuring that the FPs are delivered to the national standards set by the GMC and the PMETB. The deaneries are accountable to NES.

6. The operational arrangements for implementing foundation training vary between and within the four UK countries. The details of the structure and resourcing available within postgraduate deaneries will vary from country to country. In Scotland, because of the varying size of postgraduate deaneries and the role of NES, the arrangements for foundation training are based fundamentally on the Deanery.

7. NES and its postgraduate deaneries will ensure that there is an effective educational infrastructure to support FP development. Postgraduate Deans will develop, in conjunction with NES, and the university and medical school in the Deanery, the educational supportive framework described below. In addition, close working with provider organisations will be essential to develop and maintain such supportive environments.

8. Quality assurance for foundation training will be through a joint approach established by the GMC and the PMETB which, working with NES, will quality assure FPs overseen by the deaneries. The organisations accountable for meeting the quality assurance standards of foundation training are:

- the universities for F1; and
- NES and its deaneries for F2.

Deaneries in turn will quality control the delivery of foundation training through monitoring of educational contracts. In Scotland these take the form of Training and Service Agreements between NHS Boards and NES with the relevant Deanery (see Appendix 5).

9. The GMC and PMETB have identified that, as a matter of principle, they will want to move to approving programmes, and that the level at which they propose to engage with education providers for purposes of approval will be that of the postgraduate deanery.

10. The managerial unit and unit of approval within each postgraduate deanery responsible for local delivery of foundation training is the FP consisting of approximately 30 F1 and F2 training opportunities (posts). The size will ultimately need to conform to the requirements of the PMETB with respect to approval of FPs and may vary across the UK. Foundation Tutors (FT) have been appointed to lead FPs.

11. There will need to be sufficient administrative and infrastructure support to allow training and education to progress smoothly for the trainee. Appendix 3 sets out a model generic job description for the FT that could form the basis for appointment to these roles, with local variation where appropriate. FTs should normally be joint appointments, made by the local NHS Board and the Deanery.
Responsibilities of deaneries and NHS Boards

12. Responsibility for the delivery of foundation training and for Foundation Doctors (FDs) is shared between the postgraduate deanery and the NHS Board.

13. The Deanery has overall educational responsibility for the FDs and for locally quality-assuring the standards of education and training delivered. It will need to develop effective partnerships with medical schools, other deaneries and local health services to ensure optimum delivery of foundation training. NHS Boards have employer responsibilities with respect to doctors in foundation training.

14. These responsibilities are laid out in the educational contract that is embodied in the commissioning arrangements between NES and NHS Boards. The Training and Service Agreement sets the agreed standards for foundation training in a local context. A generic model is attached in Appendix 5. The Deanery has the specific role for local quality control of foundation training so that the statutory authorities can fulfil their overall quality assurance roles. The Deanery achieves quality control through the monitoring of training provided under the terms of its Training and Service Agreement and the standards laid down within it.

15. NHS Boards are the employers of FDs. As such, they have employer’s responsibilities for:

• meeting the terms and conditions of doctors in foundation training, including hours of work and payment for banding arrangements;
• ensuring a safe working environment;
• protecting staff from bullying and harassment;
• ensuring an environment which respects diversity and equality of opportunity;
• undertaking employer responsibilities for disciplinary action with respect to conduct and performance;
• ensuring that postgraduate education is delivered in an environment which supports learning and meets educational standards; and for
• supporting the training of trainers so that they are competent to deliver effective postgraduate education.

16. Deaneries and NHS Boards must work effectively together to ensure that doctors in foundation training learn and work to the benefit of both patient care and safety, and their own professional development.

17. Tables 1 and 2 set out a framework structure that identifies the potential roles of educational leads and briefly defines their roles and responsibilities.
Responsibilities of the Foundation Doctor

FDs will gain clear benefit from engaging appropriately in the educational and assessment processes of foundation training. The responsibilities of the FD with respect to the in-work assessment programme are that they:

- demonstrate professional behaviour in accordance with Good Medical Practice;
- seek help from appropriate people to address any problems that may arise;
- engage with the processes of education and assessment, and demonstrate this engagement by attending educational sessions and by participating in the full range of activities required by the assessments to enable their competences to be signed off; and
- participate in the career management process set up by the Deanery to enable an appropriate alignment of the FD's aptitudes and aspirations with the opportunities to practise.
### Table 1 The Foundation Programme

#### Purpose

1. ensures local delivery of training and education for Foundation Doctors (FDs).
2. is the unit of approval to be reviewed by Postgraduate Medical Education and Training Board (PMETB) and the General Medical Council (GMC).
3. should normally have a total of approximately 30 Foundation Year 1 and Foundation Year 2 training opportunities within it.
4. ensures that the service needs of the patients and the training and learning needs of FDs are symbiotic and supportive.
5. is quality assured.
6. provides competency assessed training for FDs.
7. can also provide training at the F2 level, which is not linked to a two-year Foundation Programme (FP).

#### Structure

1. has appropriately trained Foundation Tutors (FTs) appointed to lead each programme.
2. has a named and appropriately trained Educational Supervisor (ES) appointed for each FD. The particular model for this may vary, with the ES and the Clinical Supervisor (CS) being the same individual; or the CS and the ES being different individuals, and with the ES offering supervision in individual placements or across either one foundation year or two.
3. whichever structure is adopted, the ES will have responsibility for:
   - regular formative appraisal;
   - providing support to the FD for the development of their Learning Portfolio;
   - ensuring that the FD understands and engages in the assessment process;
   - being the first point of contact for the FD who has concerns or issues about their training; and
   - ensuring that appropriate training opportunities are made available to learn and gain the required competences.
4. the CS will:
   - supervise the FDs day-to-day clinical and professional practice;
   - support the assessment process; and
   - ensure that the FD has access to an appropriate range and mix of clinical exposures.
5. an ES should have his or her role formally recognised by having allocated time within their contractual arrangements.
6. a named CS (who may also be the ES) should have sufficient time available to undertake this role.
7. has administrative support within a Deanery.
Table 2 NHS Education for Scotland and its Postgraduate deaneries

**NHS Education for Scotland**

1. sets the overall strategy and organisational framework for all Foundation Programmes (FPs) within which all deaneries deliver foundation training.

2. delivers recruitment processes across all programmes and deaneries in Scotland compatible with UK-wide arrangements.

3. ensures that fair systems are in place for the allocation of entrants to FPs.

4. coordinates Postgraduate Medical Education and Training Board and General Medical Council quality assurance arrangements of FPs across deaneries.

5. with the deaneries, develops and manages an appeals system on issues such as recruitment and assessment.

6. ensures consistency of practice across the FPs in the deaneries.

**Postgraduate deaneries**

1. are part of NHS Education for Scotland (NES) and are accountable to it for managing the delivery of all programmes to the standards set by the GMC and PMETB.

2. develop and support the organisational framework within which FPs are delivered.

3. communicate with Foundation Tutors (FTs) within the Deanery to ensure that information about foundation training is received regularly and in a timely fashion.

4. ensure consistency of practice across the FPs in the Deanery.

5. ensure the appraisal process is undertaken regularly and appropriately.

6. establish procedures for ensuring that local assessments are undertaken in accordance with established assessment procedures.

7. ensure that individuals responsible for undertaking assessments have been trained as part of their professional development.

8. ensure that Foundation Doctors (FDs) understand the assessment process and engage in it.

9. ensure there is a named Educational Supervisor (ES) and Clinical Supervisor (CS) for each FD.

10. ensure smooth progression of FDs from F1 to F2.

11. provide the organisational framework to support doctors who undertake F2 appointments rather than two-year foundation training.

12. ensure that individual FDs receive the training required at the F2 level to meet the competences required.

13. provide opportunities for appropriate career management and developmental opportunities.
Section 3
Accessing foundation training

• UK, EU and other medical graduates who are eligible to apply for a two-year Foundation Programme

• Applying for a two-year Foundation Programme

• Applying for foundation training outwith the Scottish Foundation Allocation Scheme

• Inter-Deanery Transfers for foundation training

• Medical graduates who start foundation training out of phase (asynchronous starters)

• Allocation of F1 and F2 training opportunities following selection into a two-year Foundation Programme

• Deferring the start of foundation training
UK, EU and other medical graduates who are eligible to apply for a two-year Foundation Programme

1. Foundation Programmes (FPs) offer several kinds of foundation training, providing individual FPs to Foundation Doctors (FDs).

   • Two-year FPs (F1 and F2) are open to:
     • UK medical graduates;
     • medical graduates from the European Economic Area (EEA and Switzerland);
     • overseas International Medical Graduates (IMGs) who are eligible for provisional or provisional limited registration but are not yet eligible for limited or full registration, who therefore require a provisional year of training.
   • One-year F2 appointments.

2. Access to places in FPs will be through a fair and transparent competitive recruitment process across the UK, which is consistent with equal opportunities and employment law. All entrants to FPs will need to show that their educational needs are appropriate to the programmes provided by the Deanery.

3. FPs and appointments to them should:

   • provide training to UK medical graduates who should complete a two-year programme of foundation training, the first year of which, once satisfactorily completed, leads to full registration with the General Medical Council (GMC);
   • provide training to EAA/Swiss graduates and IMGs eligible for limited or full registration who have appropriate training needs at the level of F2;
   • allow for any necessary movement between deaneries and between the four home countries; and
   • help meet the workforce and service needs of NHS Scotland.

4. The two-year FP will not normally be available to those who are eligible for GMC limited or full registration. However, access to foundation training posts through competition is available to doctors who wish to undertake them and to help fulfil a service need of NHS Scotland.

5. During the two-year period of foundation training doctors will be known as Foundation Doctors (FDs).

   • The first year of foundation training (F1) is a pre-registration year required by the GMC for full registration. Doctors in the F1 year will be known in Scotland as Foundation Doctor 1 (FD1).
   • The second year of foundation training (F2) is the first year of post-registration (currently broadly equivalent to the first year of senior house officer training). The competences to be achieved and assessed during the F2 year are standardised and consistent with the requirements of the Postgraduate Medical Education and Training Board (PMETB) for this level of training. A doctor in the F2 year will be known as a Foundation Doctor 2 (FD2).
Applying for a two-year Foundation Programme

6. Medical graduates as described on the previous page who are eligible to apply for a two-year FP should do so through the following process:

i. A national date will be agreed for the opening of applications to two-year foundation training in the UK. This will be in the autumn for an F1 start in the August of the following year. An advertisement in the medical press will announce that applicants should apply directly to their preferred ranked unit of application for foundation training.

ii. Across the UK foundation schools will be the units of application to which applicants will first apply.

iii. UK medical graduates may elect to apply to a foundation school and/or programme which is not co-terminus with their university of graduation in order to reflect their own career choices. The opportunity for them to do so should not be discouraged.

iv. In Scotland and for the purpose of processing applications only, the Scottish Foundation Allocation Scheme (SFAS), operated by NHS Education for Scotland, will fulfil the equivalent function of a foundation school. It will be the unit of application for all appointments to Scottish Foundation Programmes.

The SFAS can be found on the NHS Education for Scotland website at: www.nes.scot.nhs.uk/sfas/

v. Entry into the web site of the preferred unit (see above) will offer the applicant the national Person Specification (see Appendix 4) and the local application process. The Person Specification will enable applicants to state their personal and educational needs for foundation training, and its location, so that these can be taken into account.

vi. All applicants will be required to have a Letter of Support from their own university/medical school (within or outside the UK), in compliance with GMC requirements. This letter will need to confirm that the applicant is considered ‘fit to practise’ according to GMC standards and will also confirm that this is the only deanery/foundation school or unit of application to which an application is being sent.

vii. Applicants will complete the preferred unit of application’s application process (either on-line or by a paper application), and arrange for the Letter of Support to be sent to the unit of application where appropriate.

viii. The preferred unit of application will then score the application according to a national UK scoring scheme. The applicant will carry that score as he/she goes through the recruitment process. The Letter of Support is not part of the scoring process.

ix. No interviews will be held as part of the admission process to a unit of application.

x. Candidates who are unsuccessful in securing a place in their preferred unit of application will automatically have their documentation passed to the second phase of the UK process. There will be an opportunity to select a range of individual programmes and the allocation process then runs. If there is an excess of placements over applicants at the end of the process, a series of ‘spring appointments’ will subsequently be held via a national advertisement.

xi. The outcomes of the application process will be announced in January for programmes commencing in August of the same year.

xii. It is anticipated that within two or three years, an on-line electronic application process will be available throughout the UK to support a national application and selection process.

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5 Paragraph 52, The New Doctor, Recommendations on General Clinical Training (The Transitional Edition), The General Medical Council, January 2005
Application to a Foundation Programme in Scotland is a five-step process:

October • Closing date for application to the ‘Scottish School’.
  • At the same time, applicants will rank their preferred two-year Foundation Programmes in line with the Scottish Foundation Allocation Scheme (SFAS) processes.

