Modernising Medical Careers

The next steps

The future shape of Foundation, Specialist and General Practice Training Programmes

April 2004
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Introduction

In February 2003 the four UK Health Departments published a Policy Statement on Modernising Medical Careers setting out the principles underpinning major reform of postgraduate medical education and training. Reform had been long overdue and was driven by the need for care based in more effective teamwork, a multi-disciplinary approach and more flexible training pathways tailored to meet service and personal development needs. It also foresaw more care being provided by trained doctors and recognised that existing training systems fell short of modern needs. Training also needed to be brought more in line with best practice in other countries.

Above all the driver for change was the need for better care systems for patients.

The apprenticeship model, long the bedrock of our training in the past remains important but now needs to be set within efficiently managed, quality assured training Programmes compatible with the Working Time Directive.

The reforms touch every aspect of a doctor's career and include significant improvement to the career pathways and development opportunities for non-consultant career grade doctors.

Reform is also about securing our workforce for the future as our medical school output rises and is about giving doctors in training a chance of a fulfilling career to their own and to patients' benefit.

Since the publication of the Policy Statement further work has been undertaken to develop thinking. In October 2003, Sir Liam Donaldson set up a UK Strategy Group to oversee Modernising Medical Careers. The Group has membership drawn from the Health Departments of the four UK home countries, the General Medical Council (GMC), the Joint Committee for the Postgraduate Training of General Practitioners (JCPGP), the Specialist Training Authority of the Medical Royal Colleges (STA), the Postgraduate Medical Education and Training Board (PMETB), the Conference of Postgraduate Medical Education Deans of the UK (COPMED), the Committee of General Practice Education Directors (COGPE) - see Annex 1.

The Next Steps was prepared under the auspices of the UK Strategy Group. It reflects the need at this stage of the development of the Modernising Medical Careers initiative to explain the practical developments and structures now emerging which serve to add detail to last year's Policy Statement. It explains the principles agreed and the decisions made over the past months which are shaping Modernising Medical Careers. It also indicates where further work is needed to develop more detailed plans and processes. There is a need at this stage to provide a clear indication of how arrangements are developing and also to acknowledge that there are many practical questions still to be answered.

It is very important to emphasise that while the document addresses some of the central educational issues there are many other strands to Modernising Medical Careers. There is also work under way to consider the linkages between educational reform and service delivery, the resource consequences of reform, the relationship with implementation of the Working Time Directive and, for example, the effect on tiers of cover. This will demand further publication as work matures and ultimately plans will have to be operationalised for practical implementation at postgraduate deanery and trust level. Specific work on workforce numbers, finance and impact on service is imminent.
I: The Foundation Programme

1. Sir Liam Donaldson published Unfinished Business for consultation in August 2002. He proposed that:

   “After graduating doctors should undertake an integrated, planned two-year Foundation Programme of general training:

   the first year equating to the current pre-registration house officer year;

   the second (post-registration) year incorporating a generic first year of current SHO training.”

2. The report also said that the Foundation Programme should lead on to specialist and general practice training. The idea of Foundation Programmes was stimulated by the earlier Department of Health report A Health Service of all the talents: Developing the NHS workforce (April 2000) which showed that career decisions by doctors in training were often made too hastily.

3. The consultation produced strong support for a Foundation period. A UK-wide ministerial policy statement published in February 2003 explained the role and content of Foundation Programmes in more detail. The statement said that at the end of the first – pre-registration – year trainees should be asked to demonstrate the learning outcomes required for full registration set against the attributes in the General Medical Council’s Good Medical Practice.

4. The second year of the Programme would “… aim to imbue trainees with basic practical skills and competencies in medicine and will include: clinical skills; effective relationships with patients; high standards in clinical governance and safety; the use of evidence and data; communication, team working, multi-professional practice, time management and decision making and an effective understanding of the different settings in which medicine is practised.” Both years of the Programme will be outcome-based, with a competence framework defined by way-points and with the demonstrable prospect of an increase in skill levels between the two years of the Programme. There is clearly the potential for some trainees to make the necessary progress to full-registration before the year allotted in the Programme. This would not, however, affect the overall need for a two-year Programme.

5. The policy statement also said “… a clear structure is necessary to encourage and support the development of academic, research and teaching skills and to support those who opt for an academic career” and this commitment must be added to the list of the required outcomes for a Foundation Programme. Equally the need to ensure that the care of acutely ill patients is a significant and central theme of the Foundation years is a vital consideration. A Foundation Programme delivering these outcomes demands new types of learning and new types of teaching. Further work nationally is needed to identify and develop practical learning methods.

