Welcomed and valued:
Supporting disabled learners in medical education and training

Chapter 5:
Transition from medical school to Foundation training
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Key messages from this chapter

• Medical schools must only graduate medical students that meet all of the outcomes for graduates and are deemed fit to practise.

• There are two processes that disabled learners, medical schools and foundation schools can use to make sure incoming foundation doctors are allocated to an appropriate post for their training. These are the Transfer of Information (TOI) process and the Special Circumstances pre-allocation process.

  • The TOI process communicates information to the foundation school (via the TOI form) to put support and reasonable adjustments in place.

  • Pre-allocation on the grounds of Special circumstances is a separate process to allocate graduates to a specific location for their foundation post.

• Postgraduate educators and doctors in training have a shared responsibility to make sure the right information is known about a doctor’s health.

• Less than full time training may help disabled doctors. Postgraduate educators can inform disabled doctors about the possibility of less than full time training, and direct them towards relevant information and guidance.

Towards graduation

Medical schools must only graduate medical students who:

• meet all of the outcomes for graduates AND

• are deemed fit to practise.

Any discussion about where to the student can be placed and what they might be able to manage should be as early as possible, and earlier than the penultimate year of study. This discussion can be an opportunity for the student to reflect on career plans.

Any discussion about student fitness to practise should be separate to conversations about support in relation to a disability or long term health condition.

If you are worried that a student cannot meet the criteria because of their health condition or disability:

• We have advice about students who might not meet our published outcomes for graduates.

Schools must carefully consider whether this is the case.
• Schools must give advice on alternative career options, including pathways to gain a qualification (R3.16 from *Promoting excellence*)

• Schools must support students to address any concerns related to their health. One example is offering an additional year after graduation for students to gain additional clinical experience after they have completed all the formal components of the course.

• Our fitness to practise guidance gives advice on considering fitness to practise on the grounds of health (page 34) in exceptional circumstances, a student who cannot graduate can be removed from the course on health grounds – you can find more advice on this scenario (page 71).

It is good practice for schools to encourage any students who were involved in student fitness to practise procedures (for whatever reason) to apply early for provisional registration. This is to make sure their application is processed on time for them to start the Foundation Programme.

It is also good practice for medical students to have their final year placements in the area where they will be starting their foundation post, if this is practically possible.

### Transfer of information (TOI) process

The Transfer of Information (TOI) process exists to communicate information to the foundation school to put support and reasonable adjustments in place for incoming foundation doctors.

This happens through the TOI form, which is completed by the medical school and the student, and received by the foundation school a few months before the start of the Foundation Programme.

The TOI guidance for applicants* includes a summary and timeline of the process on pages 3-4. An adapted version is on the next page.

When graduating students complete their TOI forms, they are told to: ‘provide sufficient information on the nature of your condition or disability to enable your foundation school to understand how it may affect you in your clinical training or work as a doctor, and to understand your support needs’.

The medical schools can encourage their graduating students to contact the occupational health services where their post will be based, or to give their consent for the employer to inform the occupational health services.

Where support arrangements cannot be made in an existing post, the foundation school and postgraduate dean may consider establishing an individualised post, subject to training capacity, GMC approval and resources.†

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Adapted version of TOI guidance for applicants

### PENULTIMATE YEAR

Preliminary discussion between medical school and local Foundation school director for cases where they want to make sure the student will have the appropriate support in the workplace.

### FINAL YEAR

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<thead>
<tr>
<th>BY SEPTEMBER</th>
<th>AUTUMN</th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUGUST</th>
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<tbody>
<tr>
<td>Early review meeting (medical school and local foundation school): identify final year medical students with considerations for location or delivery of Foundation Programme.</td>
<td>Invite students identified through the early review meeting to attend a confidential meeting to discuss the level of detail to be provided on the TOI form.</td>
<td>Send guidance and a TOI form to all final year students applying for the Foundation Programme. Medical student to seek guidance if required from medical school on completing the form.</td>
<td></td>
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<td></td>
<td>Foundation doctor and educational supervisor to discuss educational progress details at the initial meeting with educational supervisor.</td>
<td>Review whether the post is appropriate and the necessary support can be put in place.</td>
<td></td>
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<tr>
<td>Ask permission of graduating student to share more details about support and reasonable adjustments than captured in the TOI form with the foundation school directors, to get advice about appropriate posts.</td>
<td>By 30 May: Review TOI forms completed by students and add any relevant information if necessary. Endorse and sign final forms. Send original form to the allocated foundation school. Make copies of the form, one for the medical student and one for medical school records.</td>
<td></td>
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<td></td>
<td>Consider having a more formal handover of the case to the foundation school once the student has been allocated, if the student consents to it.</td>
<td>By 14 June: Foundation school to consider if any adjustments or additional support may be provided to enhance the training and development of the new foundation doctor. Try and find an appropriate post for the incoming foundation doctors, with the local education provider and postgraduate dean.</td>
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Pre-allocation through Special circumstances process