November Applicants showing Scotland as their preferred ranked unit of application are scored using a national UK system.

December SFAS process is run for successful applicants.

January Allocations to two-year Foundation Programmes published.

April In association with Foundation Tutors, applicants are allocated to individual programmes within their Foundation Programme i.e. for F1 for August of the same year.

7. The application process to two-year foundation training will take into account any exceptional educational and personal needs of graduates where it is possible to do so. Examples of this include primary carer responsibilities, health related issues and specific academic issues.

8. FDs undertaking foundation training on a less than full-time basis (training flexibly) will need to achieve both the competences and the equivalent of two years whole time experience (see Section 3, paragraphs 26–28).

9. All deaneries or foundation schools will appoint to a two-year programme at the outset. This will be the case in Scotland. However, until new contractual arrangements can be introduced, shorter contracts will be provided in the interim.

10. Doctors in the two-year FP should complete their foundation training in the programme to which they were first appointed. In exceptional circumstances it may be possible to arrange an Inter-Deanery Transfer (IDT) (see Section 3, paragraphs 17–18).
The distinction between a two-year FP appointment and a separate one-year F2 foundation appointment is important.

FDs undertaking a two-year foundation training appointment as well as those who undertake one-year appointments will each follow an individual FP. Training for two-year appointments and one-year appointments all takes place within FPs, under the auspices of the Foundation Tutor (FT) and to the same educational standards. Individual FPs will be made up of four or six-month placements (almost always four months), offering a range of training experiences and opportunities.

It is anticipated that all UK medical graduates will undertake a two-year FP appointment at the end of which they will need to demonstrate both:

- the required competences (as described in The Curriculum for Foundation Years document); and
- two years of approved experience.

Foundation training opportunities are also available to doctors who already have full registration but who wish to enter training in the UK at a level prior to specialist training. In such cases, entry at the F2 level will usually be the most appropriate point.

It is anticipated that there may be an excess of F2 training opportunities available in some FPs.

From time to time F1 and F2 appointments may become available outside the national application process because a vacancy arises. Under such circumstances, in consultation with the employer, the Deanery will need to agree how to undertake the recruitment process, if one is required. The FT must be involved in the process. It is possible for doctors from outside the UK to apply for any available F1 or F2 appointments, through a competitive process to be managed locally through the Postgraduate Dean on behalf of the Deanery.

FDs who have special requirements for transferring to a different deanery once accepted for foundation training should raise these with their Foundation Tutor. Transfers will normally take place either at the start of foundation training (F1) or at the start of the F2 year. Arrangements for Inter-Deanery Transfers (IDT) for foundation training must be agreed between Postgraduate Deans on the basis of individual trainee requirements if there are well-founded individual personal or educational needs in relation to, for example:

- health issues;
- carer responsibilities; or
- research opportunities.

Such transfers will take place only if:

- there are places available in the receiving deanery; and
- the applicant has jointly satisfied both deaneries that there are well-founded reasons for doing so.
Most medical graduates complete medical school training in July and anticipate starting foundation training in the August after their graduation. However, there is currently a small cohort of graduates in England who will be ready to start foundation training at a time other than in August of each year, and who are therefore out of phase in their training.

Other groups of graduates may require FPs to start at a time other than August for unplanned reasons – either because of issues that arose in medical school or for personal reasons.

It is anticipated that Postgraduate Deans will work closely with medical schools to ensure that most FDs will eventually start their foundation training in August. Universities will be encouraged to move their final examination resits to July.

Applicants who unexpectedly fail their final examinations and are unable to retake by August, will have already applied for foundation training and may have successfully gained admission to an FP. Under these circumstances they will need to notify the FT of their allocated FP and the Scottish Foundation Allocation Scheme (SFAS) manager at the earliest opportunity. These graduates will normally lose their place in the FP.

Deaneries will be required to liaise closely with individuals identified as or likely to be asynchronous starters. Subject to availability of resources, deaneries may plan a foundation attachment for these individuals which takes them to the point where they can enter an FP with an August start. They will then be aligned with colleagues, and from that point will be expected to undertake a full two-year FP.

Those graduates who achieve full registration with the GMC out of phase will therefore have two options with respect to foundation training, both of which are subject to local arrangements:

- **Option 1** – upon full registration, FDs may commence their F2 training out of phase if such an opportunity is available in the foundation school;
- **Option 2** – continue in their FP and undertake a further six months at F1, acquiring further competences and experience, and then enter into F2 in phase.

Deaneries may identify other strategies to help support graduates who need to start out of phase.
Acceptance into a two-year FP by a Deanery does not necessarily guarantee access to a particular F1 training placement or placements in that Deanery. Selection will normally be into a designated programme and, thereafter, through discussions with the programme Foundation Tutor, to identified placements for F1 before the programme begins.

The Deanery will ask FDs to express and rank preferences for their F2 allocation at a point six to seven months into the F1 year. Trainees should discuss possible options with their tutors and Educational Supervisors, in advance, to help with their choices.

These arrangements are subject to review. Although not currently the norm, some UK deaneries may choose to allocate the placements to the full two-year programme at the outset. Where FDs are appointed initially to a full two-year programme, they may also seek to modify their choices for F2, in light of experience in F1, with support from their Educational Supervisors and through a local competitive process.

After an FD has been accepted to foundation training, he or she may seek to defer the start of their two-year FP. This will only be allowed in exceptional circumstances and following discussion with, and agreement by, the postgraduate deanery. Normally a deferral of one year only will be agreed prior to the start of a two-year FP.

FDs will be expected to give at least three months notice of their wish to defer, in order to allow their foundation placement to be filled by another trainee.
Section 4
Leaving foundation training

• Temporary withdrawal from a Foundation Programme

• Guidelines for taking Time Out of Foundation Programmes

• Gaining foundation competences outside the UK

• Permanent withdrawal from a two-year Foundation Programme
Temporary withdrawal from a Foundation Programme

1. Doctors are expected to complete their two-year Foundation Programme (FP) as quickly as possible. Some doctors may seek to take time out of the programme for personal or educational reasons.

2. Deaneries should have in place agreed, written protocols (based on the guidance that follows) for managing requests for temporary withdrawal. Except in unusual and individual circumstances, this will usually relate to time out after F1 and prior to starting F2. These protocols should include a clear timetable, a process for decision-making and an appeals procedure. The process should be managed at programme level, but all deaneries within Scotland should use the same procedures and timescales. Where a Foundation Doctor (FD) has an employment contract with an NHSScotland Board or Boards, then appropriate agreement from the NHS Board(s) must also be obtained.
Guidelines for taking Time Out of Foundation Programmes

3. Doctors who want time out of their FP should, in the first instance, discuss this with their Foundation Tutor (FT). They should not be compelled to continue with their programme if they have good reasons for wishing to take time out.

4. Time out of a two-year FP will usually only be agreed for a one-year period and not for parts thereof. Time out during F1 or F2 placements will only be considered in very exceptional (usually unplanned) circumstances.

5. Where an FD requests to take time out of the FP, consideration should always be given to their rights under relevant employment legislation.

6. If, after discussion, a doctor decides to go ahead with their request to take time out, then the FD should complete a Time Out of Foundation Programme (TOFP) proforma (see Appendix 6). This should be sent to the Foundation Tutor and reviewed in accordance with the Deanery protocol. The Foundation Tutor must receive such requests by the end of the sixth month of the F1 year unless there are extenuating circumstances.

7. If one year out of programme is agreed, the trainee will have, in principle, the right to return to their FP after that year is over. They will, however, be required to discuss this with their FT and their request will not necessarily take priority over other FDs in the programme. In some circumstances, they may have to or wish to transfer to another programme.

8. If an FD’s request for time out has been agreed, but their plans/arrangements change, the Deanery or foundation school will attempt to identify an appropriate training opportunity but cannot guarantee to do so.

9. FDs must inform their FT of their intention to return to the FP six months prior to the start date of their F2 year by completing their F2 preference request. Failure to take this positive action of returning the request document by the required date will mean that the trainee will not have an F2 training opportunity within the Deanery on their return. Under these circumstances, the returning trainee would need to apply for an F2 appointment in open competition.
10. Graduates of UK medical schools undertaking training outside the United Kingdom would need to apply to the General Medical Council (GMC) for recognition of such experience for the purpose of full registration. It would be advisable for such graduates to approach the GMC before confirming arrangements to train outside the UK.

11. If an FD takes time out of foundation training to undertake clinical training abroad it is possible that such training could meet the requirements of F2 in the UK. The following conditions will have to be met (subject to the agreement of the Postgraduate Medical Education and Training Board (PMETB)), otherwise foundation training will need to be completed in the UK.

- The trainee will have to arrange a placement abroad that will deliver training in the approved F2 competences.

- The proposed training programme, demonstrating how training for the competences will be achieved, must be agreed prospectively by the Postgraduate Dean and PMETB.

- The overseas unit must agree to use a UK foundation assessment process, and to assess the trainee in accordance with the documentation required by that process.

- If the training overseas is to count as satisfactory completion of F2 then approval must be obtained from the Postgraduate Dean and PMETB. This will be granted upon the completion of the period of overseas training and on the evidence presented through using UK foundation assessment tools.
Permanent withdrawal from a two-year Foundation Programme

12. An FD may choose to withdraw permanently from an FP. Before doing so, counselling and advice must be offered from their Educational Supervisor, Foundation Tutor and/or Postgraduate Dean.

13. FDs should be strongly encouraged to remain in the programme to which they were appointed for the whole of their two-year foundation training experience. However, some trainees may choose to withdraw from an FP in order to join another FP for F2. If they do not meet the criteria for an Inter-Deanery Transfer (IDT), then they will have to apply through competition for an advertised F2 opportunity (see Section 3, paragraphs 11–16). Prior to applying, trainees must ensure that they discuss this with their Foundation Tutor and seek appropriate career advice. It will also be essential to confirm that the new F2 post can deliver training in the competences required by the trainee.

Foundation Doctors need to be aware of the GMC strictures relating to accepting posts and then refusing them, without time for adequate arrangements to be made to meet patient and service needs (Good Medical Practice, paragraph 41).

14. A doctor who has applied for an F2 allocation in their original FP will be expected to take it up and must not withdraw from it unless there is clear agreement from the Postgraduate Dean. The doctor will be expected to conform to contractual obligations regarding notification of resignation as laid down in national terms and conditions of service.
Section 5
Meeting educational needs

• Flexible training
• Study leave
• Academic opportunities during foundation training
• Equal opportunities
• Defence Medical Services trainees
Flexible training

1. Doctors seeking to train flexibly must compete for entry into foundation training on an equal basis with other applicants. All Foundation Doctors (FDs) are eligible to apply for flexible training, and deaneries should be clear about how FDs access flexible training once admitted to foundation training. The criteria for access to flexible training, funding mechanisms and study leave arrangements should be explicit and fair. Current guidance may be consulted.

2. Those wishing to train flexibly must show that training on a full time basis would not be practical for them for well-founded individual reasons (EC Directive 93/16/EEC). Doctors must undertake training on at least a half-time basis in order to comply with the requirements of The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.

3. The current main reasons for FDs undertaking flexible training are:
   - **Category 1**
     - disability or ill-health.
     - caring for an ill/disabled partner, relative or other dependent.
     - providing care for small children.
   - **Category 2**
     - unique opportunities for their own personal or professional development: e.g. training for national or international sporting events; or a short-term extraordinary responsibility e.g. a national committee.
     - religious commitment – involving training for a particular religious role which requires a specific amount of time commitment.
     - non-medical professional development such as a management course, law course, fine arts course or a diploma in complementary therapies.

4. FDs undertaking less than full-time foundation training might meet the required competences prior to completing two full years of training. However, an aggregate total of two years whole-time equivalence of foundation training should be completed to fulfil the UK requirements for all FDs of meeting both the foundation competences and undertaking a two-year experiential foundation training.

Category 1 applicants have priority, and deaneries will support all Category 1 applicants.

Clinical research should be accommodated within the training programme by negotiation with the Foundation Tutor (FT) or regional adviser. Other than in exceptional circumstances, clinical research would not be considered a reason for training flexibly.

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6. New Flexible Training (Previously Known as Less Than Full Time) Arrangements for Doctors in Training; Scottish Executive, NHS Circular PCS(DD) 2005/7
FDs in F1 are not eligible for study leave. Subsequent to full registration, the terms and conditions of doctors in training provide doctors with eligibility to apply for study leave in order to augment their postgraduate training, subject to the needs of the service. However:

- The New Doctor stipulates that ‘training must provide regular, formal educational sessions that cover topics of value and interest to PRHOs’ (i.e. F1).
- Postgraduate Deans’ Training and Service Agreements with NHS Boards normally recommend up to three hours/week of formal training for pre-registration doctors, at least one hour of which is specifically for meeting the educational needs of the pre-registration doctor.