6. The early initiation of Foundation Programmes has been governed by a set of principles which will shape their development in a consistent way. Programmes should be:

   • trainee-centred
   • competency-assessed
• service-based
• quality-assured
• flexible
• coached
• structured and streamlined.

7. A more detailed set of practical guidelines for the style, structure and educational content of Programmes will emerge from pilots/prototypes. The UK Strategy Group will also foster and commission work in this field. There is no definitive priority order for the principles themselves but they clearly cover the educational environment, curricula, learning, the learning experience, assessment, quality assurance and evaluation. Pilots developed on the basis of these principles will help shape the implementation of the Foundation Programme across the UK. One fundamental expectation of Foundation Programmes is that they must widen rather than narrow career options and choices and provide doctors in training with a broader perspective of medicine as a whole.

8. There are three final requirements for Foundation Programmes:

• the pilots and Programmes must be compliant with the Working Time Directive
• pilots should not delay trainees’ progress by introducing novel or unusual elements which should not be recognised by the Postgraduate Medical Education and Training Board (PMETB) or, for the time being, the STA and JCPTGP. The PMETB alone will be responsible for assessing whether post-registration Foundation Programme training will count towards a Certificate of Completion of Training (CCT). This will depend on the precise content of the training and experience undertaken and could vary from one placement to another. It may, therefore, not always be possible to inform doctors in training prospectively whether such training will count, but individual doctors could present it to the PMETB retrospectively for a decision. Over time, however, it will be possible to develop clear prospective indications of what is likely to count towards the completion of training.
• the educational governance of Programmes must be robust. This represents a further new area requiring definition and guidelines and must look at evaluation.

9. There is widespread enthusiasm for the concept of Foundation Programmes. It is also apparent that much creative energy will be wasted unless development work and piloting are conducted within a supportive framework. For that reason the Strategy Group will facilitate the framework so that Foundation Programmes can be implemented in August 2005.

Competencies

10. Foundation Programmes need to achieve a set of pre-defined, published competencies and outcomes within a two-year timeframe. Competencies here means observed behaviours, skills and attributes with assessment essentially based in the workplace. The Foundation period will act as a bridge between the medical school and the specialist or general practice training Programme. The documents already published give a strong steer as to the broad direction of those competencies and, in liaison with PMETB, the Strategy Group will encourage their development in a way which captures the best and most helpful work currently available and will commission new work as necessary. It is fundamental to the Foundation years that movement through the Programme is progressive, assessed and seamless.
11. Basic research and use of evidence, knowledge and skills should be a core element of the generic skills Programmes. However, to ensure the needs of academic and research medicine are met, there should be Programmes devised with a specific A&R leaning.

12. Foundation Programmes should not lead to inflexibility or an uneven playing field at the selection stage for Specialist/GP training Programmes. That is, underpinned by practical career advice and coaching, there should be opportunities to change direction later on. There will also be a need to provide opportunities to switch or modify an individual Foundation Programme.

Programme structure

13. The term ‘Programme’ will mean different things to different stakeholders. At a strategic level ‘Foundation Programme’ means the overall training structure for the first two years post-medical school delivered through a managed series of placements across the UK to an agreed standard. To postgraduate deans it means a series of organised placements through which they enable trainees to acquire the competencies required in their deanship. In fact, there will be a number of recognised training rotations providing Programme training in each deanship through a variety of experiences and settings. To individual trainees the Programme will be the set of placements through which they will progress during their Foundation period.

14. At each level the common defining principles of a Programme are that it should be managed, structured, progressive, assessed, approved and quality assured. Programmes should also offer choice and variety to trainees. A strong educational infrastructure is required to bond these principles into an effective whole.

15. Most importantly, training is set within a legal context and it will be for the GMC and PMETB to approve and quality assure Programmes. In which case the best definition of a Programme is in terms of a ‘unit of approval’ composed of a series of rotations and placements which is educationally viable and convenient to manage. Such units of approval will have the capacity to encompass a number of trainees. These sentiments apply equally to Specialist Training Programmes.

16. Curriculum-based Programmes will be developed which deliver an agreed set of competencies. The Programme will be of two years duration. A series of placements in the first year will have the aim of achieving the outcomes required for full registration by the GMC and of producing a trainee able to benefit to the full from the second year of the Programme. This will link with the current responsibilities of the GMC and medical schools. The second year will consist of a further series of placements which rotate trainees through a spectrum of basic practical clinical experience with the express aim of developing the trainee progressively until the point where they are ready to enter specialist or general practice training Programmes.

