

Yorkshire & Humber Foundation School Overseas Induction Booklet 2024



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Welcome!

Welcome to the Yorkshire and the Humber Deanery. This booklet has been put together as a source of information to help orientate you to your new role, and to signpost you to useful resources.



Yorkshire encompasses four counties, however for training the deanery is split into three groups:

- East Yorkshire
- West Yorkshire
- South Yorkshire

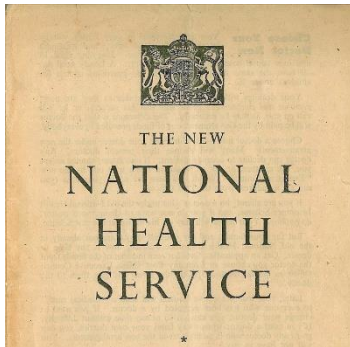
The NHS has a diverse workforce, and 25% are from ethnic minority groups. You will encounter people of all nationalities, genders and religions, and we treat everyone as an equal.

How the NHS works

The NHS is a complex system, which can sometimes make it difficult to understand – especially working out who is responsible for what. It's made up of a range of different organisations with different roles, responsibilities, and specialities. These organisations provide a variety of services and support to patients and carers.

You can find out more about the NHS structure in England and who does what by visiting the NHS website. The King's Fund has also produced a series of structure diagrams and a short animation about the NHS.

NHS History



On the 5th of July 1948 NHS was born, providing healthcare services that are **free for all at the point of delivery**. You can find the Milestones of the NHS [here](#).

It was founded by Aneurin Bevan, the Minister for Health, and formed from post-World War II socialist ideals of fairness. It was intended to reduce healthcare needs.

The NHS provides access to healthcare through primary care (General Practitioners).

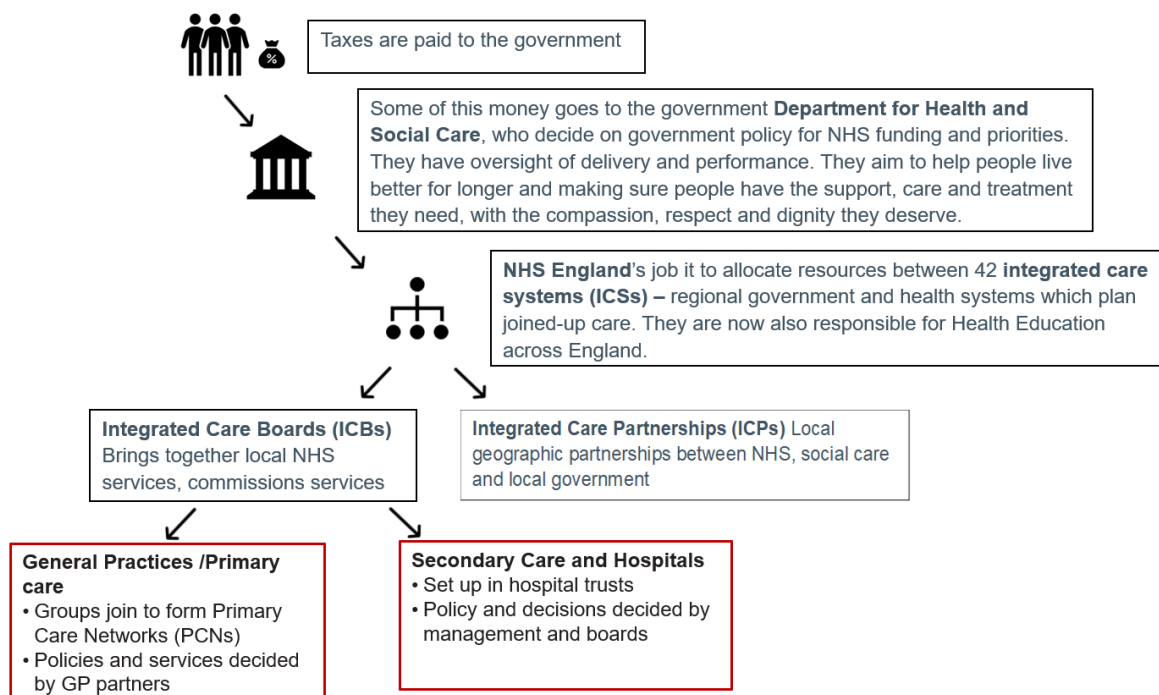
NHS Facts:

- It is funded from taxation (£33bn in 1997; now £181bn in 2022/23)
- One person is born every 54 seconds under NHS care
- It employs 130,398 Doctors, 319,616 Nurses, and 196,196 AHPs
- 1.3 million people a day are seen by the NHS




You can find information regarding the NHS Long Term Workforce Plan [here](#).