FDs in the F1 year must therefore have up to three hours per week of protected time allocated to support their learning outcomes as laid down by the GMC and the Curriculum for Foundation Years document. This is achieved either through a weekly and timetabled learning programme, or possibly by aggregating time to provide seven days of whole day release for generic professional development in accordance with the generic professional learning programme described above.

FDs in F2 (equivalent to first year SHOs) have access to 30 days study leave/annum, consistent with maintaining essential services.

COPMeD Study Leave Guidelines recommend that study leave should normally be used to:

- enhance clinical education and training;
- be planned as far in advance as possible as an integral part of the education and training process; and
- provide education and training not easily accrued in the clinical setting or locally.

Both the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB) have defined generic areas of professional competence relating to Good Medical Practice and to the foundation curriculum.

These areas of competence form some of the key learning objectives of the Foundation Programme (FP). Study leave for F2 should therefore be used to support these learning objectives.

A minimum of seven days/annum (and the proportionate funding per FD) should be allocated to support a formal educational programme in generic professional training and other aspects of F2 training. The funding for this professional programme should pay for educational activities such as outside speakers, simulation programmes, and administrative support for F2 programmes

The remaining time and funding should be used to support other aspects of foundation training, relating to its specific objectives (e.g. ATLS training) and competences. For example, a legitimate use of the time would be to support special interest or embedded taster programmes in diagnostic or other clinical areas in order to explore career alternatives (including academic tasters) not available in a trainee’s F2 rotation (see Section 6, paragraphs 19–20).

In line with good educational supervision, the FD should agree with his/her Educational Supervisor how study leave should most effectively be used to support the aims of the programme, acquisition of the foundation outcomes and competences, the exploration of and enhancement of career opportunities and the trainee’s wider professional development.

7 ATLS – Advanced Training in Life Support.
13. The Academic Careers Sub-Committee of Modernising Medical Careers and the UK Clinical Research Collaboration are considering ways in which foundation training can contribute to the academic development of doctors in training, especially during F2. It has stated that ‘such academic opportunities during F2 require clearly defined strategic objectives and educational outcomes. The key strategic objective is to develop the academic workforce. A distinction should therefore be drawn between F2 FDs who have already made a career decision to pursue a research/educational career, and those who want the opportunity to explore a potential interest in a research/educational career’.

14. In Scotland, academic medicine placement pilots are being run in the South-East and North regions. Further work will be done to identify academic opportunities throughout Scotland and adapt the final recommendations of the Academic Careers Sub-Committee.
15. All applications received to FP s in Scotland will be considered in accordance with equal opportunities legislation.

16. The arrangements for trainees of the Defence Medical Services are set out in Appendix 10.
Section 6
The foundation training curriculum

• The curriculum

• The educational environment

• Developing the Foundation Training Faculty

• Clinical and educational supervision
  • Clinical supervision
  • Educational supervision

• The shape and content of Foundation Programmes
  • General practice
  • Shortage or priority specialties
  • Embedded taster experience
  • Placements designed to allow experience of more than one specialty at a time

• Formal teaching programme for the development of professional skills during F1 and F2
  • F1 professional learning programme
  • F2 professional learning programme
The curriculum

1. The document the *Curriculum for the Foundation Years in Postgraduate Training and Education* has been agreed by the statutory authorities, but will be kept under regular review. The curriculum will cover both years of foundation training and, accordingly, defines the outcomes for F1 as set out in *The New Doctor* as well as the competences required for F2.

2. Postgraduate deaneries are responsible for ensuring that:

   - each Foundation Doctor (FD) has access to an individual Foundation Programme (FP) which is a series of placements delivered through the FP to enable the core competences of foundation training to be achieved;
   - the placements for each year of the two-year programme will normally (but not invariably) be configured in each year to deliver access to two or three different clinical settings, with three four-month placements per year being the most common model;
   - the majority of FDs experience training in general practice, subject to resource constraints, with planned expansion in placements over time;
   - the core professional learning programme described above is delivered, where possible, in an interactive and inter-professional setting; and
   - in approving FP placements, the totality of the experience, exposure and training will enable the FD to both acquire and demonstrate through in-work assessment programmes that the foundation competences have been achieved.

The educational environment

3. The postgraduate deanery will need to ensure that all NHS Boards and healthcare facilities providing foundation training offer a learning environment that enables and supports F1 and F2 FDs. Both the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB) require this for foundation training approval.

4. The development of the learning environment will need to be enhanced and sustained as foundation training develops. Throughout the UK, the postgraduate deaneries have developed educational standards with those organisations with which they commission postgraduate education, through an educational contract or service level agreement. An indicative model Training and Service Agreement as applied in Scotland is shown in Appendix 5.

5. Establishing educational coherence across the two years of foundation training will be important if the programmes are to offer robust and focused outcomes for FDs.

6. For a number of FDs, the location of F1 and F2 training may be geographically disparate. Educational coherence of foundation training can be supported and enhanced through several educational strategies, for example, through:

   - named Foundation Tutors (FTs) for each FP who, in addition to Educational Supervisors (ESs), will provide support for FDs within the programmes over the whole of a one or two-year programme;
   - a clear and agreed formal professional generic learning programme delivered to the same national timeframe over the two years of F1 and F2;
   - use of a national Learning Portfolio that has been adapted to reflect Scottish requirements; and
   - the use of common assessment tools across F1 and F2 and across Scotland.
Developing the Foundation Training Faculty

7. Deaneries will be responsible, in conjunction with NHSScotland, for ensuring the development of a locally based Foundation Training Faculty. Educationalists, skilled in adult learning and in postgraduate medical education, will lead the development of this Faculty although the process will be challenging. It is, however, fundamental to achieving the aims of the Modernising Medical Careers (MMC) programme.

Clinical and educational supervision

8. All FDs must have a named ES and a named Clinical Supervisor (CS) for each foundation placement or part of a placement as appropriate (see Tables 1 and 2 on pages 19 and 20). The same person often, but not always, provides clinical supervision and educational supervision. Arrangements that separate educational and clinical supervision are acceptable provided they are properly managed and that relevant information about progress and performance is exchanged on a regular basis. It is important that there is clarity around the individual roles. The named ES for an FD may change with each attachment or alternatively the same individual may supervise the trainee during more than one attachment in different specialties. The ES will usually, though not necessarily, be a doctor.

9. Clinical supervision appropriate to their grade is a part of every doctors’ professional role as defined in Good Medical Practice. Sufficient time must be identified in contracts and job plans to allow senior doctors to undertake clinical supervision whilst meeting their service targets and objectives.

10. ESs must be specifically trained for their role and have explicit time in their job plans to allow for educational supervision of FDs. The optimum number of FDs per ES is four, and should not normally be less than two. However, such arrangements will also need to take account of local working practices, when fewer FDs per supervisor may be appropriate. The ES should have identified in his or her job plan, one hour per week for each FD supervised to ensure sufficient time for the role.

11. FTs have responsibility for ensuring an over-arching structure of supervision spanning the two-year programme where this is within a single geographical locality. Where FDs move to a different locality this responsibility becomes that of the new FT.

12. NHS Boards should explicitly recognise in their strategic plans that supervised training is a core responsibility of NHSScotland, to ensure both patient safety and the development of the medical workforce to provide for future service needs. The commissioning arrangements and the Training and Service Agreements developed between NES, Postgraduate Deans and NHS Boards should be based on these principles and should apply, in the four home countries, to all organisations that are commissioned to provide postgraduate medical education.
Clinical supervision

13. All Clinical Supervisors (CSs) should:

- be fully trained in the area of clinical care and understand their responsibilities for patient safety;
- offer a level of supervision of clinical activity appropriate to the competence and experience of a FD, and appropriately tailored for the individual doctor;
- ensure that no FD is required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise;
- ensure that FDs only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care; as fully registered doctors, F2 FDs should be clear about their legal responsibilities with respect to patient care;
- consider whether it is appropriate to delegate some supervision to appropriately experienced and trained colleague consultants/General Practitioners or staff and associate specialist doctors, in some circumstances; the Clinical Supervisor remains responsible and accountable for the care of the patient and for the supervision of the FD in training; and
- be appropriately trained to teach, provide feedback and undertake competence assessment of FDs.

14. CSs may delegate responsibility for supervision to an identified non-medical professional in a specialty field. The supervisor remains responsible and accountable.

Educational supervision

15. All Educational Supervisors (ESs) should:

- be adequately prepared for the role and have an understanding of educational theory and practical educational techniques, e.g. have undertaken formal facilitated training or an on-line training programme such as www.clinicalteaching.nhs.uk;
- be trained, accredited and recognised as being competent by the local deanery to offer educational supervision and undertake competence assessment for foundation training;
- offer a level of supervision and review appropriate to the FD: FDs should expect regular and planned reviews through educational appraisal by the ES; and
- be responsible for:
  i ensuring that FDs whom they supervise maintain appropriate records of assessment; and for
  ii contacting the relevant FT should the level of performance of any FD give rise for concern.
General practice

16. In addition to the defined competences required of foundation training, placements during foundation training should also encourage the FD to experience a range of specialties.

17. There is a commitment in principle for all FDs to have the opportunity to undertake a significant experience in general practice during their foundation training.

The Committee of General Practice Education Directors (COGPED) is developing this work. A four-month placement during foundation training is the preferred model for arranging experience in general practice. The Royal College of General Practitioners has proposed specific aims and objectives for such a placement. These are described in Appendix 7. Postgraduate Deans and GP directors, in conjunction with colleagues in general practice, will work to identify suitable placements and resources to extend the availability and access to general practice training during foundation training. The success in achieving this for significant numbers of FDs will rest on the ability of NHS Education for Scotland and deaneries to provide funding and identify capacity.

Shortage or priority specialties

18. The same approach should also be used, where capacity and resource can be identified, to support placements in shortage or priority specialties that have not, in the past, customarily had significant numbers of basic training opportunities. As a result, there has been little capacity to date to create F2 placements in these areas. New training opportunities, where possible, should be identified to enable FDs to gain experience in these areas. Where such placements are identified, Postgraduate Deans should approve a programme with clear aims and objectives, describing clearly how the placement will contribute to the development of the foundation competences for a FD undertaking such a placement. Examples of such specialties include: audiological medicine; chemical pathology/metabolic medicine; clinical genetics; genito-urinary medicine (GUM); intensive care medicine/critical care medicine; medical microbiology; nuclear medicine; psychiatry; public health; radiology; and virology.
Embedded taster experience

19. Study leave time may be used to develop experiential placements in specialties that FDs wish to explore. The purpose of such a placement is potentially two-fold:

i. to give F2 FDs some understanding of what the specialty could offer as a future career; it could include ‘academic’ tasters; and

ii. to engender an understanding of the specialty and its contribution to the care and safety of patients.

20. These placements may be developed on an ad hoc basis as FDs and their ESs identify the aspiration and need to explore specific specialties, or they may be previously established placements in an NHS Board. Plans to undertake an ‘embedded’ or ‘taster’ experience should be made early in the placement so that there is time for them to be appropriately developed on an ad personam basis, if necessary. The placements should be planned with local specialists. A detailed timetable that encourages full clinical participation by the trainee should be developed for the placement.

Although FDs will clearly need to work under supervision, as F2 trainees they are fully registered and they should therefore be able to make a contribution to the specialty they are exploring, albeit as a supernumerary trainee for the duration of the embedded experience. Well-developed placements will ensure that there is regular senior involvement with the FD in order to encourage enthusiasm, an interest and an understanding of the specialty. A template for developing an embedded/taster experience placement is shown in Appendix 8.

Placements designed to allow experience of more than one specialty at a time

21. These placements could be undertaken during the same time period. They will be subject to the needs of the service and to local arrangements but must contribute to the overall objectives of foundation training and have the Postgraduate Dean’s approval e.g. acute medicine combined with medical microbiology.
22. A key aim of the MMC programme is to ensure that FDs acquire generic skills, i.e. those skills that every doctor should have, whatever their specialty or place of work. A formal national generic foundation curriculum is therefore part of foundation training and has been specified for both F1 and F2 years.

23. FDs, trainers, NHS Boards, educationalists and patients should be assured that the learning programme concentrates on the themes of patient safety and accountability through clinical governance, which are at the heart of foundation training. The approach also supports improved team working, another key aspect of foundation training, by promoting inter-professional learning through F2 where this is possible.

24. Whilst this learning programme should provide a sufficiently broad framework to encourage variation in the delivery of local programmes, it will support educational coherence across and within geographical boundaries, and will be delivered in all deaneries to an agreed timeframe.

25. All FDs should register on the National Patient Safety Agency (NPSA) interactive educational website (www.npsa.nhs.uk/health/resources/ipsel). This will enable the reflective educational material offered on the site to be an integral part of foundation training and to form part of the foundation Learning Portfolio.