17. Trainees will mainly but not exclusively be based in acute care settings (but not simply acute hospitals, but also mental health and general practice settings) to facilitate the acquisition of a competence in managing acutely ill patients. This would cover not only diagnosis and treatment but also communications, decision-making, prioritisation and team-working – which must be captured in generic competencies. There will be opportunities to acquire knowledge of other settings, disciplines and specialties through placements, outreach experience and project work. An explicit part of every Foundation period will be to foster a better understanding of medical practice more broadly and in particular a better insight into the relationship between primary and secondary care. A clear aim is for a greater number of experiences in, and consequently a better knowledge of, general practice. This will see significant numbers of trainees gaining experience of general practice as part of their Foundation Programme.
18. The choice of placements cannot be unlimited given the opportunities available and will not be able to accommodate every choice. Postgraduate deaneries will establish placements in settings that best support the acquisition of the required competencies while maintaining service delivery. There will, however, be a variety of placements available and reasonable opportunities for trainees to opt for placements which provide them with early experience of their chosen field where they have made a career choice or of a wider picture of career pathways where they have yet to make a decision. Information and advice on Foundation training will be available to undergraduates.

19. Foundation Programme placements or a series of placements will not in itself deliver the necessary level of education and training. Educational and training activity and the learning and teaching methods employed will deliver the competencies. Further work is underway to provide the educational structure. It is clear that Foundation training can and should be delivered in a range of settings. It cannot be a rigid set of progressive placements common to all trainees. There will be opportunities in specialties that do not usually recruit at this level but for practical reasons this will not be a wholesale approach.

20. Programmes developed locally by postgraduate deans will be consistent nationally in terms of outcomes and competencies.

**Entry, progress and exit**

21. **Entry.** Entry will be into a two-year Programme through a fair and open UK-wide competitive selection process which will provide placements in Programmes for graduates from UK medical schools and for doctors who have graduated outside the UK and have not yet reached the level required for GMC limited registration. Entrants will be matched into placements in the first year. All successful candidates will be eligible to apply for Programmes in all parts of the UK. All the placements in the first year will be known at the outset although there may be opportunities for some later flexibility if circumstances warrant it. The second year placements may not be known at the start of the first year – postgraduate deans will need to conduct managed processes for these placements during the first year when trainees have had enough time to begin to indicate both potential and preferences. A guiding principle will be to provide as much certainty as possible to trainees and to employers as early as possible at each stage of the Programme.

22. All trainees entering a Foundation Programme will be able to complete the two-year Programme subject to satisfactory progress. Postgraduate deans will be able to allow individuals to repeat parts of the Programme where they consider this is likely to provide a successful outcome. More detailed consideration of the educational structure is given in *A Firm Foundation* at Annex 2.

23. There will be opportunities for some doctors without UK primary, specialist or general practice training and experience to enter Foundation training at appropriate points according to their qualifications, training and experience including at the beginning of the second year. Entry via this route must be by competition and assessment.

24. **Progress.** The assessment of progress in the first Foundation year is a matter for the GMC. The GMC and the Postgraduate Medical Education and Training Board (PMETB) supported by the Strategy Group will work together closely to ensure the two stages of the Foundation Programme coalesce and that the level of assessment and assessment documentation facilitate a smooth, progressive transition between the two years. Action here is already in hand. Local flexibility in developing placements and rotations will be matched by UK assessment standards. Progress must also be underpinned by effective educational supervision and by access to NHS appraisal.
25. The assessment documentation in the Foundation Programme will inform both the choices of the trainee and the selection process at entry to the next stage of training. Rigorous career counselling will support progress through Programmes. There will inevitably be a very close relationship between counselling, coaching, mentoring, assessment and decisions about future careers.

26. Exit. Those acquiring the Foundation competencies will move into CCT training Programmes (either specialist or general practice). Entry to a CCT Programme will be by open competition informed by the earlier performance of the trainee. Open competition means fair selection against UK specifications. Competition will need to take place between half and two-thirds of the way into the second Foundation year.
II: Specialist and General Practice Training Programmes

27. Foundation competencies will provide a solid, practical base on which to build further progress through training. From Foundation Programmes, trainees will move into CCT Programmes (which can either be for specialist training or for general practice). The principles of Programme structure set out above apply equally to specialist and GP Programmes.

28. Unfinished Business proposed a training structure which comprised three elements:

- Foundation Programmes
- Basic Specialist Training Programmes
- Higher Specialist Training Programmes.

