



The New Doctor

Guidance on foundation training

PMETCB

General
Medical
Council

Regulating doctors
Ensuring good medical practice

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
 - Keep your professional knowledge and skills up to date
 - Recognise and work within the limits of your competence
 - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
 - Treat patients politely and considerately
 - Respect patients' right to confidentiality
- Work in partnership with patients
 - Listen to patients and respond to their concerns and preferences
 - Give patients the information they want or need in a way they can understand
 - Respect patients' right to reach decisions with you about their treatment and care
 - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
 - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
 - Never discriminate unfairly against patients or colleagues
 - Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

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Outcomes for provisionally registered doctors with a licence to practise

- 1 The Medical Act 1983 empowers the General Medical Council (GMC) to recognise programmes for provisionally registered doctors with a licence to practise. To be recognised, a programme must provide a provisionally registered doctor with an acceptable foundation for future practice as a fully registered medical practitioner.
- 2 The GMC determined that from 1 August 2007, doctors with provisional registration with a licence to practise in foundation year one (F1 doctors) must demonstrate the following outcomes in order to be eligible to apply for full registration.
- 3 These outcomes must be demonstrated on different occasions and in different clinical settings as a professional in the workplace demonstrating a progression from the competence required of a medical student. They do not preclude doctors gaining additional appropriate experience; in fact progression is encouraged.
- 4 The GMC has approved the content of programmes for provisionally registered doctors by approving the *Foundation Programme Curriculum* published by the Academy of Medical Royal Colleges Foundation Committee. The outcomes have been mapped on to the *Foundation Programme Curriculum*. A programme delivering the *Foundation Programme Curriculum* will enable F1 doctors to meet these outcomes for full registration, subject to satisfactory provision by postgraduate deaneries in the United Kingdom, which will be determined as part of our Quality Assurance of the Foundation Programme (QAFP).

- 5 The outcomes are structured under the seven headings of *Good Medical Practice*.

Good clinical care

- 6 F1 doctors must:

- (a) demonstrate that they recognise personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary.
- (b) know about and follow our guidance on the principles of *Good Medical Practice* and the standards of competence, care and conduct expected of doctors registered with the GMC. Our ethical guidance is available on our website at www.gmc-uk.org/guidance.
- (c) demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient¹ at the centre of their practice by:
 - (i) obtaining an appropriate and relevant history and identifying the main findings
 - (ii) carrying out an appropriate physical and mental health examination
 - (iii) using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnosis
 - (iv) asking for and interpreting the results of appropriate investigations to confirm clinical findings in a timely manner
 - (v) establishing a differential diagnosis where possible and considering what might change this

- (vi) demonstrating knowledge of treatment options and the limits of evidence supporting them
 - (vii) asking for patients' informed consent (under supervision) in accordance with GMC guidance²
 - (viii) helping patients to make decisions on their immediate and longer-term care (including self care) taking into account the way the patient wants to make decisions (through shared decision-making, or by the doctor explaining the options and the patient asking the doctor to decide, or by the doctor explaining the options and the patient deciding)
 - (ix) using medicines safely and effectively (under supervision) including giving a clear explanation to patients
 - (x) demonstrating an understanding of the safety procedures involved in prescribing controlled drugs
 - (xi) keeping (or arranging for the keeping of) accurate and clear clinical records that can be understood by colleagues
 - (xii) demonstrating that they can perform core clinical and procedural skills safely. These core clinical and procedural skills are set out in the Appendix
 - (xiii) demonstrating knowledge and application of the principles and practice of infection control to reduce the risk of cross-infection.
-
- (d) demonstrate that they are recognising and managing acutely ill patients under supervision. This includes showing that they are able to manage a variety of situations where a patient requires resuscitation.
 - (e) demonstrate that they promote, monitor and maintain health and safety in the clinical setting. Demonstrate knowledge of systems of

quality assurance, including clinical governance. They must be able to demonstrate an application of the principles of risk management to their medical practice. This includes knowledge and explanation of the procedure for reporting adverse incidents and the procedures for avoiding them. This also includes following safe practices relating to dangers in the workplace.

- (f) manage their own time under supervision, and develop strategies with other healthcare workers to maximise efficient use of time.
- (g) demonstrate that they are able to take appropriate action if their own health, performance or conduct, or that of a colleague (including a more senior colleague), puts patients, colleagues or the public at risk.
- (h) demonstrate that they can recognise and use opportunities to promote health and prevent disease and show that they are aware of worldwide health priorities and concerns about health inequalities.