26. DOTS (Doctors On-line Training System) www.nhsdots.org will provide a wide variety of e-learning opportunities for F1 and F2 trainees.

27. F1 professional learning programme should be characterised by:

- a uni-professional interactive programme based on the learning programme below;

- equivalent of a minimum of seven days/annum (equivalent to approximately one hour/week) from the currently protected learning opportunities for pre-registration doctors: delivered as full days or as a number of hours/week as part of pre-registration training in accordance with the deanery Training and Service Agreement (TSA) with NHS Boards;

- IT training as necessary, provided through the NHS Board training department to suit IT training service delivery and educational requirements; and

- an ILS (Intermediate Life Support) course – all F1 FDs should complete this course.

28. At a minimum, the following learning programme should be delivered during F1, the topics emphasising patient safety and accountability through clinical governance:

- understanding clinical governance and its accountability framework;

- the evidence and frameworks required to ensure patient safety;

- safe prescribing in clinical practice;

- clinical accountability and risk management;

- legal responsibilities in ensuring safe patient care;

- using time effectively to improve patient care; and

- recognising diversity and gaining cultural competence.

Formal teaching programme for the development of professional skills during F1 and F2
F2 professional learning programme

29. F2 training should be characterised by the following:

• inter-professional interactive sessions wherever possible and appropriate;

• a minimum of seven days/annum of study leave in the F2 year to support the generic professional learning programme and other aspects of F2 training;

• time and funding support from available study leave resources to support the goals of the generic professional training programme;

• education in the audit process; there is no requirement to undertake an audit project;

• the opportunity to sample additional career alternatives outside F2 placements; and

• ALS (Advanced Life Support) or equivalent training should be provided for all FDs.

30. At a minimum, the following learning programme should be delivered during F2:

• decision-making through communication with patients;

• team-working and communication with colleagues;

• understanding consent and explaining risk;

• managing risk and complaints and learning from them;

• ethics and law as part of clinical practice;

• using evidence in the best interest of patients;

• understanding how appraisal works to promote life-long learning and professional development; and

• taking responsibility for the future of the NHS: teaching others effectively.

31. The structured F1 and F2 professional learning programme, spread over the two years of foundation training, is based on developing a generic learning programme with patient safety and accountability as its central theme.
Section 7
Assessment during foundation training

• Assessment during foundation training

• The foundation training portfolio and appraisal of Foundation Doctors

• When a trainee fails to make progress during foundation training
  • Failure to complete Foundation Year 1 (PRHO year) satisfactorily
  • Failure to complete Foundation Year 2 satisfactorily
Assessment during foundation training

1. Assessment of identified competences during foundation training is a cornerstone of the Modernising Medical Careers (MMC) programme.

2. The information obtained through the foundation assessment process is likely to be used to support revalidation of the doctor, and must be fit to do so. All Foundation Doctors (FDs) will be expected to maintain and develop a Learning Portfolio as evidence of achievement that is used to support the appraisal process and to document progress.

3. The structure of the portfolio reflects the emphasis in foundation training of in-service learning, complemented by a programme of in-service assessment.

4. Using validated assessment tools, trained assessors from a range of healthcare professionals will regularly undertake in-work observational assessments of FDs to a standardised protocol of assessment.

5. The key principles of the assessment process are that it is:

   - competence based;
   - trainee led;
   - based on in-work assessment;
   - an open and transparent process;
   - developmental; and
   - summative.

6. The assessment methods will sample from the list of prescribed competences, across their breadth and settings. Educational Supervisors (ESs) and Foundation Tutors (FTs) will need to ensure that FDs can readily arrange assessments during their foundation placements and that assessors are accessible and able to provide assessments at appropriate opportunities.

7. The outcomes of Foundation Programme (FP) assessment are:

   **Trainees in F1** The areas of competence identified by the GMC in *The New Doctor* will need to be demonstrated in order that full registration of the FD can be recommended to the GMC. A Certificate of Experience will need to be signed off at the end of the F1 year by the university (or those delegated by the university). From August 2007, A Certificate of Satisfactory Service must be issued at the end of each placement, describing the outcomes achieved.

   **Trainees in F2** The FD will provide evidence, from the in-work and other assessment methods described in the *Curriculum for Foundation Years* document, that the F2 competences have been demonstrated through the assessment strategy. The summative assessment process at the end of F2 will need to confirm that the identified competences have been met. The F2 Achievement of Competence Document (FACD) will be signed off at the end of F2 for FDs completing the F2 year satisfactorily.
In August 2005, the Postgraduate Deans will publish a national Foundation Training Portfolio through the Conference of Postgraduate Medical Deans in the UK (COPMeD). This will be adapted for Scotland to reflect educational and assessment processes in place and will be available for the start of foundation training in August 2005. All FDs will be required to maintain their portfolio and use it actively to support their educational and professional development.

The portfolio is the cornerstone of the foundation training educational appraisal process. Educational appraisal of FDs must take place for every FD on a planned and regular basis.

As in all training and workplace environments, educational appraisal is at the core of good support systems. During foundation training, medical graduates will be making a crucial transition from being a student to entering the workplace of the NHS. They will need regular support to consolidate the skills and knowledge gained in medical school whilst adapting to a demanding working environment.

The FT is responsible for ensuring that each FD is allocated a trained Educational Supervisor who may also be the trainee’s Clinical Supervisor.

ESs must undertake regular and planned appraisals with FDs. They should be trained in how to undertake educational appraisal and give feedback (e.g. www.appraisal-skills.nhs.uk offers on-line appraisal training for trainers and trainees).

The national Learning Portfolio is designed to facilitate the educational appraisal process, whilst encouraging an approach that fosters adult learning, which is objective-based, self-directed and reflective. Both trainees and ESs will need to learn how to use the portfolio to optimise its benefit. During their induction programme, time should be set aside to ensure that FDs understand how the portfolio is used as part of the educational process during foundation training.

A number of national training days in assessment have been run during 2005 to help support the development of a Foundation Training Faculty, and both deaneries and medical Royal Colleges continue to offer ‘training the trainers’ programmes. However, by August 2007, with the implementation of the new edition of The New Doctor, all doctors involved in clinical and educational supervision will be required to demonstrate that they have been through a programme that has enabled them to achieve the educational competences required to undertake such supervision.

At a minimum, ESs and Clinical Supervisors (CSs) will have had to demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by PMETB and agreed for use in foundation training.

Those who have specific responsibility for giving career advice will also need to be trained in this area.

Training in appraisal, competency assessment and career management can be undertaken through a range of training modalities e.g. facilitated programmes provided by medical Royal Colleges, deaneries, NHS Boards or other sources, on-line learning programmes or self-directed learning programmes. Strategies to demonstrate the competences of their faculty will need to be devised by deaneries.
When a Foundation Doctor fails to make progress during foundation training

18. Although it is anticipated that most FDs will enjoy their foundation training and be successful in achieving the required competences, some doctors will struggle. Doctors in this situation may be identified by, for example:

- their reluctance or failure to participate in educational processes;
- reluctance or failure to engage fully in the assessment process;
- concerns raised by Educational Supervisors; and
- serious incidents or events or complaints.

19. ESs should be alert for these and other early signs of problems, and be ready to offer a source of pastoral support to new doctors who are having difficulty adjusting to the role. It is essential that the ES raises such issues early and formally with the FD concerned. The ES should also seek early advice from the FT. The guidance set out in *The New Doctor* must be followed.

20. It may be necessary to arrange an in-depth assessment, looking at health, attitudes, skills and the training environment, in order to take appropriate supportive action.

21. The Postgraduate Dean, or their deputy, and the university (for F1 FDs – PRHOs) may need to become directly involved so that appropriate remedial or additional assessment measures can be taken (see paragraphs 22–25). Such action may be in parallel with or as part of the employing authority’s performance or disciplinary procedure.

22. *The New Doctor* (transitional edition) sets out guidance on monitoring the progress of PRHOs (i.e., FD1).

23. *The New Doctor* indicates that those doctors who cannot achieve the outcomes required for registration during Foundation Year 1 should usually be given remedial support for up to one additional year, but for doctors working full time, ‘in normal circumstances, we (GMC) would not expect PRHOs to continue in practice if they have failed to meet the outcomes within two years’.

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Failure to complete foundation year 2 satisfactorily

24. While the vast majority of trainees entering Foundation Year 2 will complete it satisfactorily, some will not.

25. The possible reasons for failure to complete F2, and the options open to the FD in each situation, may be summarised as follows:

i. Resignation from an F2 placement.
   This may be for personal reasons e.g. taking a career break, change of career.
   Exit action: It should be made clear to the trainee that resignation from a placement normally implies resignation from the F2 programme. Alternatives to resignation should be explored. Sometimes interpersonal difficulties may resolve with a change of placement and a fresh start with a new trainer or supervisor. If the FD is determined to leave, he or she should be given an Educational Supervisor's report indicating the competences achieved while in the programme, and the level of performance as assessed at the time of resignation. This report should be filed in the training portfolio, which the trainee should be advised to keep.

   Return to training: An FD who has resigned will not have an automatic entitlement to a placement if he/she decides to return. Return to training will be through competitive entry to the F2 programme. Once the FD has been appointed, the portfolio will provide a useful basis for an initial learning plan. The FD will normally be expected to complete the full set of competency assessments following return to training, before being issued with a F2 Achievement of Competence Document (FACD), but credit may be given for time previously completed or competences achieved, at the discretion of the Postgraduate Dean.

ii. Dismissal from an F2 placement, e.g. for misconduct.
   Exit action: Dismissal from one placement in the F2 programme implies dismissal from the F2 programme, and requires appropriate disciplinary procedures to be followed by the employing body. The FD should be given an Educational Supervisor's report indicating the competences achieved while in the programme, and the level of performance as assessed at the time of dismissal, as well as a brief statement of the facts about the dismissal. This report should be filed in the training portfolio, which the trainee should be advised to keep. Serious consideration must be given to referral to the medical director of the relevant NHS Board for an Alert Letter, or to the GMC, depending on the nature and gravity of the behaviour, and whether the doctor’s fitness to practise is in question.

   Return to training: Return to training will be through competitive entry to the F2 programme. Application forms to F2 programmes will normally require disclosure of previous dismissal for misconduct and of any disqualification from practice or specified limitations of practice, or current investigations of fitness to practise, in the UK or elsewhere. Once the FD has been appointed, the portfolio will provide a basis for the initial learning plan. The fact of the previous dismissal, and the behaviours resulting in this, will be taken into account in setting objectives and arranging supervision. The FD will normally be expected to complete the full set of competency assessments following return to training, before being issued with a F2 Achievement of Competence Document, but credit may be given for time previously completed or competences achieved, at the discretion of the Postgraduate Dean.

   Return to training: An FD who has resigned will not have an automatic entitlement to a placement if he/she decides to return. Return to training will be through competitive entry to the F2 programme. Once the FD has been appointed, the portfolio will provide a useful basis for the initial learning plan. The FD will normally be expected to complete the full set of competency assessments following return to training, before being issued with a F2 Achievement of Competence Document (FACD), but credit may be given for time previously completed or competences achieved, at the discretion of the Postgraduate Dean.

iii. Failure to provide evidence of acquiring F2 competences.
   This may be, for example, as a result of failure to engage in sufficient assessments, or to submit the outcomes for analysis.

   Exit action: It is the FD’s responsibility to ensure that assessments are carried out in a timely fashion. If, at the end of the F2 year, insufficient evidence has been accumulated, an F2 Achievement of Competence Document (FACD) cannot be issued. The ES should encourage each FD to engage in the assessment process, and to report any difficulties in doing so in a timely fashion. The ES should report failure of the FD to engage to the FT who should consider an additional in-depth assessment, looking at health, attitudes, skills and the training environment, and the appropriate supportive action. Alternative means of assessment may be considered at this stage. If, despite this support, adequate assessments are not completed, the FD should be given an Educational Supervisor’s report indicating the competences achieved while in the programme, and the level of performance as assessed at the time of coming to the end of the F2 year. This report should be filed in the training portfolio, which the trainee should be advised to keep.
Return to training: This will be through competitive entry to the F2 programme. Once the FD has been appointed, the portfolio may provide a useful basis for an initial learning plan. The FD will normally be expected to complete the full set of competence assessments following return to training, before being issued with a certificate of satisfactory completion, but credit may be given for time previously completed or competences achieved, at the discretion of the Postgraduate Dean.

iv. Failure to achieve F2 competences at the end of the F2 year.
This reflects, for example, situations where assessments reveal failure to achieve the required standard for F2 completion within the expected timescale.

