

Foundation Programme Training in England



What's included in this pack

Health Education England (HEE) is involved in a wide range of initiatives to improve the experience of doctors in foundation medical training. These include the development of:

- Self Development Time
- Ensuring Supervision Standards
- The Foundation Charter
- The Enhancing Junior Doctors' Working Lives programme
- The National Trainee Engagement Forum

All of this work is overseen by the [Medical Education Reform Programme](#) within HEE.

Self Development Time

Health Education England launched the roll out self-development time for foundation doctors in August 2020 in order to further support health and wellbeing.

We heard that foundation doctors are often unable to find time within the working week for essential non-clinical activities such as working on their ePortfolio, meeting with supervisors and developing skills in teaching and QI.

The pilot in August 2020, required self-development time to be included in the work schedules of all foundation year two (FY2) and where possible for foundation year one (FY1) doctors. After the pilot evaluation, and listening to feedback from trainees themselves it has been determined that going forward, **from August 2021 all FY1 and FY2 doctors will have a minimum of 2 hours per week of SDT time**. The implementation of this has been planned with the wellbeing of doctors in mind, but also with the demands that are being placed upon service provision.



Intended uses of 'self-development time' (SDT)

'Self-development time' is to be used for non-clinical activities which foundation doctors must carry out, in order to successfully develop as a doctor and complete foundation programme training, but which are not best suited to completion within the clinical environment during day-to-day clinical working. It is also vital to note the following points:

- Foundation doctors are being paid for SDT
- It is NOT extra time off, and Foundation doctors cannot do locum shifts when they are rostered to be on SDT (this would mean they're being paid twice for the same time; this will be considered fraud)
- If Foundation doctors have nothing to do during their SDT, we believe that it would be professional to report to your department to do clinical work

The following are examples of intended uses of this 'self-development time':

- **Formal meetings with Educational Supervisor (ES) and named Clinical Supervisors (CS)**
Foundation doctors must meet with both their ES and CS at the beginning and end of each post, in addition mid-point meetings with these supervisors are recommended but not mandated. The ES and CS should already have job-planned Supporting Professional Activity (SPA) time for carrying out the supervisory role, which can be used for these meetings. Self-development time for Foundation doctors would allow mutually convenient times for meeting with their supervisors.
- **Reflecting on their clinical practice and development needs**
Foundation doctors are expected to develop their skills as reflective practitioners. The Foundation Programme Curriculum and the GMC both emphasise the importance and necessity of doctors reflecting on their professional practice and clinical outcomes. The GMC, in ['The Reflective Practitioner'](#), also states that time must be made available for self-reflection.
- **Use of the ePortfolio to record educational activities and development**
The ePortfolio is used to collate evidence which is used to assess whether the foundation doctor has achieved the standard required for progression and for revalidation. The foundation doctor must link evidence to the 20 Foundation Professional Capabilities in the syllabus, must record all formal educational activities, such as teaching attendance and structured learning events, and must record evidence of their reflections on their own practice. Foundation doctors are also expected to develop and regularly update and record personal development plans.
- **Preparing and delivering teaching**
As well as attending teaching, foundation doctors are also expected to develop skills in preparing and delivering teaching, and to get feedback at least once per year, using the 'Developing the Clinical Teacher' assessment form, on a teaching session they have delivered.

– **Quality Improvement activity**

Foundation doctors are expected to be involved in QI work throughout FY1 and FY2. By the end of FY2 they need to have evidence of having contributed significantly to at least one quality improvement project including data collection, analysis and/or presentation of findings and implementation of recommendations.

– **Career exploration, decision making and applications**

During FY1 and particularly during FY2 foundation doctors need to be considering, exploring, preparing for and hopefully applying for post-foundation specialty training. Self-development time would give Foundation doctors the opportunity to reflect on career opportunities and discuss their intentions with senior doctors.

The introduction of 'self-development time' supports implementation of the recommendation from NHS Employers and the BMA, in the Good Rostering Guide (2018), that work schedules and rosters should include sufficient time for activities such as teaching and assessment, e-learning, quality improvement, and reflective practice.

Activities not intended to be carried out using 'self-development time'

'Self-development' time is not intended to replace time already available in work schedules for foundation doctors to carry out other non-clinical activities such as:

- attending departmental or trust-delivered teaching programmes
- routine attendance at trust or departmental meetings, such as audit, quality improvement, morbidity & mortality or governance meetings
- taking study leave
- doing taster days / sessions to gain insights into potential career options
- attending induction programmes for trusts or departments
- completing trust mandatory training, for example fire safety or information governance.