Training for general practice would under this approach mirror both basic and higher specialist elements.

29. In response to the consultation on Unfinished Business, Modernising Medical Careers said: We will support and encourage the (PMETB) working with the Royal Colleges to develop competency-based training and assessment and to review the length of training Programmes. This will be done on a specialty by specialty basis and include training for general practice. It will aim to provide seamless training Programmes leading to a CCT. The time in these Specialist Training Programmes should count towards a CCT. This signalled that thinking had moved beyond the Basic Specialist Programmes foreseen in Unfinished Business and reflected the growing view that a single, run-through approach was not only desirable but also achievable.

30. Specialist Programmes and the General Practice Programme will, therefore, be developed to provide a seamless training process which will see all those emerging from Foundation Programmes entering a training Programme leading directly to the award of a CCT. Entry will be competitive but, subject to satisfactory progress, no further competition will be needed before the completion of training (though robust assessment and selection may form part of progress into the later stages of some specialties). Special pathways for academics will be designed. We have moved, therefore, from initial proposals which accepted a separation of basic and higher specialist programmes to a system which sees the progressive acquisition of basic and higher specialist competencies in a single programme.

31. About half of all trained doctors working in the NHS are general practitioners. The advent of Modernising Medical Careers offers the opportunity to develop a new and better approach to GP training which allows those ‘graduating’ from Foundation Programmes the option of a training Programme in general practice which is a significant improvement over existing arrangements. The new Programme will offer training in both general practice and hospital care in a well-planned way that will see trainees develop meaningfully and progressively towards a CCT. GP training will increasingly be based in and from general practice. PMETB will have to consider in approving training Programmes the wide range of competencies required of GPs and the training required to acquire them.

32. The evolving model of specialist training suggests that a greater proportion of more advanced training will take place following the acquisition of a CCT. This will provide doctors with more choice and flexibility in developing their subsequent careers and will also offer the NHS more options in developing
its workforce against changing patient need. The over-riding rule is that doctors should be trained in ways that most sensibly deliver the right number of high quality practitioners when and where they are needed. In any case the acquisition of a CCT or entry to the Specialist or GP Register should never be seen as the end of a doctor’s development needs. Whatever path the individual’s career takes post-CCT should be underpinned by effective systems of both training and CPD.

33. A significant transition period may be necessary while new training Programmes and curricula are developed. However, the longer-term aim must be to move towards a seamless training system for consultants and GPs.

**Entry, progress and exit**

34. **Entry.** Entry to specialist training will be by competitive process informed by evidence derived from the Foundation Programme and in some instances augmented by practical tests of skills and assessment of potential. Selection will begin before the completion of the Foundation Programme. However, standard specialist trainee job descriptions will apply. These will make plain that experience in a particular specialty at Foundation level will not be a criterion for entry to a Specialist Training Programme (for it may be that in some cases the best candidates may not have had the chance of a placement in the particular specialty where they have most potential). However, trainees might reasonably expect access to experience in a related and relevant area. The aim will be to provide them with the necessary experience to progress in their chosen field. Further work is needed to develop a framework to ensure that those who are not selected initially for their chosen field have opportunities continue in training. It is not acceptable that they should at this stage fall out of the training system.

35. There will be an equivalence route for doctors without or with partial UK primary, specialist or general practice training and experience which will also be through competition. Doctors entering by this route will be expected to demonstrate they have acquired the Foundation competencies as development objectives during their first year in specialist or GP training. Some of these doctors wishing to enter specialist or GP training may in fact have greater experience or more competencies than trainees emerging straight from Foundation Programmes as they may have acquired them before entering the UK. Doctors in this position should not, if their qualifications, training and experience, merit it, have to compete directly with those entering specialist or GP training at the beginning but should compete for places at later, more appropriate points in Programmes. Equally ‘graduates’ from Foundation Programmes should not be expected to compete against those who have had more chance to acquire experience.

36. The equivalence routes will be available to doctors with UK training, qualifications and experience. For example, non-consultant career grade doctors with recognised sets of qualifications, competencies or experience beyond those expected from trainees leaving a Foundation Programme would be able to compete for entry to a Specialist Training Programme at an appropriate point without having to go back to the beginning of that Programme.

37. Career counselling will be available to all trainees during the Foundation period which will direct them towards the Specialist Programmes to which they are most suited. Not all doctors, however, will be successful in their first choice specialty. They will be able to apply for other Programmes. Some individual Programmes will be available to help trainees refocus their career aspirations if they have been initially unsuccessful.