Exit action: While every effort should be made by the ES to recognise the struggling FD early, and to provide timely support, some FDs will not achieve the required standard within the expected timescale. Failure to progress should trigger an additional in-depth assessment, looking at health, attitudes, skills and the training environment, and the appropriate supportive action should be taken. If at the end of the F2 year the assessments accumulated indicate that the required standard has not been met, the F2 Achievement of Competence Document (FACD) cannot be issued. The FD should be given an Educational Supervisor’s report indicating the competences achieved while in the programme, and the level of performance as assessed at the time of coming to the end of the F2 year. This report should be filed in the training portfolio, which the FD should be advised to keep. Depending on the nature and seriousness of the underperformance, consideration should be given to referral to the GMC.

Remedial training: Provided the trainee has engaged with the process of training and assessment, and attempted to address his or her shortcomings, an extension to F2 training may be granted through a remedial training placement, at the discretion of the Postgraduate Dean. A remedial training placement will be arranged for a fixed period, usually six months whole-time equivalent. Under exceptional circumstances, a further fixed-term extension may be agreed, to a maximum of a further six months whole-time equivalent. A remedial training placement will not require entry via open competition, but will be arranged by the FT, in discussion with the FD, as far as possible to suit the needs of the trainee. The training portfolio will provide evidence of the competences already achieved, and will provide a basis for the development of a learning plan. The FD will be expected to complete the full set of competency assessments satisfactorily following remedial training, before being issued with a F2 Achievement of Competence Document.

v. Failure to achieve F2 competences at the end of remedial training.
In this situation assessments reveal failure to achieve the required standard for F2 completion despite an extension for remedial training.

Exit action: While every effort should be made by the ES to support the remedial FD, it is possible that some FDs will not achieve the required standard even after an extension for remediation. If at the end of the F2 remedial extension, the assessments accumulated indicate that the required standard has not been met, the F2 Achievement of Competence Document cannot be issued. The FD should be given an Educational Supervisor’s report indicating the competences achieved while in the programme, and the level of performance as assessed at the time of coming to the end of the period of remediation. This report should be filed in the training portfolio, which the FD should be advised to keep. At this stage the trainee will be referred to the GMC.

Return to training: It is conceivable that after a career break, or experience of working in another setting, the FD who has failed to achieve the F2 competences despite an extension for remedial training may wish to try again. A return to training at this stage will be through competitive entry to F2 training opportunities. Once the trainee has been appointed, the portfolio will provide evidence of the competences already achieved, and those not achieved despite remedial training, and may provide a basis for the development of a learning plan. The FD will be expected to complete the full set of competency assessments satisfactorily following the return to training, before being issued with the F2 Achievement of Competence Document (FACD).
Section 8
Approving foundation training

• Approval of Foundation Programmes

• Identifying Foundation Programmes

• Foundation Programmes that cross deanery boundaries

• Commissioning F1 and F2 training opportunities
1. A deanery will need to obtain educational approval for each of its Foundation Programmes (FPs) through the General Medical Council and the Postgraduate Medical Education and Training Board (PMETB) quality assurance process, rather than for each individual four or six-month placement within a programme. The PMETB and the GMC have responsibility for ensuring that FPs are regularly quality assured and offer education and training that meets the required standards.

2. Postgraduate Deans are responsible for:

   • the educational and operational management of the FP; and for
   • ensuring that the placements within the FP meet the required standards of training, education, appraisal and assessment as set by:
     • the GMC for (F1) in The New Doctor; and by
     • PMETB for (F2) in the following publications⁹.

3. Specialty-specific approval of foundation placements is not required since training undertaken during F2 will not be offered prospectively towards specialty training accreditation.

4. FPs will be uniquely identified by a composite number. The number is attached to the programme and is not allocated to an FD. The number will also enable numbering of the F1 or F2 year within the programme. In turn, each year is composed of a series of usually four month placements which will not be uniquely identified.

5. The numbering system consists of a series of codes, identifying, in turn, the Deanery, the NHS Board, the FP number, whether the training opportunity is F1 or F2 and a unique identifier for the year-long series of placements.

   As an example: WoS/SGA20/W1/F1/001

   WoS = Deanery identifier
   SGA20 = The lead NHS Board code
   W1 = Foundation Programme number
       (programme 1)
   F1 = Foundation Year: 1 or 2
       (Year 1 and hence F1 in this example)
   001 = A unique identifier for this one-year training opportunity.

Such a numbering system will enable each deanery to identify uniquely its FPs (a Deanery with, say, 300 F1 and F2 year training opportunities will have a total 10 FPs where there are approximately 30 opportunities per programme).

6. Where one or more boards is involved in offering foundation placements within a FP, the Deanery should identify a lead NHS Board for that programme in order to facilitate educational arrangements for the FP.

7. FPs will be identified (through their unique number identifiers) as the units of approval through which the PMETB and GMC will approve the delivery of foundation training by deaneries. The programmes available in Scotland at July 2005 are listed at Appendix 1. Further details can be obtained from: www.nes.scot.nhs.uk/sfas/ and www.mmc.scot.nhs.uk.

⁹(1) Principles for an Assessment System for Postgraduate Medical Education and Training; and
⁹(2) Standards for Curricula. The Postgraduate Medical Education and Training Board 2005; www.pmetb.org.uk
8. Some FPs will be established that cover more than one deanery, most probably across two deaneries. It is likely that such FPs may consist of one year in each deanery though other arrangements may be possible.

9. The local Deanery will have responsibility for ensuring the quality and coordination of the education delivered.

10. The linked training opportunity will be numbered as one of the individual programmes within the FP of the Deanery responsible for the F1 year. This Deanery will also be responsible for allocation within the SFAS process.

11. FDs allocated to linked training opportunities will undertake their in-work assessments during the course of their placements. Assuming progress has been satisfactory, the local Foundation Tutor (FT) or the ES on behalf of the FT will sign off the FD (at either the F1 or F2 level) at the end of the year.

12. At the end of the F1 year, as required by the GMC, the university or Postgraduate Dean will issue the Certificate of Experience\textsuperscript{10} for FD1s who have completed the training programme successfully. This information will also be passed to the Deanery responsible for F2 and for issuing at the end of F2, the F2 Achievement of Competences Document (FACD). These arrangements will continue under The New Doctor transitional provisions until the end of August 2007 (see Section 3, paragraphs 11–16).

13. The local Foundation Tutor will support FDs in linked training opportunities who experience difficulties in their training. If an FD requires additional training and is unable to complete registration with the GMC at the end of F1, the doctor will remain the responsibility of the Deanery supervising F1. However, individual arrangements between deaneries will be required to support progress of the FD. Should there be a resulting vacancy in F2, this will be filled in accordance with procedures set out in Section 3, paragraphs 11–16.

14. FDs that choose to, and are successful in competing for an F2 placement outside their original Deanery, become the responsibility of the new Deanery/school, which they enter. The F2 Achievement of Competence Document (FACD) (see Appendix 9) will be received by and be the responsibility of this Deanery and not the original Deanery of entry.

\textsuperscript{10} The Medical Act 1983 (Certificates of Experience) Regulations 1999.
Commissioning F1 and F2 training opportunities

15. Within FPs, approval of individual F1 training opportunities and the placements within them rests with the Postgraduate Dean who commissions and recommends approval of pre-registration training (F1) on behalf of the university.

16. In preparation for approval of foundation training, Postgraduate Deans will recommend to the PMETB (STA until September 2005) those F2 training opportunities that can deliver the range of competences required of foundation training. The PMETB, as the statutory authority, will give educational approval to foundation training that has been assessed as delivering the required standard. The Postgraduate Dean commissions this training.

17. Once approval for the F1 and F2 training opportunities within an FP has been granted by the GMC and PMETB, the Deanery will be able to make adjustments to the content of individual placements either in order to meet the needs of the overall FP or to meet the needs of individual trainees, where this is appropriate and possible. The Deanery will need to notify the GMC/PMETB of this modification between periods of formal approval.
Section 9

Appendices

1. Foundation Programmes in Scotland
2. Good Medical Practice
3. Model job description for a Foundation Tutor
4. Person Specification to enter a two-year Foundation Programme
5. Model Training and Service Agreement
6. Time Out of Foundation Programme (TOFP) Request Form
7. General practice and Foundation Training
8. Embedded Taster Experience – draft template
10. Trainees with the Defence Medical Services
11. Glossary of Terms
Appendix 1
Foundation Programmes in Scotland

NHS Education for Scotland
www.nes.scot.nhs.uk

Scottish Foundation Allocation Scheme (SFAS) (Scottish Foundation School)
www.nes.scot.nhs.uk/SFAS/default.asp

### East of Scotland Deanery: Foundation Programmes (August 2005)

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<td>Ninewells Hospital, Dundee with Perth Royal Infirmary, Perth</td>
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| E3   | Ninewells Hospital, Dundee with Perth Royal Infirmary, Perth  
     | Stracathro Hospital, Brechin, and Dundee Royal Victoria Hospital, Dundee |
| E4   | Ninewells Hospital, Dundee with Perth Royal Infirmary, Perth and Dundee Royal Victoria Hospital, Dundee |
| E5   | Ninewells Hospital, Dundee with Perth Royal Infirmary, Perth and Stracathro Hospital, Brechin |
| E6   | Ninewells Hospital, Dundee with Perth Royal Infirmary, Perth and Stracathro Hospital, Brechin |

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<td>N9</td>
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|     | Queen Margaret Hospital, Dunfermline with Western General Hospital, Edinburgh and  
|     | Royal Hospital for Sick Children, Edinburgh |

| S2  | Royal Infirmary of Edinburgh, Edinburgh  
|     | Queen Margaret Hospital, Dunfermline with Western General Hospital, Edinburgh |

| S3  | Borders General Hospital, Melrose  
|     | Borders General Hospital, Melrose with Royal Infirmary of Edinburgh, Edinburgh |

| S4  | St John’s Hospital, Livingston  
|     | St John’s Hospital, Livingston with Royal Infirmary of Edinburgh, Edinburgh |

| S5  | St John’s Hospital, Livingston  
|     | St John’s Hospital, Livingston with Royal Infirmary of Edinburgh, Edinburgh |

| S6  | Victoria Hospital, Kirkcaldy with Western General Hospital, Edinburgh  
|     | Queen Margaret Hospital, Kirkcaldy with Western General Hospital, Edinburgh |

| S7  | Western General Hospital, Edinburgh with Victoria Hospital, Kirkcaldy  
|     | Western General Hospital, Edinburgh with Queen Margaret Hospital, Dunfermline |

| S8  | Queen Margaret Hospital, Dunfermline with Victoria Hospital, Kirkcaldy  
|     | Queen Margaret Hospital, Dunfermline with Western General Hospital, Edinburgh |

| S9  | Western General Hospital, Edinburgh with Queen Margaret Hospital, Dunfermline  
|     | Royal Infirmary of Edinburgh, Edinburgh with St John’s Hospital, Livingston  
|     | Royal Infirmary of Edinburgh, Edinburgh with Borders General Hospital, Melrose  
|     | Royal Infirmary of Edinburgh, Edinburgh |

| S10 | Royal Infirmary of Edinburgh, Edinburgh  
|     | Royal Infirmary of Edinburgh with Borders General Hospital, Melrose  
|     | Royal Infirmary of Edinburgh with St John’s Hospital, Livingston |

| S11 | Royal Infirmary of Edinburgh with Borders General Hospital, Melrose  
|     | Royal Infirmary of Edinburgh with St John’s Hospital, Livingston |

| S12 | Royal Infirmary of Edinburgh with Borders General Hospital, Melrose  
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## West of Scotland Deanery: Foundation Programmes (August 2005)

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Appendix 2
Good Medical Practice

All Foundation Doctors should ensure that they have read Good Medical Practice and are fully conversant with its content. It is available on www.gmc-uk.org (third edition May 2001). The key messages are:

The duties of a doctor registered with the General Medical Council

‘Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

• make the care of your patient your first concern
• treat every patient politely and considerately
• respect patients’ dignity and privacy
• listen to patients and respect their views
• give patients information in a way they can understand
• respect the rights of patients to be fully involved in decisions about their care
• keep your professional knowledge and skills up to date
• recognise the limits of your professional competence
• be honest and trustworthy
• respect and protect confidential information
• make sure that your personal beliefs do not prejudice your patients’ care
• act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise
• avoid abusing your position as a doctor
• work with colleagues in the ways that best serve patients’ interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.’
### The principles of professional practice in Good Medical Practice are set out under the following seven headings:

1. **Good clinical care**  
   Doctors must practise good standards of clinical care, practise within the limits of their ability, and make sure that patients are not put at unnecessary risk.

2. **Maintaining good medical practice**  
   Doctors must keep up to date with developments in their field and maintain their skills.

3. **Relationships with patients**  
   Doctors must be able to develop, encourage and maintain successful relationships with their patients.

4. **Working with colleagues**  
   Doctors must work effectively with colleagues in medicine, other health-care professions and allied health-care workers.