Further information on Self Development Time, including a set of FAQs, [is available on our website](#).

Enhancing Supervision for Doctors in Training

Trainees and trainers should be clear as to what good supervision looks like. Effective supervision is essential to the development of all doctors and contributes to patient experience and safety.

Working with the CQC and NHS England and NHS Improvement, a suite of resources including [handbook, standards document](#) and animation film provide trainees, trainers and supervisors with easy to understand information to ensure supervision is delivered and received in the best possible way.

Tips for Trainees

1. Organising Educational and Clinical Supervision meetings is a joint responsibility between you and your supervisor/s – if they haven't contacted you then be proactive and get in touch. You should have at least three meetings during the placement. In your first meeting, try and schedule your mid-point and end of post meetings.
2. Think about what you want to get out of the rotation before you meet your supervisor for the first time. If your career aspirations are outside of the speciality you are currently rotating into, think about which transferrable skills you could aim to develop during the placement and how to provide evidence of this.
3. Plan ahead for any courses or conferences you would like to attend – if possible during your first meeting, ask your Educational Supervisor to review any requests that aren't on the pre-approved list of courses.
4. Be proactive in clinics, ward rounds and theatre lists – tell your senior at the start of the session that you would like to complete an assessment and they are more likely to make time for you to do so.
5. If you struggle to write 'reflective' pieces, use a model like the Gibbs Reflective Cycle – description (what happened); feelings (what you were thinking or feeling); evaluation (what was good or bad about the experience); analysis (what sense can you make of the situation); conclusion (what else could you have done); action plan (if the situation happened again, what would you do)
6. Think about setting up a 'buddy' scheme within your team, pairing senior registrars with more junior trainees – this gives the registrars practice in supervision, while also increasing the opportunities for juniors to complete assessments.

Further information and the full toolkit and animation, [can be found on our website](#).

The Foundation Doctor Quality Charter

We have developed a 'quality charter' to define how your trusts can support you during your foundation programme training. Many of the measures set out in the charter are based on innovations and practices already in place at some trusts.

Ensuring safe and effective care

1. High quality induction

It is important that Local Education Providers (LEPs) try and ensure that a thorough clinical induction is provided every time a foundation doctor rotates into a new clinical area. This is particularly so when the FD is rotating between different hospital sites or other providers part way through the training year, for example when moving from a community placement back into an acute trust. Methods to consider are to roster the induction into the foundation doctor's work schedule and to aim for it to take place before the doctor starts clinical work in the new area.

2. All staff to be familiar with the level of competency of foundation doctors

LEPs must ensure that staff working with foundation doctors are aware of their limited experience and do not ask them to carry out tasks that are above their level of competence.

3. Workplace supervision

Foundation doctors need to be made aware of who is available within the workplace to provide them with advice and, if required, hands-on support. This support should always be readily available and easily accessible.



4. Out-of-hours working

It is a good practice to have a handover at the start and end of every shift and that, where appropriate, that handover is multi-disciplinary and confirms the workplace supervision arrangements for the shift.

Where possible, LEPs should promote the use of a mid-shift 'huddle' – a pre-arranged time for foundation doctors to meet and touch base with their supervising seniors to discuss workload and any concerns, including arrangements for bleep-free breaks.

The promotion of hospital-wide coordination and fair distribution of out-of-hours workload is also beneficial, for example using 'Hospital at Night' arrangements for evenings and weekend daytimes as well.

5. Adequate support for tasks

It is important that LEPs ensure that the availability of support staff (e.g. phlebotomists and physician's assistants) is matched to clinical need during the main working week and out-of-hours.

6. Standardisation of equipment

All relevant clinical areas should have an adequate stock of equipment used for simple procedures such as urethral catheterisation, venous cannulation and blood-taking. Solutions such as the use of pre-made packs or easily accessible, clearly organised and well-stocked trolleys should be considered for specific common procedures. The location where this equipment is stored on wards should be standardised across the hospital.

Creating a supportive environment

7. Appropriate electronic resources to support working

Whenever possible LEPs should use electronic resources to support the efficient working of foundation doctors, particularly out-of-hours. Examples include use of electronic prescribing and electronic systems, such as smartphone-based task allocation systems, to allocate work out-of-hours.