Maintaining good medical practice

7 F1 doctors must:

- (a) develop a portfolio that includes a variety of evidence (including workplace-based assessments, involvement in educational and clinical teaching sessions, and reflections on experiences with patients and colleagues) to demonstrate:
 - (i) achievement of the requirements in this guidance, including workplace-based assessments
 - (ii) ability to identify, document and meet their educational needs
 - (iii) learning through reflection on their practice
 - (iv) knowledge of the theory of audit, including change management

- (b) be able to explain how to contribute to audit and how the results of audit can improve their practice and that of others.
- (c) internalise the importance of continuing professional development and self-directed learning and demonstrate this through the assessment process. This will include the need to respond constructively to appraisals and performance reviews.

Teaching and training, appraising and assessing

8 F1 doctors must:

- (a) teach their peers and medical and other health and social care students under guidance, if required to do so, using appropriate skills and methods.
- (b) contribute to the appraisal, assessment or review of students and other colleagues they work with.

Relationships with patients

9 F1 doctors must:

- (a) demonstrate knowledge of the theory and demonstrate the ability to ensure that effective relationships with patients are established and maintained. This includes creating an environment where the doctor can encourage and support the patient to share all information relevant to the consultation.
- (b) introduce themselves to patients and colleagues with appropriate confidence and authority ensuring that patients and colleagues understand their role, remit and limitations.

- (c) demonstrate that they recognise that patients are knowledgeable about themselves and the effect their health has on their daily life. They should use this expertise to encourage and support patients to be involved in their own care. Relatives, or others caring for those with long-term health conditions, are often knowledgeable in this area too. F1 doctors should be aware that carers, supporters and advocates (who speak on behalf of patients) often have to be included in the information given to patients. In the case of people with communication difficulties or difficulties processing information, carers, supporters and advocates must be kept informed about diagnosis and medical care, subject to GMC guidance on confidentiality.
- (d) demonstrate that they encourage and support effective communication with people, both individually and in groups, including people with learning disabilities and those who do not have English as their main language.
- (e) demonstrate that they are sensitive and respond to the needs and expectations of patients, taking into account only where relevant, the patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.
- (f) demonstrate that they respect and uphold patients' rights to refuse treatment or take part in teaching or research.
- (g) demonstrate sound knowledge concerning confidentiality (including GMC guidance on confidentiality, Caldicott and data protection issues).

Working with colleagues

10 F1 doctors must:

- (a)** work effectively as a member of a team, including supporting others, handover and taking over the care of a patient safely and effectively from other health professionals.
- (b)** demonstrate respect for everyone they work with (including colleagues in medicine and other healthcare professions, allied health and social care workers and non-health professionals) whatever their professional qualifications, age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.
- (c)** demonstrate that they can communicate in different ways, including spoken, written and electronic methods. They must use communication methods that meet the needs and contexts of individual patients and colleagues, including those within the team, or in other disciplines, professions and agencies where appropriate.
- (d)** share appropriate information, where necessary, with a patient's permission, with other members of the healthcare team to provide the best possible information and treatment.
- (e)** demonstrate that they listen to and take into account the views of other health professionals and agencies and, where appropriate, share information with other professionals and agencies in accordance with GMC guidance on consent.

Probity

11 F1 doctors must:

- (a) be honest in their relationships with patients (and their relatives and carers), professional colleagues and employers.
- (b) be able to complete or arrange for the completion of legal documents correctly such as those certifying sickness and death (or arranging for these documents to be filled in) and liaise with the coroner or procurator fiscal where appropriate.
- (c) demonstrate knowledge of and be able to apply relevant legislation to their day-to-day activities.

Health

12 F1 doctors must:

- (a) demonstrate knowledge of their responsibilities to look after their health, including maintaining a suitable balance between work and personal life, and knowing how to deal with personal illness to protect patients.
- (b) take responsibility, in line with *Good Medical Practice*, for their own health in the interests of public safety. If they know, or have reasons to believe, that they have a serious condition which could be passed on to patients, or that their judgement or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor on whether, and in what ways, they should change their clinical contact with patients. They must not rely on their own assessment of the risk to patients.

Standards for training for the foundation programme

- 13** The following paragraphs set out the standards expected for the delivery of training in the foundation programme. The standards are grouped under nine 'domains'. For each domain there are one or more broad 'standards' which align with the *Generic standards* for training, with two additional standard statements specifically for foundation doctors alone. Under the standards there are 'criteria' by which we will determine whether foundation training is meeting the standards, and the 'evidence' used for this. The 'guidance' expands upon the criteria, and these paragraphs contain some important principles and requirements.
- 14** Postgraduate deaneries in the United Kingdom are responsible for providing programmes for provisionally registered doctors and will be held accountable under QAFP for meeting the standards for training for the foundation programme.