5. **Teaching and training**  
   Doctors have teaching responsibilities to colleagues, patients and their relatives. They must develop the skills, attitudes and practices of a competent teacher.

6. **Probity**  
   Doctors must be honest.

7. **Health**  
   Doctors must not allow their own health or condition to put patients and others at risk. Doctors must maintain their health. They must take the appropriate steps to make sure their own health does not put patients, colleagues or the public at any risk.
Appendix 3
Model job description

NHS Education for Scotland
Modernising Medical Careers

FOUNDATION TUTOR

(Model) Job Description

Job Title: Foundation Tutor

Accountable to: Ultimately accountable to the Postgraduate Dean

Remuneration: Salary will reflect current pay arrangements

Background
The concept of the Foundation Programme was first proposed in the consultation paper Unfinished Business: proposal for Reform of the Senior House Officer Grade. Responses to this consultation revealed widespread support for the concept and it became one of the central planks of Modernising Medical Careers, (February 2003).

Introduction
The Foundation Programme has been defined as the bridge between undergraduate medical training and specialist and general practice training.

From August 2005, all newly qualified doctors will complete two years of training entitled ‘The Foundation Programme’. Foundation Programmes for UK medical graduates will consist of two years of training: one pre-registration year (F1) after which full registration is awarded by the GMC (subject to satisfactory progress); and one post-registration year (F2).

Foundation Programmes have three key objectives:

1. To provide the opportunity for doctors in training to acquire the clinical competence to identify and manage the acutely ill patient, and to acquire robust clinical skills in acute medicine.

2. To deliver professional training programmes so that doctors in training can acquire the knowledge of generic issues such as described in the draft competency document agreed by the Academy of Royal Colleges and Faculties (UK).

3. To ensure that all Foundation Doctors should be able to experience a number of different specialties, exploring different career options. High quality career advice provision should be part of this process.

Each Foundation Programme will consist of approximately 30 Foundation Doctors spread between FY1 and FY2. Each Foundation Doctor will have a named Foundation Tutor who will be responsible for the Foundation Programme that they join.

Entry into Scottish Foundation Programmes is through the Scottish Foundation Allocation Scheme (SFAS), which is an allocation scheme that will be used throughout Scotland. This process will involve a personal statement, CV and NES recruitment paperwork from each applicant. Applicants will be asked to indicate four programmes of preference, which may be in more than one Deanery, and will thereafter undergo an allocation process.
Appendix 3
Model job description (continued)

Main tasks and responsibilities of the Foundation Tutor

Each Foundation Tutor will be a key member of the Deanery team and will be supported in the role. They will be responsible for overseeing a Foundation Programme and the education and training needs of each individual in the programme. The main responsibilities of the post-holder will include:

1. Working with and coordinating the activities of Educational Supervisors involved in the delivery of the Foundation Programme.

2. Following allocation to the Foundation Programme, to discuss and agree placement to an individual programme for F1 and F2 with each successful candidate.

3. Supporting appropriate induction for all F1 and, if necessary, F2 trainees in association with Postgraduate Tutors.

4. Developing and co-ordinating, in association with the Deanery and Educational Supervisors, the education and training needs of all F1 and F2 trainees.

5. Ensuring that continuous in-training assessment and appraisal of F1 and F2 trainees is carried out in accordance with Deanery requirements.

6. Monitoring trainees’ progression and providing, in conjunction with Educational Supervisors and the Deanery, formal assessment support and guidance for trainees who are perceived to have performance problems.

7. Providing pastoral support, counselling and guidance as necessary.

8. In co-operation with the Deanery, liaising between the service and the Scottish Foundation Allocation Scheme (SFAS), which is the entry route to a two year Foundation Programme in Scotland.

In addition the Foundation Tutor may be involved in deanery related activities, such as:

9. Providing advice to medical students who request information about the Foundation Programme and promotion of programmes through open days.

10. Ensuring the provision of agreed formal educational experiences.

11. Providing, in collaboration with Specialty Advisers and others, career information, guidance and advice (career management).

12. Deanery arrangements for the management of Foundation Programmes.

Support from NHS Education for Scotland (NES)

NES is committed to the provision of the highest quality training in Scotland. It is recognised that, although many will be building on previous knowledge and experience, all Foundation Tutors will require to receive appropriate training and be supported in their new role. NES will provide a formal induction programme to ensure quality of delivery across Scotland. It is anticipated that all successful candidates will attend training.

Foundation Tutors will be supported, appraised and performance managed through the deaneries. It is anticipated that identified learning needs will form part of the professional development of the tutor.
## Appendix 4

### Entering a two-year Foundation Programme

**Application to enter a two-year Foundation Programme**

**Person Specification**

<table>
<thead>
<tr>
<th>Essential</th>
<th>Desirable</th>
<th>When Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualifications</strong></td>
<td>Has or is expected to achieve an MB ChB or equivalent medical qualification</td>
<td>Application Form*</td>
</tr>
<tr>
<td></td>
<td>Has not yet reached the level of experience required for GMC limited or full registration</td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Has written approval from the university of medical graduation for this application</td>
<td>Approval Letter from University</td>
</tr>
<tr>
<td></td>
<td>Has confirmation this is the only first ranking application submitted</td>
<td>Approval Letter from University</td>
</tr>
<tr>
<td><strong>Fitness to practise</strong></td>
<td>Is up to date and fit to practise safely</td>
<td>Approval Letter and Fitness to Practise statement from University</td>
</tr>
<tr>
<td><strong>Knowledge and Achievements</strong></td>
<td>Academic and extracurricular achievements</td>
<td>Application Form*</td>
</tr>
<tr>
<td></td>
<td>Demonstration of participation in aspects of ‘Good Medical Practice’</td>
<td>Application Form*</td>
</tr>
<tr>
<td><strong>Education &amp; Personal Aspects</strong></td>
<td>Educational reasons for applying for this School/Deanery</td>
<td>Application Form*</td>
</tr>
<tr>
<td></td>
<td>Personal reasons for applying for this School/Deanery</td>
<td>Application Form*</td>
</tr>
<tr>
<td><strong>Communication &amp; Interpersonal Skills</strong></td>
<td>Able to communicate effectively in written English</td>
<td>Application Form*</td>
</tr>
<tr>
<td></td>
<td>Able to communicate effectively in spoken English</td>
<td>To be confirmed in testimonial from the University</td>
</tr>
<tr>
<td></td>
<td>Evidence of team-working skills</td>
<td>Application Form*</td>
</tr>
<tr>
<td></td>
<td>Evidence of leadership skills</td>
<td>Application Form*</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Meets professional health requirements</td>
<td>Pre-employment health screening</td>
</tr>
<tr>
<td><strong>Probity</strong></td>
<td>Displays honesty, integrity, respects confidentiality</td>
<td>Application Form*</td>
</tr>
</tbody>
</table>

* Application Form, including Personal Statement

Any attributes, which are evaluated on the basis of the application form may be further explored by reference to the applicant’s Medical School and at pre-employment screening.
Statement by your Dean/Postgraduate Dean or other appropriate Medical School Official

I give permission for ________________________________

NAME OF APPLICANT (PLEASE PRINT)

to apply to ________________________________

NAME OF DEANARY/FOUNDATION SCHOOL

Deanery or foundation school and confirm that this is the only Deanery or foundation school application on the UK National Scheme being submitted by this candidate, which this medical school has supported. I confirm that the student is of good standing at this Medical School and is considered Fit to Practise medicine in accordance with the UK General Medical Council’s (GMC) Fitness to Practise requirements as described in the GMC’s Good Medical Practice.

I consider the applicant’s level of English language to be:

Spoken: Excellent □ Good □ Acceptable □ Poor □
Written: Excellent □ Good □ Acceptable □ Poor □

Please complete one of these three statements, as appropriate:

☐ I confirm that subject to the outcome of final year examinations, it is anticipated that the medical training undertaken to date by this candidate will entitle the candidate to provisional registration according to UK registration requirements.

☐ I confirm that the medical training undertaken to date entitles this candidate to limited or full registration in the UK, according to UK registration requirements (required for non-UK medical graduates only).

☐ I confirm that, subject to the outcome of final assessments in this Medical School, it is anticipated that the medical training undertaken will entitle the candidate to limited or full registration in the UK, according to UK registration requirements (required for students in certain Medical Schools in the EEA who will graduate with the eligibility to apply for full registration in the UK).

Signed: ________________________________

Name: ________________________________

Position: ________________________________

Address: ________________________________

Telephone: ________________________________

Fax: ________________________________

e-mail: ________________________________

Stamp/Seal of School:
Medical and Dental Staff in the Training Grades
(Model) Training and Service Agreement

1. Introduction and overview

This Agreement is made between NHS Education for Scotland (NES) and NHS ________________________________

1. It covers a period of three years commencing 1 April _____ and is subject to annual review.

2. The objective of the Agreement is to ensure high quality postgraduate medical and dental education for the doctors and dentists in training, and supervision in an appropriately managed environment.

3. This objective will be achieved through the integration of service provision with education and training so that doctors and dentists in training are able to contribute effectively in the short, medium and long term to the National Health Service in Scotland.

4. The Agreement seeks to clarify the responsibilities the parties to the Agreement will have in achieving the overall objective.

2. Principles

The Operating Board is responsible for all day-to-day management of the doctors and dentists in training employed by them and, by agreement with a Lead Operating Board, the doctors and dentists working within the Operating Board but employed by the Lead Operating Board.

1. The performance of the parties to the Agreement will be assessed through the regular collection of information regarding educational experience and progress as well as through monitoring of the accuracy and timeousness of information identifying the doctors and dentists in post in the Operating Board. The reporting arrangements expected by NES on monthly staffing returns and notification of starters and leavers are set out in Appendix 1 of the agreement.*

2. The recruitment process with regard to the filling of training grade posts will be in accordance with MEL(1996)10 and any subsequent guidance from the Scottish Executive Health Department (SEHD). The Operating Board will accept responsibility for the day to day management of doctors and dentists in training working in the Operating Board as part of a planned rotation of posts and employed by a Lead Operating Board. Similarly, Lead Operating Boards will allow doctors and dentists in training who are employed by them to rotate to work in other Operating Boards as part of a planned training programme.

* Available from NES.
3. Purpose

1. NES will provide basic salary funding (see paragraph 6.1) and the Operating Board will provide facilities for the postgraduate medical and dental education of doctors and dentists in the training grades. Under no circumstances will NES reimburse the banding element of training grade salaries. Funded establishments will be identified and agreed at the beginning of each financial year. The establishment will be subject to alteration during the course of the Agreement and through the addition, reduction, conversion or transfer of posts. The revised establishment will be notified in writing by the appropriate regional office of NES.

2. Doctors and dentists in training will work under supervision of Consultants of the Operating Board and according to the agreed duties set out in the trainee’s job description and educational contract. The responsibilities with regard to educational supervision are detailed in Appendix 2 of the Agreement.*

3. Changes in the number of training posts will be made by agreement between the Postgraduate Medical Dean, acting on behalf of NES, and the Operating Board. In line with SEHD guidance, all training grade posts require appropriate educational and manpower approval. Additionally, for SHO posts, appropriate funding needs to be identified.

4. The detailed management of this agreement will be through the Postgraduate Medical Dean, on behalf of NES, and the Postgraduate Tutor, Director of Education or appropriate Operating Board Officer. This will enable any educational, administrative, grievance or disciplinary matters to be dealt with in a prompt and efficient manner.

4. Training resources and standards

1. The Operating Board will provide the educational environment, supervision and on-site resources which doctors and dentists in training can reasonably expect and which are required to satisfy the standards defined by the national bodies responsible for the certification of training progression. Guidelines detailing the facilities expected of Operating Boards in this area are detailed in Appendix 2 of the Agreement.*

2. The objectives, form and content of training programmes will be drawn up by Regional Speciality Education and Training Committees in line with College Curricula and guidance from the Specialist Training Authority (STA) and, currently Joint Committee on Postgraduate Training for GP’s (JCPTGP) (in future the Postgraduate Medical and Educational Training Board (PMETB)). It is the responsibility of Deanery Specialty Education and Training Committees to ensure that these programmes are delivered locally.

3. Furthermore, by agreement with the Operating Board, these details will be incorporated into an educational contract for each doctor and dentist in training.

4. The Operating Board will allow NES, and representatives of supervisory and statutory bodies such as Royal Colleges and Deanery Inspection teams, reasonable access to its premises and staff during the period of this Agreement for the purpose of monitoring performance. It will be the responsibility of the Operating Board to ensure that recommendations from such external visits are addressed in the most appropriate manner.

5. The Operating Board will ensure that the living and working conditions of doctors and dentists in training comply with NHS Circular: HDL (2001) 50.

* Available from NES.
5. Study leave

1. The Operating Board will make time for approved study leave available for doctors and dentists in training in accordance with national guidelines and agreements. The procedure for the approval of study leave applications is issued to trainees via the Postgraduate Dean’s office.