8. Facilitation of rest periods when working out-of-hours

Coordination of the out-of-hours workload should also ensure protected time is identified for foundation doctors to rest, with their bleep being taken by another team member during this time.

9. Adequate facilities for food and drink available on-site 24 hours per day

Access to hot and cold food and drink should always be available.

10. Dedicated quiet areas for rest when working overnight

11. Trusts should facilitate the development of peer or near-peer support networks for FDs.

Improving educational experience

12. Educational and named clinical supervisors to be trained for the role, proactive and readily available (and need job-planned time for these roles).

13. Self-development time

Factoring self-development time (SDT) into foundation doctors' work schedules is important. SDT is formally rostered time for carrying out non-clinical activities that are essential curricula requirements. It is advised that foundation year 1 and 2 doctors should receive on average two hours per week.

14. Repetitive tasks

Good practice dictates that foundation doctors are not expected to perform inappropriate or excessively repetitive tasks of little educational value. For example, all FDs expect to write discharge summaries, but it would not be appropriate for them to regularly write large numbers of discharge summaries for day-case patients in whose care they have not been involved.

15. Educational programmes for foundation doctors

Wherever possible, foundation doctors should be involved in the development and annual review of their trust-based foundation teaching programmes.

Teaching programmes should cover the breadth of medical practice, not just hospital-based medicine.

Community-based doctors and mental health specialists should contribute to the development and delivery of the programme.

All formal foundation teaching sessions should be bleep-free and where possible departments should endeavour to ensure routine work is suspended at times of departmental educational meetings to allow FDs to benefit from these.

16. Simulation-based training

Foundation doctors should receive simulation-based training at least three times per year. This should have learning outcomes based on the foundation programme curriculum, could encompass both in-situ and simulation centre-based learning and ideally will be part of multi-disciplinary learning.

Enhancing Junior Doctors' Working Lives

The Enhancing Junior Doctors' Working Lives programme was established to address a range of issues that were having a significant negative impact on the quality of life of doctors in training.

We have worked collaboratively with system partners in the Academy of Medical Royal Colleges, the GMC, NHS Employers and the BMA as well as individual Medical Royal Colleges and the devolved nations to address those issues and provide trainees and stakeholders with yearly updates on our progress.

This year's Enhancing Junior Doctor Working Lives report is created as a co-production led by trainees, for trainees.

The Enhancing Junior Doctors' Working Lives progress report 2021 provides an update on achievements over the past year. Specifically, it highlights:

- Expansion of flexible training opportunities
- Recruitment and deployment
- The launch of the National Trainee Engagement Forum (NTEF)
- Equality, diversity and inclusion in PGMDE
- Other related Education Reform activities

You can read the full report and watch a video explaining this work [on our website](#).



Get involved in our work

At Health Education England, we care for our patients by caring for our workforce, and your feedback is fundamental to the work we do. As a healthcare learner, there are many ways for you to get involved and have an influence.

HEE was proud to launch its first National Trainee Engagement Forum (NTEF) in March 2021, giving learners a dedicated safe space to provide feedback, communicate ideas and influence educational practice. The NTEF consists of front-line trainees from multiple specialities and from all regions. The community serves as a sounding board for educational reform, not a decision-making body.

The importance of engaging with our learners is to enable, empower and inform HEE of the 'Learner Voice' and involve the future workforce with education and training policy ideas. Whilst also delivering plans outlined in policy, in particular the [2020/21 NHS People Plan](#).

Learner feedback and involvement is crucial to the work we do, and we look forward to growing engagement going forward.

Local Trainee Engagement Forum (LTEF)

Postgraduate medical and dental training in England is geographically structured and operated by HEE Local Offices. Each Local Office hosts a Local Trainee Engagement Forum (LTEF) and/or representatives who liaise with local learners and HEE regional leadership teams. These individuals form the membership of the National Trainee Engagement Forum (NTEF), providing a two-way communication between front-line medical and dental trainees and HEE centrally.

National Trainee Engagement Forum (NTEF)

Each local Trainee Engagement representative or LTEF Chair represents their locality in the National Trainee Engagement Forum (NTEF). This national committee is currently co-chaired and run by Fellows who sit within the Directorate of Education Quality (DEQ) at HEE. The national co-chairs will also serve as the communication link between national HEE and front-line trainees in matters of policy engagement and education reform.

More information is available [on our website](#).

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