- Medical schools can encourage disabled learners to consider applying to the Foundation Programme via the Special circumstances process. This is a separate process to allocate graduates to a specific location for their foundation post.

A post in a specific geographical area can help with attending health appointments or continuing a treatment programme, while staying in a familiar location near support networks.

Disabled doctors told us that training in a familiar environment was helpful as navigating new NHS environments could be challenging.

A student or graduate can apply for pre-allocation under four criteria, two of which are relevant to having a long-term health condition or disability:

- Criterion 3: ‘The applicant has a medical condition or disability for which ongoing follow up in the specified location is an absolute requirement.’

- Criterion 4: ‘Medical school nomination for pre-allocation to local foundation school on the grounds of unique special circumstances’.

Foundation schools will review the special circumstances application forms. If a graduating student or doctor in training applies under Criterion 3, their application will include a supporting statement by the individual and information from occupational health. If a graduating student or doctor in training applies under Criterion 4, their application will include a supporting statement by the individual and information on their current situation by another signatory (a professional person who has recognised standing to support the application).

Chapter 5: Transition from medical school to Foundation training

Enterprising foundation training

The importance of sharing information

Postgraduate educators and doctors in training have a shared responsibility to make sure the right information is known about a doctor’s health.

Not sharing information with postgraduate educators may lead to them not knowing that a doctor in training needs support. It may also cause problems for doctors in training, because they do not receive the support they need to work and train early enough. In some cases it may lead to concerns about a doctor’s behaviour, when the behaviour is related to lack of support.

Less than full time training

Less than full time training may help disabled doctors. Postgraduate educators can inform disabled doctors about the possibility of less than full time training, and direct them towards relevant information and guidance.

Any doctor in training in a substantive post can apply for less than full time training.* Less than full time training can be done in three ways:

- in a full time slot
- in a slot share
- as a supernumerary doctor.

The minimum percentage for doctors in less than full time training should be 50% of full time training. In exceptional individual circumstances, postgraduate deans have flexibility to reduce the time requirement for less than full time training to less than 50% of full-time. However, doctors in training should not normally undertake a placement at less than 50% for a period of more than 12 months. No trainee should undertake a placement at less than 20% of full time (see GMC position statement: Conditions for less than full-time training, November 2017).

The postgraduate dean considers and approves requests for less than full time training posts. It is helpful if doctors tell their deanery, HEE local team or foundation school that they wish to do less than full time training as early as possible.

Decisions by the postgraduate dean or nominated representative only relate to educational support for the doctor’s less than full time training application. Employers will make a separate decision about the employment aspects of any request, including the proposed placement and any associated out of hours work. Notifying an employer as early as possible about a doctor in training’s intention of working less than full time can help. The guardian of safe working can also be involved in the less than full time training decision making.

* BMJ Careers, Trainees’ tales of less than full time training. Available online at: http://careers.bmj.com/careers/advice/view-article.html?id=20008522
The support for less than full time training is echoed in the *Foundation Programme Reference Guide 2017* (pages 46–50) and the *Gold Guide* (8th edition, pages 38-42, paragraphs 3.112 - 3.139).

**Panel 15:**
More resources about less than full time training

- Health Careers page: information on eligibility, applying, tips and resources

- BMA page (BMA members access): advice on flexible working and less than full time training
  (https://www.bma.org.uk/advice/career/applying-for-training/flexible-training-and-ltft)

- BMJ Careers article: case studies of doctors working less than full time
  (http://careers.bmj.com/careers/advice/view-article.html?id=20008522)