2. NES will reimburse approved course fees and travel and subsistence expenses incurred for approved study leave within the budgetary limits set.

3. The Operating Board is responsible for the payment of any locum payments resulting from doctors or dentists taking study leave.

6. Financial arrangements

1. The value of this Agreement is calculated as follows:

- PRHO 1st point of prevailing PRHO salary scale, as notified annually by SEHD
- SHO 3rd point of prevailing SHO salary scale, as notified annually by SEHD
- SpR 4th point of prevailing SpR salary scale, as notified annually by SEHD

plus funded employer’s National Insurance and superannuation contributions. Rates payable are calculated annually by NES on this basis and notified to the Operating Board.

2. NES will arrange payment based on details received from the Operating Board in accordance with the regional NES payments timetable. The payment will be calculated in accordance with Operating Board information contained on their monthly staffing return and payroll/personnel systems. Operating Boards who submit inaccurate or late claims could find payments delayed.

3. Any identified and agreed post movements that result in a change to the establishment will be addressed as a variation to the Agreement.

4. The Operating Board is responsible for the day-to-day management of the service commitments of doctors and dentists in the training grades covered by this Agreement. They will therefore be responsible for providing locum cover when this is necessary to cover absence arising from training and other reasons such as annual leave, sickness absence and maternity leave. Where training posts become vacant, NES will suspend funding in accordance with the vacancy policy outlined in Appendix 3 of the Agreement.*

5. NES will not be liable for any excess travel, subsistence or relocation expenses, which may become payable due to inter Operating Board rotations.

7. Data protection and confidentiality

1. Both parties will be responsible for their specific Data Protection Act 1998 registrations in relation to the personal data held and processed under the terms of this Agreement.

2. Both parties will maintain appropriate confidentiality regarding information that is proprietary to each within the context of shared working.

* Available from NES.
8. Equal opportunities

1. NES and the Operating Board will have, and will monitor the operation of, equal opportunities policies and will make them available to the SEHD on request.

NES and the Operating Board note their obligations of pursuing non-discriminatory policies and procedures as set out in current legislation, i.e. the Sex Discrimination Act 1975, the Race Relations (Amendment) Act 2000 and the Disability Discrimination (Amendment) Act 2004.

9. Terms and conditions of service

1. The Operating Board will ensure that the formal guidance and advice issued by the SEHD on the Terms and Conditions of Service for doctors and dentists in training are followed.

2. In particular, Operating Boards will ensure that the working hours of doctors and dentists do not exceed the limits set by the SEHD in the implementation of the New Deal and European Working Time Directive.

10. Discipline and grievance

1. The Operating Board will demonstrate to NES that it has written procedures to deal with grievances and disciplinary matters arising from doctors and dentists in training. These will be in accordance with the PIN Guidelines on Conduct and Capability, the Terms and Conditions of Service for Hospital Medical and Dental Staff (or of doctors in Public Health Medicine and the Community Health Service as appropriate), the General Whitley Council Conditions of Service and ACAS guidelines.

2. Grievances and disputes relating to personal conduct and not involving training matters should be resolved locally under existing arrangements, as per PCS (DD) 2001/9 with the Postgraduate Dean being kept fully informed. See also paragraph 10.5 below.

3. Where a grievance or dispute relates to training matters this should be raised with the Postgraduate Dean or nominated representative at an early stage and NES kept informed throughout. In particular, NES must be informed immediately of any case where a doctor or dentist in training is suspended. Any minimum necessary information received by NES will be treated in accordance with the provisions of the Data Protection Act 1998.

4. In cases of serious personal or professional misconduct, where there is a prima facie case for disciplinary action, it may be appropriate to suspend the staff member concerned on full pay prior to convening a disciplinary hearing. Suspension can only be sanctioned by a senior member of the Operating Board’s Clinical Management who has line management responsibility for the staff member concerned and with the approval of a senior member of the Operating Board’s Human Resources Management.

5. Disciplinary issues relating to professional misconduct or competence will be dealt with in accordance with the provisions of NHS Circular: 1990 (PCS)8, PCS (DD) 1994/11, PCS (DD) 1999/7, PCS (DD) 2001/9, and MEL 1993 (149) Annex B paragraph 9. Disciplinary matters relating to personal misconduct will be dealt with in terms of Section 40 of the General Whitley Council Conditions of Service or subsequent terms and conditions.

6. Both parties will nominate duly authorised officers to liaise regarding any action arising under this section.
11. General indemnity

1. The Operating Board will be responsible for any duly proven liabilities and costs as a result of doctor or dentists in training covered by this Agreement successfully pursuing, through the appropriate process, their contractual or employment rights as a consequence of any local breech of these rights by the Operating Board.

12. Medical indemnity

1. The Operating Board will indemnify doctors and dentists in training against any damages awarded against them for medical negligence in respect of work they carry out on behalf of the Operating Board. This indemnity will be subject to the limitations which apply to all hospital medical and dental staff under current NHS provisions.

13. Monitoring arrangements

1. NES reserves the right, on an on-going basis, to monitor the operation of this Agreement, by means such as Deanery Inspection Visits and other quality checks in relation to ensuring high quality training. through its QA processes, such as Deanery Inspection visits.

2. NES may recommend improvements following visit outcomes. Where such recommendations are not met within the agreed timescale, NES will invoke process with the appropriate regulatory body.

14. Variation of this agreement

1. This Agreement may be varied in writing by agreement between both parties.

15. Disputes resolution

1. In the event of a dispute over the interpretation or application of the terms of this Agreement, the process of resolution is as follows:

   • The officers of both parties to this Agreement who are named as having day to day responsibility for the service concerned should consider the issue.
   • If it is not possible to resolve the issue at that level, it should be referred to the Directors of Finance of both parties for resolution.
   • If Directors of Finance cannot resolve the issue, it should be referred to the Accountable Officers of both parties for resolution.

2. Disputes should be determined as quickly as possible. In normal circumstances, both parties to this Agreement are committed to resolution within one month of formal notification of a dispute.

16. Termination of agreement

1. Either party may terminate this Agreement with six months’ written notice in the event of a breach of terms by either party.
17. Signatures to the service agreement

1. The signatories agree to enter into this Agreement and to its arrangements, undertakings and responsibilities as detailed in the service specifications listed in this Agreement.

For and on behalf of NHS  

---------------------------------------------  Chief Executive

---------------------------------------------  Director of Finance

For and on behalf of NES  

---------------------------------------------  Chief Executive

---------------------------------------------  Postgraduate Dean
Appendix 6 Time Out of Foundation Programme (TOFP) Request Form

Request Form

Trainee’s name: ____________________________________________________________

Contact address: __________________________________________________________

Contact telephone number: ________________________________________________

e-mail address: ___________________________________________________________

Location of current F1 placement: ___________________________________________

Identification number of F1 training opportunity: ________________________________

Name of Educational Supervisor (ES): ________________________________________

Name of Foundation Tutor (FT): ____________________________________________

Have you discussed your plans to take time out of programme with your ES? Yes ☐ No ☐

Have you discussed your plans to take time out of programme with your FT? Yes ☐ No ☐

Please give your reasons for wanting to take time out of your Foundation Programme:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Please describe what you hope to do during this time out: _________________________
_______________________________________________________________________
_______________________________________________________________________

If you are undertaking clinical work/training, do you hope to achieve your F2 competences in this post? Yes ☐ No ☐

If yes, have you been able to plan a programme to do so? Please attach a description of the clinical training you will receive in order to achieve the F2 competences.

Is the unit you are planning to go to aware of the assessment programme required to demonstrate the competences? Yes ☐ No ☐

Are they prepared to undertake such assessments? Yes ☐ No ☐

Have you applied to the PMETB for prospective approval of the placement? Yes ☐ No ☐
Request Form (continued)

If you are not planning on undertaking clinical work that you might wish to have considered by the PMETB for prospective approval, when do you plan on returning to take up an F2 placement in your foundation school?

Date you wish to start your out-of-programme experience: ______________________________________________________

I am requesting approval from the foundation school or deanery to undertake time out of my Foundation Programme as described above. Please tick one of the three options below to signify your understanding of the process required.

1. I have already applied to the PMETB for prospective approval to ask if my planned clinical programme can be used to demonstrate the F2 competences and to gain the experience required of foundation training.

2. I have already received prospective approval from the PMETB and attach it here.

3. I wish to return to F2 training after my time out of programme. I understand that I must ensure that I apply through the usual process as set out by the foundation school or deanery and meet the required timescales in order to secure an F2 allocation. I understand that if I do not, I may not be allocated an F2 placement in the foundation school or deanery.

Signed: ______________________________________________________
(Foundation Doctor)
Print name: ____________________________ Date: ____________________________

Signed: ______________________________________________________
(Educational Supervisor)
Print name: ____________________________ Date: ____________________________

Signed: ______________________________________________________
(Foundation Tutor)
Print name: ____________________________ Date: ____________________________

After all 3 signatures have been obtained, one copy should be sent to the Postgraduate Dean, the Foundation Tutor should keep one copy, and the FD should retain one copy.
Appendix 7
General practice and Foundation Training

1. This document contains extracts from a paper developed by a Working Group (January 2004) of the Joint Committee on Postgraduate Training for General Practice (JCPTGP), which represents all the key stakeholders in general practice education, and the Royal College of General Practitioners (RCGP) to ensure that the discipline of general practice contributes fully to the development of Foundation Programmes.

2. Learning outcomes for the general practice period of the Foundation Programme

i. A good way to synthesize these areas of skills acquisition and competence is for learners to follow patient pathways through the service, both in hospital and the community, from the presentation of acute illness, through investigation and diagnosis, management to recovery or rehabilitation. Throughout the attachment, the Foundation Doctor (FD) should consider and reflect on the impact on each patient of the hospital environment, the general practice environment and their interface. Whilst in general practice they should consider the impact of disease on the patient's life within his or her own environment.

ii. It is important to understand the essential difference between providing a training experience in general practice for all doctors and specialist training programmes for a career in general practice.

iii. Virtually all of the clinical experience of doctors entering their Foundation Programmes will have been acquired in a secondary care setting. A placement in general practice will provide a valuable contribution to each of the areas described for Foundation Year 2, and will provide a meaningful experience of general practice in the context of the overall Foundation Programme. It will not be aimed at producing the skills and competences required of the modern General Practitioner. For the majority this will be their only postgraduate experience of general practice.

iv. Thus, the general practice foundation placement will offer doctors in training an opportunity to provide care for patients in a very different setting, that of primary care, and in the context of the patients themselves. The patterns of team working are different in primary care, and general practice has a broad and unique perspective on the way in which secondary care specialties work. The manner of presentation of acutely ill patients is different in general practice, and illnesses are seen at a much earlier stage in their development. Their management in this setting requires differing skills both in clinical method and risk assessment.

3. Patients
During the placement the doctor will:

- gain an understanding of the person-centred approach, oriented to the individual;
- work with patients in their own context and community;
- gain an understanding of the impact of the patient as a person in a family;
- gain an understanding of the physical, psychological, social and cultural dimensions of the problems presented; and
- gain understanding of the difference between disease and illness.
4. Illnesses
During the placement the doctor will:

- see illnesses at an early and undifferentiated stage;
- understand the different epidemiology and the prevalence and incidence of illness in the community;
- manage simultaneously episodes of new acute illness with concurrent chronic problems in the patients they see; and
- manage the interface with secondary care through referral, acute admission and discharge from hospital.

5. Processes
During the placement the doctor will:

- gain an understanding of the advantages of medical generalism in the community setting;
- work in, and understand the roles of, the primary care team in providing care to individual patients;
- gain an understanding of the importance of effective communication between patient and doctor, and the relationship built over time;
- gain an understanding of effective communication between health care professionals and the carers of patients;
- gain an understanding of the role of primary care in promoting health in the community;
- learn about decision making and risk management in the absence of support services (pathology, imaging, senior colleagues);
- understand the impact of working at the point of first contact to the health service with open access to patients;
- gain an understanding of the impact and analysis of evidence based medicine and its application in the primary care setting; and
- understand the importance of continually developing personal knowledge.

It will not be possible in a short placement to cover all of these issues in any great depth but it should be possible to provide the recently qualified doctor with a meaningful experience, which will greatly contribute to the value of their Foundation Programme.

6. Key messages

- Every doctor should experience general practice during his or her Foundation Programme as one of a range of settings in which care for the acutely ill patient is delivered.
- General practice is an important setting for doctors to learn many of the core competences of the Foundation Programme.
- The competences required for the successful completion of this programme should encompass those from general practice as described in this paper.
- The expertise in GP education in synthesizing and supervising educational experiences from different disciplines should be fully utilized by those involved in developing and managing the Foundation Programme.
Introduction to Specialty ‘X’ – curriculum for F2s  
(Indicative duration: 1–2 weeks)

Note: This is a draft template. Others may be suitable in different clinical or academic settings.