The Structure of the NHS






The NHS is complicated, and different across the United Kingdom. As you will be working in Yorkshire and the Humber, this guide will focus on NHS England.



Local structure of NHS services

Primary Care/GP 	Secondary/Tertiary Care 	Other services 
<p>Office based local GP practices with registered patients (~1,700 per doctor)</p> <ul style="list-style-type: none"> • Doctors (General Practitioners) • Community nurses • AHPs • Therapy services • Pharmacy <p>Conditions managed in community or referred to secondary care</p> <p>6,925 across the UK</p>	<p>Hospital care</p> <ul style="list-style-type: none"> • Specialist inpatient services • Imaging and laboratories • Emergency access, referrals from GP or other hospitals 	<p>Community hospitals</p> <p>Yorkshire ambulance service</p> <p>Walk-in clinics</p>

Hospital Roles to know about

 <p>Director of Medical Education (DME)</p> <p>Responsible for developing and maintaining high quality medical education</p>	 <p>Training Programme Directors (TPDs)</p> <p>A consultant within the hospital responsible for each training programme</p>	
 <p>Human resources (HR)/rotas</p> <p>Responsible for hiring, people management and scheduling</p>	 <p>Medical Education Team</p> <p>Support medical education, plan teaching and training, and induction</p>	 <p>Guardian of Safe Working Hours (GOSW)</p> <p>A consultant responsible for ensuring compliance with junior doctor safe working hours rules</p>

Key organisations to be aware of

General Medical Council

The GMC help to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving and exceeding those standards and take action when they are not met.

Welcome to UK practice: Adapting to UK medical practice can be hard for any doctor, regardless of where you're from or how experienced you are.

The GMC's free workshop is designed to help doctors new to the UK, by offering practical guidance about ethical scenarios you may encounter, and the chance to connect with other doctors coming from abroad.



CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. They monitor, inspect and regulate services and publish what we find. Where they find poor care, they will use their powers to take action.



The BMA represents, supports, and negotiates on behalf of all UK doctors and medical students. We are member-run and led, fighting for the best terms and conditions as well as lobbying and campaigning on the issues impacting the medical profession.

NICE National Institute for
Health and Care Excellence

NICE helps practitioners and commissioners get the best care to patients, fast, while ensuring value for the taxpayer.



NHSE exists for one reason and one reason only: our vision is to help improve the quality of life and health and care services for the people of England by ensuring the workforce of today and tomorrow has the right skills, values and behaviours, in the right numbers, at the right time and in the right place. We are people centred, committed to the NHS Constitution, and driven by our values of responsibility, inclusiveness, fairness, and confidence. Our goals are to deliver and reform education to produce the best possible future workforce; to transform the current workforce to meet tomorrow's health and care needs; and ensure the quality of our education and training system.