Domain 1 – Patient safety

Responsibility

- 15** All doctors, employers and deaneries or the organisation(s) responsible for administering the quality management system.

Standards

- 16** The duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.
- 17** There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

Criteria

- 18** These standards will be demonstrated in working systems which must ensure:
- (a) supervision is in place to ensure that foundation doctors are fit for purpose.
 - (b) assessment systems are in place to ensure that foundation doctors are fit for purpose. Identification is required (as early as possible) of foundation doctors whose conduct gives cause for concern or whose health is affected to such a degree that it could harm the public.
 - (c) provision of support for foundation doctors where appropriate.
 - (d) foundation doctors who are a risk to patients are not signed off for full registration with the GMC and do not successfully pass the assessment requirements for foundation year two (F2). Information about these foundation doctors should be passed to the GMC for consideration about fitness to practise.
 - (e) foundation doctors only undertake tasks which they are competent in or are learning to be competent in with adequate supervision.

Evidence

- 19** Deanery quality data (including inspections, visits, reports and surveys), deanery or university guidance on fitness to practise policies and their implementation, visits by the regulatory bodies, data from foundation doctors and local faculty³, and possibly data from other healthcare regulators and organisations.

Guidance

- 20** All those⁴ who teach, supervise, give counselling to, employ or work with foundation doctors are responsible for protecting patients. Patients will be protected through explicit and accountable supervision. Where there are serious concerns about a foundation doctor's performance, health or conduct, immediate steps must be taken to investigate the concerns to identify whether they are well founded and to protect patients. The foundation doctor's educational supervisor and, where appropriate, the organisation responsible for the quality management systems for foundation programmes must be informed. The GMC must be informed as appropriate.
- 21** Foundation doctors must never be put in a situation where they are asked to work beyond their competence without appropriate support and supervision from the clinical supervisor. Patient safety must be paramount at all times.
- 22** Those responsible for training have a responsibility to share information with relevant individuals about foundation doctors that is relevant to their development as doctors, both before and during the foundation placements. Where possible, the foundation doctor should agree to this. If the foundation doctor does not agree, or is not able to do so, those responsible for training must consider the foundation doctor's rights to confidentiality and any serious risk posed to patients, the public, themselves or colleagues when deciding whether to share information with other people involved in training the foundation doctor.

- 23** Foundation doctors in F1 or F2 cannot be allowed to continue training if they pose a risk to patients or the public. In some circumstances, if the foundation doctor is not able or not willing to agree to such relevant information being revealed to the educational supervisor and the doctor responsible for directing their clinical training, they should not be able to continue training. In these circumstances, that information should be passed to the GMC and to the foundation doctor. Further information on this subject is provided in GMC guidance *Confidentiality: Protecting and providing information*. Advice should be sought from the deanery, the GMC, a relevant defence organisation, and the employer as appropriate.
- 24** By confirming that a foundation doctor has met all the necessary outcomes of training, the person appointed for this purpose is confirming that the foundation doctor has achieved the required outcomes of training and practices in line with the principles of professional practice set out in *Good Medical Practice*.
- 25** Those supervising foundation doctors must provide honest and justifiable comments when giving references for, or writing reports about, them and include all relevant information which relates to the foundation doctor's competence, performance and conduct.

Domain 2 – Quality assurance, review and evaluation

Responsibility

- 26** Deaneries or other organisations responsible for administering the quality management system, employers, foundation doctors and local faculty.

Standard

- 27** Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which deans are responsible.

Criteria

- 28** This standard will be demonstrated by systems that encompass:
- (a)** Information about roles and responsibilities of all those involved in the foundation programme, including lines of authority, which must be available and clearly disseminated to foundation doctors, deaneries and other relevant bodies. The roles and responsibilities of the following will be included:
 - (i)** postgraduate deans
 - (ii)** universities
 - (iii)** relevant schools and committees or other organisational structures (for example, foundation schools)
 - (iv)** employers
 - (v)** educational supervisors
 - (vi)** clinical supervisors
 - (vii)** foundation doctors.

- (b)** Identification, monitoring and resolution of issues and dissemination of outcomes in areas including:
 - (i)** entry to the foundation programme
 - (ii)** quality of training experience (including induction, ongoing training, supervision, content of job)
 - (iii)** appraisal
 - (iv)** assessment
 - (v)** supervision.