Introduction

1. These training opportunities should be available (as options) to all trainees in their F2 year. They are particularly suited to those considering specialising in general medicine, certain medical specialties or paediatrics, but will also be of great interest to those considering general practice and most other specialties, including academic work in either research or teaching.

2. The attachment should be well-planned and focused, with agreed aims to be achieved and an understanding about how the attachment would be assessed. A one-week attachment provides at least 40 hours of specific interaction around the specialty issues and a two-week attachment, up to 80 hours. If such attachments are focused they should be able to contribute significantly to the understanding and development of a F2 trainee.

3. During the attachment, trainees should obtain an appreciation of:

   - the way that the specialty contributes to individual patient management in a range of settings and for different patient groups, including prevention, diagnosis, treatment and follow-up, and contributes to health protection;
   - the importance of infection control and the specialty in supporting patient safety;
   - optimum use of diagnostic tests for common clinical conditions;
   - the general principles underlying therapeutics and prescribing in the specialty; and
   - the scope of career opportunities in the specialty, including academic (research and teaching) and managerial potential.

4. Depending on local circumstance, one or two F2 trainees can be accommodated concurrently in the specialty. However, as such attachments are intended to provide hands-on experience of the specialty, they are not suited to a course or tutorial-based approach.
Educational programme:

5. The F2 trainee should review his/her understanding of the specialty before commencing the placement:

- **Clinical aspects:** the trainee should attend clinical rounds and outpatients with senior trainees or consultants, including the ITU, SCBU and specialist units where appropriate to learn how the specialty works in practice and to understand how the specialty contributes to the care and safety of patients. The F2 trainee is a fully registered doctor and should make a contribution to the care of patients under supervision even on a short attachment (of a locum).

- **Diagnostic aspects:** the F2 trainee should become conversant with diagnostic aspects of the specialty in order to learn how to use resources more effectively and appropriately.

- **Management aspects:** the trainer should select a small number of real-time clinical cases that demonstrate common but important problems in the specialty and use the cases to explore the diagnosis, management, review and follow up of the patient over the duration of the attachment. The training experience would include presentation of cases at the departmental clinical meeting.

- **Health protection and prevention aspects:** the trainer should select examples from clinical cases that promote health protection and prevention and ensure that these aspects are discussed.

- **Academic opportunities in the specialty, where available, in research and in teaching.**

Contribution of attachment to the development of F2 competences

6. There is likely to be considerable scope for such an attachment to support the trainee in the development of a number of areas of F2 competence:

- help develop a range of clinical competences supported by understanding the better use of diagnostic and managerial approaches in the specialty; how to approach the ‘undifferentiated’ patient, opportunity to see and interact with a range of clinical conditions and other specialties;

- contribute to the development of an understanding of clinical priorities and their management;

- support the development of communication and team-working by experiencing and participating in the dynamics of the specialty and the other healthcare professionals who work in it;

- improved understanding of the use of resources and using an evidence base for making decisions about these;

- support an understanding of health promotion as well as healthcare and support generic principles around such issues as patient safety (from the viewpoint of the specialty) and infection control in the specialty;

- improved skills in case development and presentation skills; and

- potential for academic development opportunities if individual trainees wish to develop/continue an academic relationship with the department.
7. The attachment trainer and trainee will need to agree with the Educational Supervisor the specific aims (e.g. as above) of the attachment. Achievement of these and the contribution of the experience undertaken/knowledge gained will be evaluated through an end of attachment discussion so that the contribution to the development of specific competences is the specific focus of the trainers’ report. The trainer is in an ideal position to observe at first hand the skills and performance of the trainee around the specific areas indicated above. The trainee should also need to inform this by a written piece of reflective work identifying the agreed aims and saying how he/she believed these had been achieved in order to help the development of insight and understanding into their own performance.
Appendix 9 F2 Foundation Achievement of Competence Document (FACD)

Name of trainee: ________________________ GMC No: ________________________
Hospital/location: ________________________ Start Date: ________________________
Placement 1 Specialty: ________________________ Educational/Clinical Supervisor: ________________________
Placement 2 Specialty: ________________________ Educational/Clinical Supervisor: ________________________
Placement 3 Specialty: ________________________ Educational/Clinical Supervisor: ________________________

Documentation to be considered: a) Portfolio; b) Attendance at formal teaching sessions; c) Record of study leave; d) Record of sickness

1. Has the trainee developed an up-to-date Portfolio? Yes □ No □
2. Has the trainee completed the required assessments in each of the three placements? Yes □ No □
3. Has the trainee met the requirements laid down in the GMC, The New Doctor and the Foundation Programme Curriculum? Yes □ No □

Additional comments from Educational Supervisor: ____________________________________________

Additional comments from trainee: ____________________________________________

I confirm that Dr ________________________ has satisfactorily demonstrated the competences required of foundation training.

Signed: ________________________ Date: ________________________
(Educational Supervisor/ RITA Chair/ External Assessor)

Final decision by Foundation Programme Director

Dr ________________________ (trainee)

Delete as applicable
• has ACHIEVED the requirements of the Foundation Programme
• has FAILED TO ACHIEVE the requirements of the Foundation Programme

Further training agreed/action taken (This should include referral to the Deanery): ____________________________________________

Name: ________________________ (Foundation Programme Director)
Date: ________________________ Signature: ________________________

Name: ________________________ (Educational Supervisor)
Date: ________________________ Signature: ________________________

This document should be sent to your Deanery/foundation school and a copy should be placed in your Learning Portfolio.
Appendix 10
Trainees with the Defence Medical Services

1. The Defence Medical Services have a number of Foundation Programmes based in its Ministry of Defence Hospital Units (MDHU) within NHS Host Trust Hospitals (in Northallerton, Peterborough, Frimley Park, Portsmouth and Derriford). These posts are fully integrated into foundation training, carry full educational approval and will deliver the required competences of the Foundation Programme. However, the number of placements available does not fully meet the demand for all medical cadet graduates in any one year.

2. The selection and posting/appointing process for these MDHU-based placements will take place in advance of the deanery recruiting process to allow those medical cadets who do not secure a placement within an MDHU to fully participate in recruitment to deanery programmes. Those cadets selected for an MDHU placement will undertake the full two-year programme at the MDHU facility.

3. The permission of the relevant undergraduate medical Dean must be obtained for application/entry into one of the MDHU schemes, as required by the GMC for all medical graduates.

4. Sign-off for GMC registration for military personnel following satisfactory completion of F1 and confirmation of satisfactory completion and acquisition of F2 competences should be undertaken locally using the same processes and procedures as for their civilian colleagues.
## Appendix 11
### Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Appraisal</strong></td>
<td>A positive process to provide feedback on the Foundation Doctor’s performance, chart their progress and identify their developmental needs (after <em>The New Doctor</em>, transitional edition January 2005).</td>
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<tr>
<td><strong>Assessment standards</strong></td>
<td>The process of measuring an individual’s progress and accomplishments against defined criteria, which often includes an attempt at measurement (from the Workplace Based Assessment Subcommittee of the PMETB).</td>
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<tr>
<td><strong>Certificate of Satisfactory Service</strong></td>
<td>From 2007, a document required by the GMC that supervising doctors sign to show that a PRHO (Foundation Doctor in year F1) has satisfactorily completed an individual training placement (after <em>The New Doctor</em>, transitional edition January 2005).</td>
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<tr>
<td><strong>Certificate of Experience</strong></td>
<td>A legal document which universities, or those nominated on their behalf, fill in to tell the GMC that a PRHO (Foundation Doctor in year F1) has satisfactorily completed training (after <em>The New Doctor</em>, transitional edition January 2005). Currently, to be eligible for full registration, doctors will need to satisfactorily complete 12 months’ approved pre-registration house officer service (F1). At least three months of this time must be spent in medicine, and at least three months in surgery. The remaining six months must be spent in a recognised clinical specialty (which can include up to four months in general practice). Universities are responsible for approving hospitals and recognising house officer foundation doctor posts for F1 service. The university completes a Certificate of Experience, which certifies that the requirements for full registration have been met.</td>
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<tr>
<td><strong>CHMS</strong></td>
<td>The Council of the Heads of Medical Schools and Deans of UK Faculties of Medicine</td>
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<tr>
<td><strong>Clinical Supervisor (CS)</strong></td>
<td>The professional responsible for teaching and supervising the Foundation Doctor (after <em>The New Doctor</em>, transitional edition January 2005).</td>
</tr>
<tr>
<td><strong>COGPED</strong></td>
<td>The Committee of General Practitioner Education Directors</td>
</tr>
<tr>
<td><strong>Competence</strong></td>
<td>The possession of requisite or adequate ability, having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from performance, which denotes what someone is actually doing in a real life situation (from the Workplace Based Assessment Subcommittee of the PMETB).</td>
</tr>
<tr>
<td><strong>Competences</strong></td>
<td>The skills that doctors need (after <em>The New Doctor</em>, transitional edition January 2005).</td>
</tr>
<tr>
<td><strong>COPMeD</strong></td>
<td>The Conference of Postgraduate Medical Deans of the UK</td>
</tr>
<tr>
<td><strong>Curriculum</strong></td>
<td>A curriculum is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organization, processes and methods of teaching, learning, assessment, supervision, and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme (from the Workplace Based Assessment Subcommittee of the PMETB).</td>
</tr>
<tr>
<td><strong>Educational Supervisor (ES)</strong></td>
<td>The Educational Supervisor will usually, though not necessarily, be a doctor. He or she is responsible for making sure that the Foundation Doctor receives appropriate training and experience, and for deciding whether individual placements have been completed successfully (after <em>The New Doctor</em>, transitional edition January 2005).</td>
</tr>
</tbody>
</table>
Foundation Year 1, which follows on from medical school graduation and which is prior to full registration with the General Medical Council (GMC) and for which the doctor will require provisional registration with the Council.

Foundation Year 2 follows full registration with the GMC but some overseas doctors or international medical graduates may require limited registration if they do not qualify for full registration.

F2 Achievement of Competence Document. Given to the Foundation Doctor at end of foundation training to indicate that competences have been successfully achieved.

The title given to a trainee in Scotland who is undertaking foundation training.

The unit of approval which will be quality assured by the Postgraduate Medical Education and Training Board. A FP will normally consist of between 20–40 F1 and F2 foundation training opportunities, and will be led by a foundation tutor (FT). All foundation training will take place within Foundation Programmes.

The specific Foundation Programme followed by an individual trainee, consisting of a series of clinical placements that enables the trainee to gain experience and training in the competences required.

The individual appointed by the Deanery to an NES contract to manage a Foundation Programme.

The General Medical Council. Responsible for the Medical Register and the Specialist and General Practitioner Registers. A doctor must have appropriate registration to practise medicine in the UK. It has strong and effective legal powers designed to maintain the standards the public have a right to expect of doctors (www.gmc-uk.org).

People from different professions (for example, doctors and nurses) working or learning together (after The New Doctor, transitional edition January 2005).

The Joint Committee on Postgraduate Training for General Practice. The statutory authority for general practice training until September 2005 at which point PMETB takes over responsibilities.

NHS Education for Scotland. An NHS Special Health Board responsible for supporting the staff and professional development of all NHS staff. Its responsibilities include postgraduate medical education (www.nes.scot.nhs.uk).

The Postgraduate Medical and Education Training Board. Will take on the responsibilities as the statutory authority for both hospital specialties and general practice from September 2005. An independent body with responsibility in law for setting standards and quality assuring postgraduate medical education in the UK (www.pmetb.org.uk).

These are the training opportunities contracted with trainees by healthcare organisations during their Foundation Programmes at either F1 or F2 level.
**Placement**  
The clinical components of an individual Foundation Programme, typically consisting of three rotational clinical posts in a year or five to six over the two-year programme.

**Portfolio**  
The collection of evidence documenting learning and achievements.

**Postgraduate tutor**  
Working usually within a hospital or board and with the Deanery, is responsible for supporting the professional development of medical staff.

**PRHO**  
Pre-Registration House Officer, the old term for a first year (F1) Foundation Doctor.

**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 will 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. A list of Foundation Programmes in Scotland is found at Appendix 1.

**SFAS**  
Scottish Foundation Allocation Scheme.

**STA**  
The Specialist Training Authority. The statutory authority for hospital specialist training until September 2005 at which point PMETB takes over responsibilities.

**Specialist Training**  
The period of postgraduate training that follows full registration with the GMC. It includes specific training to specialties including general practice.

**Supervision**  
Supervision may be direct or indirect. The level of supervision should be appropriate to make sure that patients are safe and cared for.

**Supervisors**  
See: Educational Supervisor (ES), Clinical Supervisor (CS), Foundation Tutor (FT) and postgraduate tutor.

**TSA**  
Training and Service Agreement.