38. **Progress.** Progress will be achieved through the acquisition of competencies and the knowledge underpinning them. They will be formally objectively attested and delivered against curricula developed under the auspices of the PMETB. Programmes will be time-limited based on a reasonable expectation
of the time which should be taken to complete them. They will however have sufficient flexibility to
cater for a range of circumstances, for example, time-out for research, career-breaks, flexible training and
slower than expected progress. As with Foundation Programmes NHS appraisal and quality educational
supervision are crucial to progress.

39. There will be in-Programme opportunities for trainees to move to other preferred or more suitable
specialties. The processes for doing this must be clear, explicit and fair-- it will be a very important
feature of the new training system. They should match the choices of individuals with career advice,
assessed potential and, importantly the demands of the NHS for particular specialists and for GPs.
Developing such ‘laddering’ arrangements will also provide a basis for identifying a legitimate,
validated exit point from training into the service grades.

40. There will be fixed-term opportunities for doctors from the UK and from elsewhere to enter training
Programmes (according to their assessed level of competence) to achieve agreed but limited training
objectives which fall short of the formal completion of training but which may be valuable for the
individual doctors in acquiring additional, recognised competencies.

41. Exit. On completion of a training Programme – that is, having achieved all the competencies in the
required way trainees will be eligible for the award of a CCT and entry onto the Specialist or General
Practitioner Register as appropriate. But there are issues to be signalled here. Other trainees will not be
eligible to receive a CCT because they have not completed the whole of a training Programme in the
UK. However, they may still be eligible to enter the Specialist or GP Register by virtue of non-UK
training, a combination of UK and non-UK training or a combination of training and experience.

42. There will be an exit route from specialist training programmes into what are now termed the non-
consultant career grades. Entry criteria for those grades will be set in the same terms as the competencies
required of trainees. The UK Strategy Group will in the first instance advise on how these goals might
best be achieved.

43. Overall training arrangements must comply with equal opportunities and human rights legislation and
will positively promote diversity and flexibility.
Annex 1:
Modernising Medical Careers UK Strategic Group

Terms of reference

To provide strategic overview of, and direction for, the MMC framework and structures in a legislative context and to co-ordinate the work of the regulatory bodies, competent authorities and the four home countries.

Membership

Chair: Professor Aidan Halligan
Deputy Chair: Professor Maggie Pearson
PMETB: Professor Clive Morton
STA: Professor Alan Craft
JCPTGP: Dr John Toby
GMC: Professor Peter Rubin
COPMeD: Dr Sarah Thomas
COGPED: Dr Pat Lane
Scotland: Professor Stuart Macpherson
Wales: Ms Irene Allen
N Ireland: Dr Ian Carson
England: Mr Paul Loveland
Delivery Board Chair: Professor Stephen Field
Annex 2: Modernising Medical Careers

A Firm Foundation

Standards for Foundation Training

Introduction

1. This annex addresses the educational issues of Foundation Programmes posed by the main text. It defines the standards, which are the responsibility of the UK Competent Authorities, required for progress through such Programmes. It sets out the Foundation Programme policy and explains how progress through a Programme will be measured against explicit incremental standards.

2. We define the standards and discuss how doctors should be assessed against them and explain the relationship between the Foundation Programme and the regulatory framework for basic medical education, specialist and general practice training. We also outline the next steps required to move towards implementation.

Foundation Programme policy

3. The concept of the Foundation Programme was first proposed in the Chief Medical Officer's 2002 consultation paper Unfinished Business: Proposals for Reform of the Senior House Officer Grade. Responses to this consultation revealed widespread support for the concept and it became one of the central planks of the Modernising Medical Careers initiative, launched in February 2003.

Definition

4. The Foundation Programme will be:

   the bridge between undergraduate medical training and specialist and general practice training.

5. It will:

   • be a two-year Programme of structured training incorporating the current pre-registration house officer (PRHO) year and the current first year of training in the senior house officer (SHO) grade
   • require full registration part way through
   • be outcome-based and
   • employ a range of robust assessment methods to measure progress.

6. It will aim to provide trainees with a basic grounding in clinical practice and with a broader perspective of the career opportunities available to them. It will also act as a platform on which to build their later careers.
**Purpose**

7. The Programme will bridge undergraduate medical education and specialist/GP training. It must provide a “fit for purpose” platform for further training. Although Foundation Programmes will not all be identical, they will have the following broad aims. To:

- demonstrate that trainees are fit for full registration by the GMC
- develop generic personal, professional and general clinical skills
- provide trainees with experience in a range of spheres of practice in a variety of settings
- help prepare trainees to make their career choice
- offer the possibility that elements of the Foundation years might count towards specialist or general practice training.