Evidence

- 29** Deanery quality data (including inspections, visits, reports and surveys), information about administration of quality management systems.

Guidance

- 30** Programmes should include placements which are long enough to allow foundation doctors to become members of the team and allow team members to make reliable judgements about foundation doctors' abilities, performance and progress.
- 31** There must be a standard learning agreement for each placement within the programme.
- 32** F1 doctors must have written approval from their university to accept a programme completing basic medical education.

- 33** Programmes should ensure that foundation doctors have appropriate learning opportunities to meet the learning outcomes for this period of training and are able to demonstrate this.
- 34** There should be clear quality control standards and systems in place for the workplace-based assessment process, which are fit for purpose.
- 35** There should be clear quality control standards and systems in place to ensure the appraisal process takes place.
- 36** There must be procedures in place to check the quality of training and assessments and to ensure that standards are being maintained.
- 37** The methods used to check the quality of approved training programmes should take account of the views of foundation doctors and local faculty leading the delivery of foundation training, using a deanery-wide process.

Domain 3 – Equality, diversity and opportunity

Responsibility

- 38** All doctors, employers and the organisation responsible for administering the educational quality management system.

Standard

- 39** Postgraduate training must be fair and based on principles of equality.

Criteria

- 40** Data about equality and diversity issues should be collected routinely and analysed; and recommendations developed, implemented and monitored.
- 41** Data about training healthcare staff in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.
- 42** Data about how issues are identified or fed into the quality management system and how outcomes are disseminated.

Evidence

- 43** Deanery quality data, policies and how their implementation is monitored at employer level.

Guidance

- 44** Guidance about equality and diversity issues should pervade the other domains and all activities.

Domain 4 – Recruitment, selection and appointment

Responsibility

- 45** Deaneries and local faculty and, through these, employers, for ensuring fitness for the post.

Standard

- 46** Processes for recruitment, selection and appointment must be open, fair and effective.

Criteria

- 47** Information about selection procedures should be published.
- 48** Those responsible for selection should include people with a range of expertise and knowledge. They should be trained to apply selection guidelines consistently and fairly. They must be trained to be able to promote equality and diversity (considering people's different backgrounds and circumstances) and follow current equal opportunities legislation and good practice.
- 49** There should be transparent information provided for those within programmes about choices in the programme and how they are allocated.
- 50** Appointments to local faculty should be made against a set of defined and published criteria. While recognising that appointments are often volunteered for and that time is challenging, it is important for these educational appointments to be carried out to a particular standard to help raise the quality of the educational experience in service.
- 51** The appointment process should demonstrate that foundation doctors are fit for purpose and able, subject to a good induction and ongoing training, to undertake the duties expected from them in a supportive environment. The process should build on experiences gained at medical schools to support fitness for purpose in the working environment.

Evidence

- 52** Data analysis about selection into programmes, how selections for placements are made and about recruitment procedures for local faculty.

Guidance

- 53** Further guidance is provided in the operational frameworks.
- 54** Educational supervisors must have specific training for their role. This might include training in educational principles as well as specific skills training. They should also have access to training in the tools for assessment.
- 55** The legal responsibility for confirming the requirements of full registration for UK graduates remains with their medical school. Appropriate mechanisms should be in place to ensure that the responsibility for signing the Certificate of Experience is clear.

Domain 5 – Delivery of curriculum including assessment

Responsibility

- 56** A postgraduate dean is accountable for ensuring the delivery of the curriculum including assessment. Employers, commissioners and funders, local faculty, foundation doctors⁵ and the Academy of Medical Royal Colleges Foundation Committee also share responsibility for delivering the curriculum.

Standards

- 57** The requirements set out in the approved curriculum must be delivered and assessed.
- 58** The approved assessment system must be fit for purpose.

Criteria

- 59** These standards will be demonstrated through the following criteria:
- (a)** a clear programme description that outlines how the competences, including general professional competences, will be covered in the placements and what evidence and information will inform a judgement about the performance of the foundation doctor.
 - (b)** sufficient practical experience must be available to support acquisition of competences as set in the curriculum.
 - (c)** the assessment system defined in the curriculum must be implemented.
 - (d)** formal educational documentation as determined by the deanery or foundation school including appraisal must be completed within each post.
 - (e)** foundation doctors must have regular feedback on their performance within each post as defined by the deanery or local foundation school.