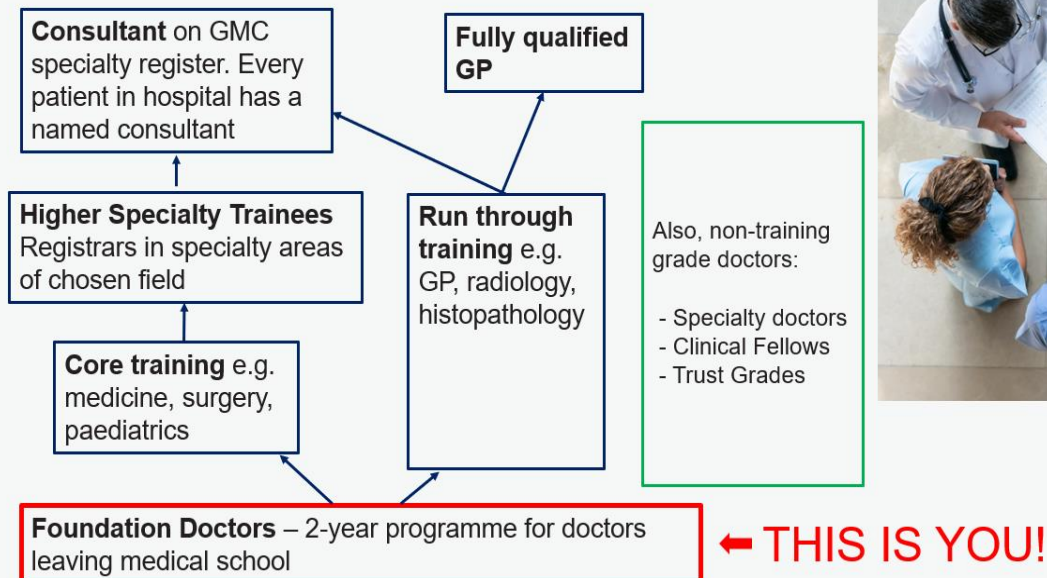


The UKFPO facilitates the operation and continuing development of the Foundation Programme. The UKFPO manages the national application process for the foundation programme.

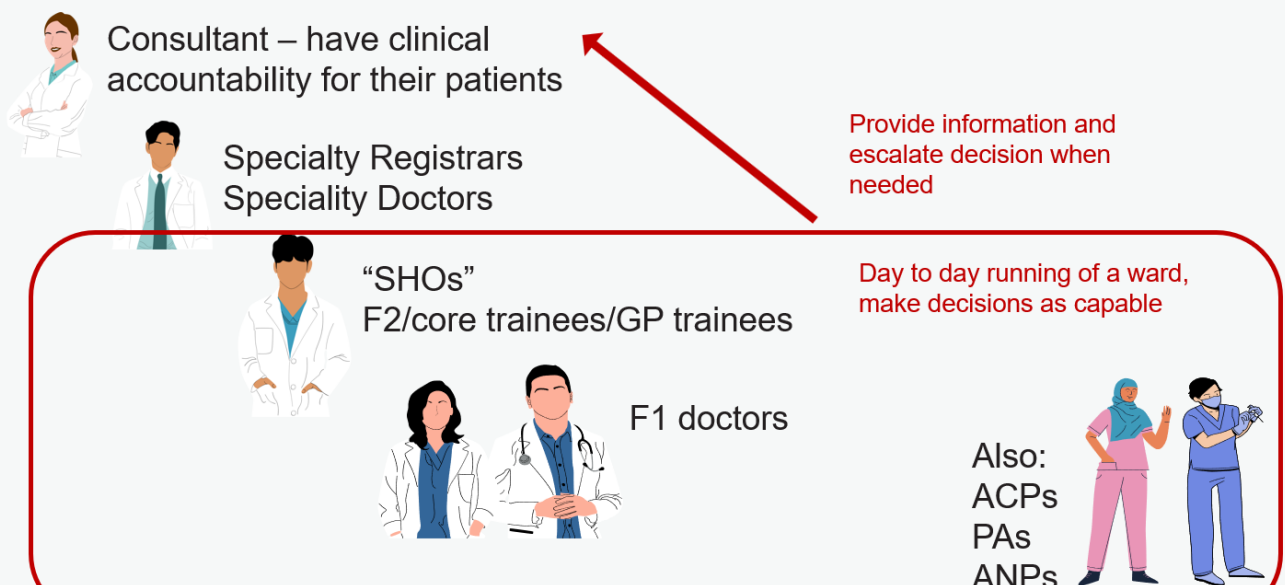
The UKFPO also issues guidance on foundation training and promotes the consistent delivery of the foundation programme across the UK. Working with partners, the UKFPO enables sharing of good practice to help raise the standards of training.

Working as a Foundation Doctor

Structure of the Medical Workforce



Medical Hierarchies, Clinical Accountability



What is the Foundation Programme?