8. The Foundation Programmes on offer will contain elements which lean towards certain broad specialty areas where doctors are already clear they want to pursue their careers. Individual preference is, however, more likely to be reflected in the second year. The Postgraduate Medical Education and Training Board (PMETB) will when it takes on its full powers (probably in October 2004) be able to assess whether the training in the post-registration sections of Foundation Programmes can be counted towards completion of general practice or specialist training Programmes.

9. Basic research and use of evidence, knowledge and skills should be a core element of the generic skills Programmes. However, to ensure the needs of academic and research medicine are met, there should be Programmes devised with a specific A&R leaning.

10. Foundation Programmes should not lead to inflexibility or an uneven playing field at the selection stage for Specialist/GP Training Programmes. That is, underpinned by practical career advice and coaching, there should be opportunities to change direction later on. There will also be a need to provide opportunities to switch or modify an individual Foundation Programme. The selection process for specialist and GP training must allow fair and open competition where trainees should be able to compete for a particular Programme regardless of which Foundation Programme they completed and regardless of whether their Foundation experience allowed them any ‘credits’ towards later progress in a GP or Specialist Training Programme.

**Competency-based training**

11. Modernising Medical Careers signalled a move to competency-based training throughout the medical continuum, which will be reflected in Foundation Programmes. Evolving thinking takes this a step further and suggests progress should be outcome-based – that is, not just acquisition of competencies, but a demonstration that they can be applied in real situations.

**Explicit incremental standards**

12. The GMC has defined the standards to be achieved in undergraduate and PRHO training in its documents Tomorrow’s Doctors and The New Doctor. These documents are mapped onto the headings of Good Medical Practice and these headings underpin the standards for education and will form the backbone of the requirements for a licence to practise. Foundation Programmes will build upon these standards, but making clear the demonstrable progress required at each stage of the Programme.
entry - graduation from medical school shows the new doctor has demonstrated the criteria described in Tomorrow's Doctors and is therefore fit to be provisionally registered.

full registration - shows the doctor has successfully met the criteria described in The New Doctor. The doctor has put this knowledge into practice in the NHS under supervision.

exit from the Programme - will show that the doctor is competent in practising these skills with a lesser degree of supervision than might otherwise be expected under existing circumstances and is ready to undertake the next stage of training. There will be facilities for repeating some elements of the Programme where it is felt the trainee would benefit from this before making further progress.

13. There must be opportunities for non-UK graduates to enter the Foundation Programmes at a point appropriate to their training and experience. This, generally speaking, will be after the first year of the Programme. However, there will be opportunities for entry at the beginning of Programmes for those who have not yet attained the standards required for GMC limited registration.

Definition of standards

14. A working group set up in advance of the establishment of PMETB undertook to define principles and standards to form the basis of assessment. These are summarised at Appendix I. Full registration will be granted following demonstrable progress from graduation, and similarly, successful completion of Foundation training will be marked by demonstrable progress from full registration.

15. The standards required for full registration are set out in The New Doctor and cover the following outcomes:

- Good clinical care
- Maintaining good medical practice
- Relationships with patients
- Working with colleagues
- Teaching and training
- Probity
- Health.

16. The New Doctor also defines standards covering:

- Curriculum content, structure and delivery
- Assessing student performance and competence
- Student health and conduct.

17. For successful completion of Foundation training there will need to be demonstrable progress from this set of standards - not necessarily against each specific standard where "progress" might not be meaningful or measurable, but against the whole package.
18. There will be an explicit focus on a doctor being able to:

- recognise and manage the care of the acutely ill in a range of settings including primary care/community and
- demonstrate knowledge of healthcare systems (particularly understanding of clinical governance, risk management, the interface between primary and secondary care)
- demonstrate attitudes and behaviour required for being a doctor, including reliability, accessibility, recognising ones limits, taking proper responsibility
- communicate effectively with patients, their families and with colleagues
- have wide practical experience of team working in both uni- and multi-professional settings and
- understand equal opportunities requirements, to put them into practice and to value diversity.

Registration

19. Full registration with the General Medical Council (GMC), subject to satisfactory performance, will take place part way through the Programme.