Evidence

- 60** Approval of the *Foundation Programme Curriculum* against the outcomes for F1, along with the standards for training. Data from deaneries, local faculty and foundation doctors should also be included. Visits will be carried out to local faculty and foundation doctors to determine if these standards are being met.

Guidance

- 61** A system should be in place to ensure that foundation doctors receive regular formative feedback as defined by the deanery or foundation school.
- 62** A range of methods of assessment should contribute to the overall judgement made about the performance of a foundation doctor.
- 63** Training and learning can be delivered in a number of ways but must be relevant and must meet the learning needs of the foundation doctor. Training must provide the following:
- (a)** learning based on experience that provides clinical training in a range of practices and procedures.
 - (b)** regular, formal educational sessions that cover topics of value and interest to foundation doctors, who must be facilitated to attend.
 - (c)** opportunities for self-directed learning so that foundation doctors can develop the skills and habits they need to learn by themselves.
 - (d)** opportunities to reflect on learning and practice and to discuss issues with their educational supervisor and other colleagues.
 - (e)** opportunities to demonstrate a progression of learning from medical school through the foundation programme.

- 64** Foundation doctors must be able to suggest topics to be included in their training programmes. They must also be able to comment on the order of topics so that their training meets their needs. In formal educational sessions, foundation doctors must not be on duty and should give their pagers to someone else so that they can take part.
- 65** Training can take place in a variety of health and social care settings, including hospitals, general practice and community-based medical services that allow foundation doctors to gain the necessary competences.
- 66** Foundation doctors will work and learn in interprofessional and interdisciplinary healthcare teams. It is important that their knowledge and skills are used appropriately so that, working with colleagues, they can provide high-quality patient care and complete training successfully. Foundation doctors must not regularly carry out tasks that do not need them to use their medical expertise and knowledge, or that have little educational value.
- 67** Those responsible for training and their service partners should, where appropriate, provide opportunities for foundation doctors to train with other health and social care professionals. This will help mutual understanding of roles and responsibilities.

Assessment and appraisal

- 68** A judgement must be made to confirm that all the outcomes set by the regulatory bodies have been met, based on a variety of assessments, reports and other observations and information.

The principles of assessment

69 Those responsible for designing assessment must set up valid methods for assessing foundation doctors' suitability for full registration, completion of foundation training, and entry to specialty training.

These must include the following:

- (a)** A clear, documented and published process for assessing foundation doctors' performance, including information about completing and putting forward:
 - (i)** confirmation of satisfactory service or equivalent at the end of each placement within a programme that includes the outcomes met during the placement, the outcomes not met during the placement, and the outcomes not dealt with during the placement
 - (ii)** a Certificate of Experience for doctors who have completed the first year of the programme successfully enabling them to apply for full registration.

- (b)** A clear, documented and published system for dealing with foundation doctors who have not completed training successfully, including:
 - (i)** appeal procedures
 - (ii)** processes for identifying and providing any further training needed
 - (iii)** counselling for those who are not able to progress to full registration.

- 70** Assessments may be carried out in a variety of ways, but must be carried out to the same standard. This will allow foundation doctors with a disability to show that they have achieved the outcomes. Those responsible for assessment must be aware of and apply legislation and good practice relating to the assessment of those with a disability.

Assessing performance

- 71** The following paragraphs set out a suggested model for assessing foundation doctors.

The assessment process

- 72** When they start each placement, foundation doctors and their educational supervisors must agree how the learning objectives for this period of training will be met and confirm how formative feedback and summative judgements will be made. Educational supervisors must then make sure that foundation doctors' performance is appraised at appropriate intervals. Feedback about performance helps to identify strengths and weaknesses, both in foundation doctors and in the training provided, allowing changes to be made. Foundation doctors must have opportunities to discuss issues or problems, and to comment on the quality of the training and supervision provided. Educational supervisors must make sure that all doctors and other health and social care workers who have worked with the foundation doctor have an opportunity to provide constructive feedback about the doctor's performance.

- 73** Foundation doctors must maintain a personal record of educational achievement to describe and record their experiences, and to identify strengths and weaknesses. This portfolio should include summaries of feedback from the educational supervisor, significant achievements or difficulties, reflections of educational activity, and the results of the foundation programme assessments. It will help the foundation doctor to demonstrate progression during their foundation training. This will emphasise the importance of maintaining a portfolio of evidence of achievement that may be part of the evidence, in due course, to retain their licence to practise. It will also provide those responsible for training with evidence that can be used to assess performance and progress, only during the foundation programme. Whilst the primary purpose of the portfolio in the foundation programme is to help the doctor record and reflect on their progress and achievements, those sections of the portfolio which record the assessments, progress and achievements of the doctor during the programme may also be used as part of the selection process for specialty training.