- 2 years of four-month placements in six specialties.
- Mostly inpatient but likely to include one community placement
- F1 – provisional registration with the GMC
- F2 – full registration (often called SHOs)

Preparing to start work



Working as a foundation doctor will start with a period of induction (at least 4 days). This will be a combination of being taught how to use the hospital systems, local policies and shadowing an outgoing F1 doctor on the wards. The hospital you are joining should contact you about induction and provide a timetable. Some places offer an extended induction period where there is more time to shadow and familiarise yourself with where you will work.

Daily routine



- Morning – ward round, compile jobs list, urgent jobs
- Lunch time – often will have scheduled teaching you can bring your lunch to. Take your bleep and let the nurses know where you are.
- Afternoon – rest of the jobs, discussions with family, chase bloods and request for the next day. Handover any unwell patients or unfinished urgent jobs to the on-call doctors

When you are on-call you will either be covering the inpatient wards on clerking new patients.

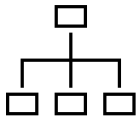
Common Jobs



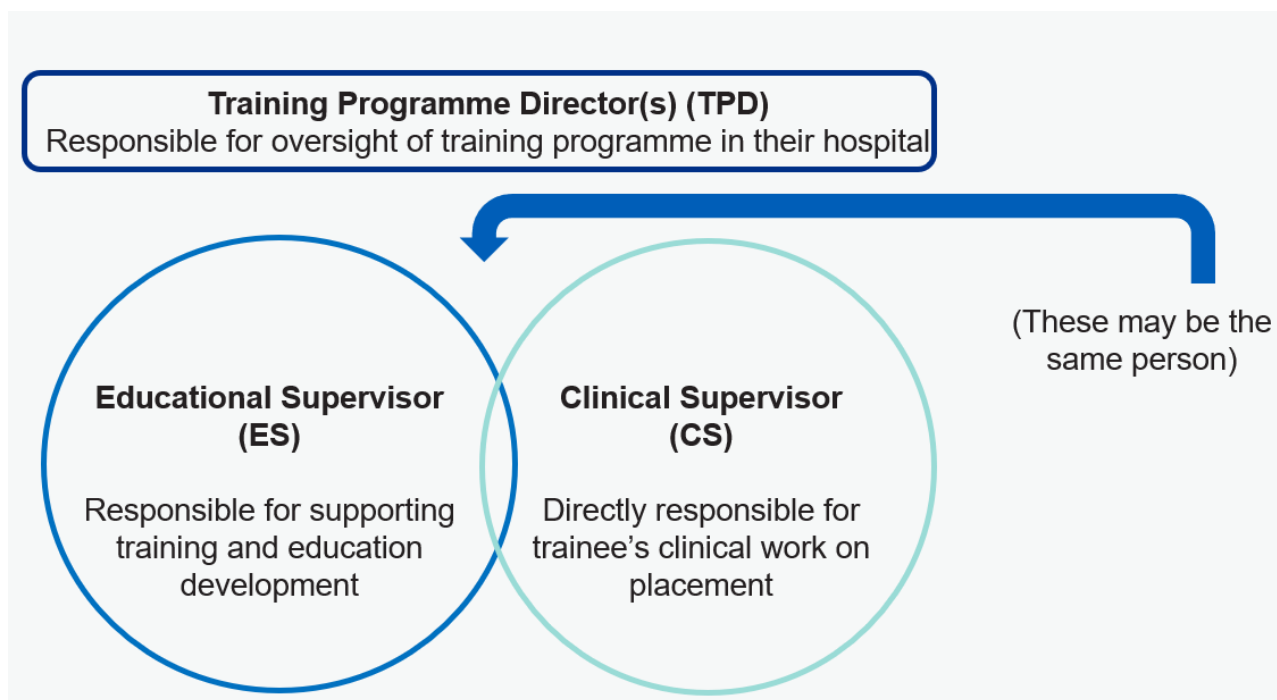
- Documenting on the ward round
- Writing discharge summaries
- Referrals to other specialties or liaising with the MDT
- Cannulae, bloods, NG tubes
- Chasing blood results and acting on the results (always ask on the ward round what the plan is if they are abnormal if you don't know)

- Seeing unwell patients
- Clerking new patients to your ward/team

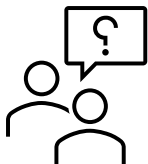
Supervision



When on the wards you will be supervised by a range of doctors from F2 to consultants. You will also be allocated a clinical and educational supervisor who will oversee your training and education.