20. Within the Modernising Medical Careers model it has been assumed this would be at the end of the first Foundation year (end of the current PRHO year). However, the GMC will shortly consult on proposals for an outcome-based Programme leading to full registration. If this is adopted (and its principles are consistent with what is proposed in Foundation Programmes) the registration point could be anywhere between graduation and the completion of Foundation training, although the following need to be considered:

- European law requires doctors to be fully registered for training to be “counted” towards a CCT. Retaining provisional registration throughout the second Foundation year would place restrictions on the progress that could be made within this period
- current European regulatory requirements are such that full registration can only be granted on completion of 5,500 hours or six years of theoretical and practical instruction supervised by a university. Currently this is met by completion of a medical degree coupled with one year training as a PRHO, but the GMC is establishing whether this target can be met earlier. If so, registration could take place before the end of the first Foundation year.

21. With a move to competency-based assessment, the registration point in the future may not necessarily be at a fixed point based on time served, but may be flexible based upon the acquisition of competencies. Clearly, though, there are service and planning considerations to be taken into account here and the acquisition of full registration earlier than at the end of the first year will not mean that a trainee moves on from a pre-planned placement. Where, however, a trainee has not achieved full registration in the expected time modifications to the second year or a repeat of some first-year elements may be required.

Assessment

22. Robust assessment methods will be required to ensure standards have been met and that satisfactory progress can be demonstrated. They should include:

- links to the appraisal process
rigorous and realistic career advice – that is, constructive advice based on a clear understanding of the individual’s strengths, preferences and weaknesses, service need and the national and local workforce planning targets as well as the relative popularity of different specialties. This in turn should be linked with systems of counselling, coaching and mentoring.

• equivalences – compatibility with EEA requirements for full, specialist and general practice registration and entry arrangements for doctors who qualified outside the EEA.

23. As there will be different Foundation Programmes available, assessment will facilitate the accumulation of a tranche of core competencies essential and/or applicable to specialist training.

Assessment against defined standards

24. A working group set up in advance of the establishment of PMETB undertook to define principles and standards to form the basis of assessment, which are summarised at Appendix II.

For full registration

25. There should be service-based assessment to national (UK-wide) standards. It is essential that national assessment and standards underpin local flexibility in design. In fact, it is the establishment of national standards and frameworks which allows local flexibility.

26. Appraisal is the responsibility of the employer, but PG deans will need to ensure that it is happening to an acceptable standard for their trainees. However, appraisal and assessment are linked and there should not be unnecessary duplication of processes.

For successful completion of Foundation training

27. The requirements for completion of the Foundation Programme should relate to the entry requirements for specialist and general practice training. The documentation necessary for assessment in the Foundation Programme should therefore inform the process for entry to the next stage of training.

28. This should be underpinned by appraisal and dialogue between the doctor in training and the prospective specialty in the second Foundation year – including effective career advice and coaching recognising that in some specialties there will be intense competition for entry.

Next steps

29. Given consensus on this approach, further work, in liaison with PMETB, will be required to define the specific competencies and standards to be achieved. The aim is to do this before May 2004.

Other considerations

30. More detailed implementation work will be required to:

• devise arrangements for the delivery of training
• define responsibilities
• promote the learning environment
• define appropriate accompanying health and conduct standards
• consider the resource issues.
Appendix I:  
Key Principles and Standards for Postgraduate Medical Education Training Programmes

Principle 1 - High quality patient care depends on sound education and training

Standards

1. The Programme must have defined learning outcomes.

2. Learning outcomes must be patient-centred

3. The Programme must include any generic learning outcomes required by the PMETB, for example...
   a. Communication and consultation skills
   b. Appropriate knowledge, skills and attitudes to promote equality and diversity
   c. Effective relationships with patients
   d. Team working skills - including the ability to work as part of a multi-professional team
   e. Time management and decision skills
   f. The effective use of evidence and data
   g. Information management and technology
   h. Patient safety and clinical governance
   i. Research
   j. Learning and teaching
   k. An effective understanding of the different settings in which medicine is practised
   l. The changing social, political and environmental context of practice

4. The learning outcomes must be developed jointly with the specialty or discipline concerned, the trainees, patients, public and the service
Principle 2 - Programmes must follow the guidance set out in the General Medical Council’s guidance ‘Good Medical Practice’

Standards

1. The learning outcomes must be based on the standards of professional practice set out in Good Medical Practice:
   a. Good clinical care
   b. Maintaining good medical practice
   c. Relationships with patients
   d. Working with colleagues
   e. Teaching and training
   f. Probity
   g. Health

Principle 3 - Programmes must have a defined curriculum to enable trainees to achieve the Programme’s learning outcomes

Standards

1. The curriculum must include details of the intended learning outcomes and a syllabus of knowledge, skills and professional attitudes and behaviours