Assessment based on evidence of performance

- 74** At the end of each placement, the educational supervisor, in conjunction with the deanery, must assess whether the foundation doctor has met the necessary outcomes. The educational supervisor must only confirm satisfactory service if the foundation doctor has met the necessary outcomes.

- 75** When an educational supervisor assesses the performance of a foundation doctor, the following sources of documented evidence should be used:
- (a)** evidence of direct observation of the foundation doctor's performance.
 - (b)** reports from colleagues about the foundation doctor's performance.
 - (c)** discussions with the foundation doctor about their performance.
 - (d)** the foundation doctor's portfolio.
- 76** Also, there may be other sources of evidence that will provide a valuable insight into the competence of the foundation doctor. These sources should be recorded and may include:
- (a)** feedback from patients who have been in contact with the foundation doctor.
 - (b)** the outcome of audits.
- 77** Those responsible for training must:
- (a)** have a clear process for developing the measures for assessment that will be used for assessing the foundation doctor's progress and performance.
 - (b)** publish the assessment measures that educational supervisors will use to assess the foundation doctor's progress and performance.
 - (c)** provide educational supervisors with guidance and training in deanery procedures when using these measures.
 - (d)** define the process that educational supervisors undertake to apply the measures consistently and fairly.

- (e) make sure that educational supervisors identify the evidence on which the Certificates of Experience and achievement of F2 competences have been completed.
- 78** A named representative of the university, normally, but not necessarily, the postgraduate dean, must be responsible for filling in the Certificate of Experience based on the confirmation of satisfactory services, or equivalent, signed by educational supervisors.

Domain 6 – Support and development of trainees, trainers and local faculty

Responsibility

- 79** Deaneries, employers, trainers and local faculty and foundation doctors.

Standards

- 80** Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.
- 81** Support, training and effective supervision must be provided for foundation doctors.
- 82** Support, training and effective oversight must be provided for local faculty.⁶

Criteria

- 83** Prior to taking up their first F1 placement, new doctors should wherever practicable have a period working with the F1 who is in the post they will take up. The 'shadowing' period should normally last at least one week and take place as close to the point of employment as possible, and is distinct from the general induction sessions provided for new employees and foundation doctors.
- 84** There must be an ongoing induction and training programme for foundation doctors and local faculty. This must also include handover of patient care by foundation doctors.
- 85** There should be a review and handover process by supervisors concerning their foundation doctors.
- 86** Foundation doctors must have a designated educational supervisor.
- 87** Foundation doctors must sign a summary of agreed educational objectives and assessments for the placement at the start of each post.
- 88** Foundation doctors must have a log or a learning portfolio relevant to their current programme, which they discuss and review with their educational supervisor (or representative).
- 89** Foundation doctors must meet with their educational supervisor on a regular basis during the placement, to discuss their progress, outstanding learning needs and how to meet them.

- 90 Foundation doctors must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of a local faculty.
- 91 Foundation doctors must have access to career advice.
- 92 The procedure for assessing appropriate study leave must be published, fair and practical.
- 93 Trainers must be appropriately appointed, trained and appraised against their educational activities.⁷

Evidence

- 94 Evidence will include deanery quality data.

Guidance

- 95 Formal induction and ongoing training for foundation doctors should include:
 - (a) service and individual placement issues (including their status as new doctors and their role in the interprofessional and interdisciplinary team, health and safety matters, and the name of the person responsible for these issues within the employing, clinical governance and audit arrangements).
 - (b) educational issues (GMC ethical guidance; outcomes in *The New Doctor*; information about the foundation programme; how performance and progress will be assessed; educational and clinical

supervision including the name and contact details of the educational supervisor for each placement and how clinical supervision will be provided and by whom; how the quality of training is monitored; health and safety at work, including the doctor's own healthcare; and educational opportunities available in the placement and the programme).

- (c) formal handover and local induction at the beginning of the placement.
- (d) effective handover procedures during the placement.
- (e) information about flexible training, and about returning to training for graduates or foundation doctors who have taken a career break for any reason and for those who have had a career break due to health problems or a disability.
- (f) information about what to do when there are any problems, and about the support networks available (including occupational health, counselling and disability services). There should be named contacts for doctors in difficulty.
- (g) information about how foundation doctors should register with a local general practitioner and the importance of looking after their own health.