HELP!



There are a lot of reasons why you might need help. These include:

- An unwell patient
- The plan is unclear/illegible
- Referrals to other specialties
- Escalation of care decisions

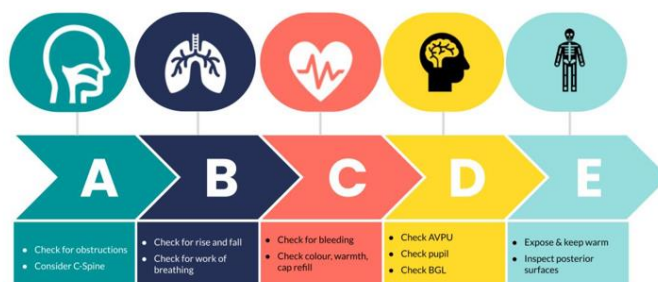
- Breaking bad news
- Complex discussions
- Training or career advice

Who you need to contact depends on what the problem is, if the patient is unwell and you need help, then you will need to contact a more senior doctor, however if you need information about how to refer a patient the physicians associate will likely know the local procedure better.



Whenever you call for help, using the SBAR format is helpful to make sure the correct information is relayed.

Carrying out an A-E assessment Of an unwell patient will allow you to start treating them and give you the information needed to relay to the senior doctor



Physiological parameter	3	2	1	Score 0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

Calculating and communicating a NEWS score will give the person on the phone an idea of how serious the situation is

What about when things go wrong (and they will)



There will be times when things go wrong. Common scenarios include

- There is a complaint made to you
- There is a complaint made about you

- You witness an incident
- You are involved in an incident

Complaints are often about the standard of care, and you may not know the patient or their case until you are asked to speak to them and their family.

What you can do:

- Support the nursing staff
- Try to read the notes before you see the patient
- Listen and empathise, gather information
- Explain you will escalate their concerns to your seniors
- Offer information for PALS (patient advice and liaison service)
- Document in detail
- Apologise for their experiences

Try not to:

- Make any promises
- Get cross or defensive
- Argue
- Get out of your depth

If a formal complaint is made and you are involved, then there is a system to address and investigate these. It is unlikely you will have to speak to the family in these situations, but you may be asked to provide written information. You will be supported by your educational supervisor in this and if any further education or training is needed.

If you are involved or witness an incident it must be reported immediately once the situation is safe. This is done via a DATIX form. You may be asked to write a factual statement of events. You can get support from your supervisor/TPD and medical defence union.

Some deaths are referred to the coroner, whose job it is to determine who, where, when and how a person died. You may be asked to write a statement for the coroner or go to coroner's court if you have been involved in that patient's care. You will be supported in preparing for this and writing a statement.

Patients who need referral to the coroner are those where:

- The cause of death is unknown
- The cause of death is violent or unclear
- Death is sudden or unexplained
- Death during an operation or anaesthetic
- Not seen by a medical practitioner during the final days of life

Expectations of Training



Most of the learning during foundation training will be interactive and experiential, through working as a doctor. Outside of this, there will be weekly foundation teaching, and completion of your portfolio in a self-directed manner.

The focus of foundation training is on core competencies and transferrable skills that will be useful in whatever direction your future medical career takes.

Top tips for Foundation Doctors who are new to the UK



- British Etiquette – introduce yourself and say ‘Hello’. Always use ‘please’ and ‘thank you’
- Be on time and organised, pay attention at handovers and write things down.
- Brits love to queue – you jump to the front at your peril!
- In Yorkshire, Dinner = lunch, Tea = evening meal
- Documenting carefully, and in a timely and accurate way is important – this resource explains lots of commonly used abbreviations. If you don’t know what something means, then ask! [Abbreviations you may find in your health records - NHS App help and support - NHS \(www.nhs.uk\)](#)
- Everyone makes mistakes – apologise and try to rectify it
- Communication is key, if you don’t know then ask
- Work within your limitations, escalate to someone more senior if you are out of your depth.
- Learn to prioritise the urgent and important jobs
- Keep on top of your e-portfolio – send your TAB early, be proactive you’re your assessments and mandatory teaching days, and log your teaching hours the same day
- Sort out your annual leave ASAP!