2. The curriculum must allow training and learning to be delivered flexibly in ways that are relevant and meet the learning needs of the trainee

3. The curriculum must:
   a. Provide experiential learning through systematic clinical training. This must include experience with patients in appropriate clinical settings.
   b. Involve the trainees in the supervised delivery of service
   c. Provide regular formal educational sessions that cover topics of value and topics of interest to the trainee

4. The curriculum must include a systematic Programme of valid and reliable formative and summative assessments

5. There must be a clear statement of responsibility for the different aspects of the Programme
Principle 4 - Programmes must be sensitive to the trainee’s individual needs

Standard

1. The curriculum must provide:
   a. Opportunities for self-directed learning
   b. Regular feedback from educational supervisors and trainers to the trainee.
   c. Appropriate career advice and counselling
   d. Processes for extra support
   e. Processes for remediation and retraining

Principle 5 - Selection for entry to Programmes must be fair

Standards

1. The selection procedures must be valid and reliable
2. There must be explicit, published entry criteria and selection processes for each Programme

Principle 6 - Programmes must promote equality and value diversity within the profession

Standards

1. Selection and assessment procedures must be open and comply with current equal opportunities legislation
2. Arrangements must support trainees to train and work flexibly
3. Arrangements must support trainees who have special needs
4. Programmes must be designed to support the needs of doctors who may enter training at a number of different levels with varying levels of knowledge and skills
**Principle 7 - Programmes must have explicit quality assurance processes**

**Standards**

1. There must be processes in place for the regular evaluation and review of the Programme and its outputs including the promotion of equality and the valuing of diversity.

2. There must be processes for ensuring that trainees provide information on their supervision, training and clinical experience.

**Principle 8 - Those who have responsibilities for teaching must develop the skills, attitudes and practices of a competent teacher and ensure that trainees are properly supervised**

**Standards**

1. Trainers must demonstrate the acquisition and reinforcement of the appropriate knowledge, skills and attitudes.

2. The responsibility to support learning and teaching must include clearly defined processes for selecting and training educational supervisors, trainers and other faculty staff.

**Principle 9 - Programmes must be resourced to achieve the Programme’s learning outcomes**

**Standards**

1. There must be adequate resources in the Trust, Primary Care Organisation, Practice or other organisations where the trainee is being placed to allow the training to be undertaken effectively.

2. Trainees must have adequate resources to support their personal learning needs.

3. There must be adequate resources to support the Programme.
Principle 10 - Programmes must take place within the regulatory framework laid out in UK law

Standards

1. All involved in the organisation, management and delivery of Programmes must have an appropriate working knowledge and understanding of the regulatory framework in the UK

2. Trainees must have an appropriate working knowledge and understanding of the regulatory framework in the UK
Appendix II: Principles and standards for assessment (summary)

1 The Assessment system to be fit for a range of purposes
   a) purposes to be documented and in the public domain
   b) sequence of assessments to match progression through the grade
   c) evidence of competence to be built cumulatively

2 The content of the assessment [knowledge, skills and attitudes] to be based on curriculum referenced to Good Medical Practice
   a) blueprint to specify content for work-based assessments and examinations
   b) matrix of blueprint to be based on dimensions of (1) clinical problems (2) Good Medical Practice
   c) assessments to sample content appropriate to specific stage of training

3 Methods used within the Programme to be selected in the light of the purpose and content of that component of the assessment framework.
   a) methods to be chosen on basis of validity, reliability, feasibility, cost effectiveness, feedback, impact on learning
   b) rationale for choice of each instrument to be evidence based
   c) external QA for the development/piloting of individual instruments
   d) RITA assessments against pre-determined published criteria

4 Standards for classification of trainee’s performance to be transparent and in the public domain of that component of the assessment framework.
   a) use of recognised standard-setting methods based on professional judgement of competent assessors
   b) reasons for choosing pass/fail/particular ranking to be described
   c) standards for successful completion (CCST level) to be explicit

5 Assessments must provide relevant feedback
   a) feedback policy to be in the public domain
   b) form of feedback to match purpose of assessment
   c) assessment outcomes to provide feedback on effectiveness of training.
6 Assessors/examiners to be recruited against specified criteria
   a) roles to be specified and used as basis for recruitment/appointment
   b) assessors to be fit for role, and competent in area of assessment
   c) equality and diversity to be a core component of assessor training

7 There will be lay input into the development of assessment

8 Documentation to be standardised and accessible nationally

9 There will be sufficient resources to support assessment
   a) to train assessors and develop assessment methods.
   b) to implement/support assessment at national/local levels