96 Systems should be in place to ensure appropriate support for the academic and welfare needs of foundation doctors.

97 Local faculty must have access to a summary of the support that is provided to them and information about how to access such support to help them to undertake their roles and responsibilities effectively.

- 98** Foundation doctors must have a summary of agreed educational objectives and assessments for each placement and must review the summary with their educational supervisor during the placement.
- 99** Those responsible for training must also provide guidance to:
- (a) graduates or those already in foundation training who want to carry out flexible training as a foundation doctor.
 - (b) graduates or foundation doctors who have taken a career break after graduation but want to return to training.
 - (c) graduates or foundation doctors who need a break after graduation because of health problems or a disability.
- 100** The foundation programme involves taking increased responsibility for patients, under the supervision of more experienced doctors. Those responsible for training and their service partners must make sure that foundation doctors have appropriate clinical and educational supervision at all times. Foundation doctors must:
- (a) receive educational and clinical supervision that is appropriate to their experience.
 - (b) receive appraisal (a positive process to provide structured and constructive feedback on the foundation doctor's performance, chart their continuing progress and identify their development needs).
 - (c) never be expected to carry out unsupervised tasks that they do not have enough experience for

(d) always have direct access to a senior colleague who can advise them in any clinical situation. Foundation doctors must never be left in a situation where their only help is outside the hospital or the place where they work.

101 There must be a named educational supervisor for each placement. The foundation doctor must be told the name and contact details of the educational supervisor. Educational supervisors must be involved in teaching and training foundation doctors and must help with their professional and personal development.

102 Educational supervisors must tell the NHS employer and those responsible for training of any serious weaknesses in a foundation doctor's performance that have not been dealt with, and any problems with training programmes. Foundation doctors should be told the content of any information about them that is given to someone else. Where appropriate⁸, and with the foundation doctor's knowledge, relevant information must be given to the educational supervisor for their next placement so that appropriate training and supervision can be arranged. Information that would always be passed on would normally include assessment results and basic local information.

103 There must be at least one clinical supervisor in each training placement, who is responsible for teaching and supervising foundation doctors. The clinical supervisor may be the educational supervisor or another person. The foundation doctor must be told the name and contact details of the clinical supervisor. Clinical supervisors must make sure that the interests of patients are protected at all times.

Domain 7 – Management of education and training

Responsibility

- 104** A postgraduate dean is accountable for the management of education and training. Local faculty and employers are also responsible.

Standard

- 105** Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

Criteria

- 106** Foundation programmes must be supported by a management plan at deanery or foundation school level with a schedule of responsibilities and defined processes to ensure the maintenance of standards in the arrangement and content of training programmes to ensure effective delivery.

Evidence

- 107** Deanery policies, management plans and service level agreements with the organisations employing doctors.

Guidance

- 108** Management of education and training in the foundation programme should be dealt with specifically in this domain.

Domain 8 – Educational resources and capacity

Responsibility

109 Deaneries and employers.

Standard

110 The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

Criteria

111 Foundation doctors must have access to appropriate learning resources and facilities, including libraries, IT facilities and facilities for a range of investigations and teaching accommodation.

112 The fitness for purpose of the facilities must be regularly reviewed and recommendations made where appropriate.

113 A suitable ratio of trainers and foundation doctors.

Evidence

114 Data and information from deaneries, trusts and boards and other organisations that collect this information across the four countries of the United Kingdom.

Guidance

- 115** Foundation doctors must have opportunities to develop and improve their clinical and practical skills in an appropriate environment (where they are supported by teachers) before they use these skills in clinical situations. Skills laboratories and centres provide an excellent setting for this training.
- 116** Working in an environment that is committed to care based on evidence and research can help foundation doctors to understand the importance of developing research and audit skills to improve their practice. It also helps to make sure that those responsible for their learning are aware of current developments in clinical theory and practice.

Domain 9 – Outcomes

Responsibility

- 117** Foundation doctors, educational supervisors, local faculty and deaneries.

Standards

- 118** The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.
- 119** The outcomes for F1 and competences for the foundation programme are published. All doctors should meet these outcomes and competences before successfully completing the foundation programme.

Criteria

- 120** Undertaking a foundation programme that meets the requirements of the approved *Foundation Programme Curriculum* will normally confirm that these outcomes are being delivered.

Evidence

- 121** Deanery quality data, including data from local faculty and foundation doctors.