Portfolio



Your e-portfolio is where you evidence your training and learning throughout the year. It will be reviewed by your supervisors and training programme directors and serves as your appraisal and revalidation. It is assessed through your ARCP.

What is a medical appraisal?

As a doctor in training your appraisal is done through your Annual Review of Competency Progression (ARCP)

A medical appraisal is an annual meeting between a doctor and a colleague who is trained as an appraiser. It is a process of facilitated self-review supported by information gathered from the full scope of your work. The supporting evidence you gather is key to demonstrating your GMC fitness to practise whatever your branch of practice.

Medical appraisal can be used for several purposes, including:

- To reflect on your individual practice and performance with your appraiser, which helps inform your responsible officer's revalidation recommendation to the GMC
- To help you plan your professional development
- To identify learning needs
- To ensure you are working in line with the organisational priorities
- To demonstrate that you are remaining up to date and fit to practise.

The appraisal process is important for agreeing and monitoring personal development objectives. Whilst it interacts with the job planning process, the two should be kept separate to mitigate any conflicts of interest.

(British Medical Association 2023)

Annual Review of Competency Progression (ARCP)



Annual Review of Competency Progression (ARCP) is the means by which doctors in postgraduate training are reviewed each year to ensure that they are offering safe, quality patient care, and to assess their progression against standards set down in the curriculum for their training programme.

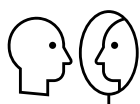
It is also the means by which their full scope of work review is undertaken to satisfy revalidation requirements.

You can find a **short animation** which provides a short and simple guide for trainees and trainers to how the ARCP process should take place in England.

It also outlines what it does, and does not cover, and how to get additional support. The checklist of what is needed to pass your ARCP and progress to your F2 year can be found [here](#):

[ARCP Checklist - UK Foundation Programme](#)

Reflection



Reflective practice is a cornerstone of medical education in the UK, and part of what is expected of you as a foundation doctor.

The aim is to think deeply and critically about an event, the effect that it had on you and others, and what you will do when faced with a similar situation in the future. This can be done on your own or with the help of a supervisor. Reflection has been shown to improve the way people perform in their jobs.

The link below is to the reflection resources on the UKFPO website, including tools to help guide your reflections, and examples to look at:

[Reflection - UK Foundation Programme](#)

Advice and Support



Who can you approach for support and advice?

Foundation School: To get advice and support on the allocation programme, training posts, training related queries (such as working Less Than Full Time, taking a time out of the Foundation Programme (TOFP)) or escalation of training concerns.

Director of Medical Education: DMEs work closely with the Postgraduate Education Centres in each Employing Trust. Have oversight of training within their individual trusts and can be a point of escalation for Trust related training concerns. Can signpost to Trust specific career advice and counselling.

Training Programme Directors and Clinical Supervisors: Have oversight of speciality posts within their individual trusts and can be a point of escalation for training post related concerns. Can signpost to Trust specific career advice and counselling.

Education Supervisors: Responsible for your appraisal and developmental requirements. Can signpost to Trust specific career advice and counselling.

Postgraduate Education Manager: Has oversight of local Trust teaching and the study leave approval process.

Medical Personnel Department: Has oversight of employment contracts, salary, Occupational Health referrals and the statutory leave process (*sickness absence monitoring, maternity/paternity leave, adoption leave and annual leave*).

Royal Colleges: To get advice and support on programme curriculums, assessments, examinations, and the certificate of completion of training (CCT).

NHSE Education Coaching: Coaching is a conversational approach that provides you with time for you to think. Your coach won't judge you or give you advice.

This means it is ok to talk about anything that you feel gets in the way of you doing your best at work. You can really think things through in a way that is different to talking things over with a friend, partner, TPD or Educational Supervisor - all people who tend to have another agenda for you. Your coach will support you, and challenge you, if necessary, to help you reach a conclusion that is helpful and meaningful to you. To access coaching, click [here](#).

Professional Support

These links can signpost you to helpful information and documents available on the Deanery Website

[Study Leave](#)

[Social Integration](#)

[Trainee Support](#)

[Training Guidance](#)

[Less Than Full Time](#)