The legal framework for programmes for provisionally registered doctors

- 122** The powers and duties of the GMC in regulating medical education are set out in the Medical Act 1983.
- 123** From the introduction of the licence to practise, any person whose fitness to practise is not impaired and who holds one or more primary United Kingdom qualification and has satisfactorily completed an acceptable programme for provisionally registered doctors is entitled to be registered under section 3 of the 1983 Act as a fully registered medical practitioner.
- 124** All training programmes for provisionally registered doctors must deliver the outcomes and meet the standards in the *The New Doctor*.⁹
- 125** From 1 August 2007, F1 doctors are required to meet the outcomes in *The New Doctor* before being eligible to apply for full registration.¹⁰
- 126** Provisionally registered doctors will be able to demonstrate they have met the outcomes for full registration by successfully completing the requirements of the F1 *Foundation Programme Curriculum* published by the Academy of Medical Royal Colleges Foundation Committee.¹¹
- 127** To obtain full registration a programme for provisionally registered doctors of 12 months' duration must be completed.¹²
- 128** Satisfactory completion of a programme for provisionally registered doctors is confirmed by the completion of the Certificate of Experience, in the form determined by the GMC¹³ and available on the GMC website. Universities, or their designated representative in postgraduate deaneries or

foundation schools, will be required to certify that provisionally registered doctors have met the outcomes for full registration set by the GMC and have completed a programme for provisionally registered doctors of 12 months before full registration is granted.

- 129** Bodies that may provide, arrange or be responsible for programmes for provisionally registered doctors are postgraduate deaneries in England, Northern Ireland (the Northern Ireland Medical and Dental Training Agency), Scotland and Wales (the School of Postgraduate Medical and Dental Education at Cardiff University).¹⁴ Postgraduate deaneries will be held accountable under the Quality Assurance of the Foundation Programme (QAFP) for meeting the Standards for Training for the Foundation Programme.¹⁵

Appendix: Core clinical and procedural skills for provisionally registered doctors¹⁶

1. Venepuncture
2. IV cannulation
3. Prepare and administer IV medications and injections
4. Arterial puncture in an adult
5. Blood culture from peripheral sites
6. Intravenous infusion including the prescription of fluids
7. Intravenous infusion of blood and blood products
8. Injection of local anaesthetic to skin
9. Injection – subcutaneous (eg insulin or LMW heparin)
10. Injection – intramuscular
11. Perform and interpret an ECG
12. Perform and interpret peak flow
13. Urethral catheterisation (male)
14. Urethral catheterisation (female)
15. Airway care including simple adjuncts (eg Guedal airway or laryngeal masks)

Endnotes

- 1 In this document, the term 'patient' or 'carer' should be understood to mean the term 'patient', 'patient and parent', 'guardian', 'carer', and/or 'supporter' or 'advocate' where relevant and appropriate.
- 2 See GMC guidance '*Consent: patients and doctors making decisions together*, 2008, paragraphs 26-27.
- 3 The term 'local faculty' denotes those involved in the delivery of postgraduate medical education locally: clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education, and others with specific roles in educational supervision.
- 4 This includes universities with a medical school.
- 5 Foundation doctors have responsibilities which impact on the delivery of the curriculum, for example, providing feedback, participating in assessment and appraisal, and completing the portfolio.
- 6 Standard 82 and criterion 93 may be met by demonstrating compliance with the Standards for trainers contained in the PMETB *Generic standards for training*, including paragraphs 6.25 to 6.35 in relation to those who deliver foundation training.
- 7 As above in endnote 6.
- 8 It is difficult to envisage a situation where such action would not be appropriate.

- 9 See section 3(1)(a) of the 1983 Act. The GMC has approved the *Foundation Programme Curriculum* and specified the outcomes to be met by provisionally registered doctors. Section 10A(2)(c) provides that the GMC may determine the content and standard of programmes for provisionally registered doctors.
- 10 See section 10A(2)(c) of the 1983 Act. The GMC agreed the outcomes on 6 December 2006.
- 11 The GMC approved the *Foundation Programme Curriculum* on 6 December 2006.
- 12 See section 10A(2)(a) of the 1983 Act.
- 13 Section 10A(e) empowers the GMC to determine the arrangements for certification that a person has satisfactorily completed a programme for provisionally registered doctors.
- 14 Section 10A(2)(b) of the 1983 Act.
- 15 The GMC agreed the standards for training for the foundation programme on 13 March 2007.
- 16 The core clinical and procedural skills were amended on 29 July 2009. The amended requirements are effective from August 2010 when the revised *Foundation Programme Curriculum* comes into effect. Before August 2010 the core clinical and procedural skills that must be demonstrated are those in the *Foundation Programme Curriculum* published in 2007.

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