



Guide for Foundation Training in the UK

(aligned with Gold Guide V7)

2019



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Section 1: Introduction and Background

- 1.1 This document sets out the arrangements agreed by the four UK health departments for medical foundation training programmes only (not applicable to dental trainees). It is maintained by the UK Foundation Programme Board.
- 1.2 First published in 2005, the 'Operational Framework' was revised in 2007 and 2009. The second edition, published in 2010, was renamed the Foundation Programme Reference Guide 2010, with the third and fourth edition being published in 2012 and 2016 respectively. This fifth edition is designed to support the implementation of the Foundation Programme curriculum 2016 which was updated in 2017 and 2018 ([the curriculum](#)) and aligns with [A Reference Guide for Postgraduate Specialty Training in the UK \(the Gold Guide V7\)](#).
- 1.3 This edition replaces all previous versions and is applicable to all foundation doctors across the UK in General Medical Council (GMC) approved programmes whether in substantive or locum appointment for training (LAT)/stand-alone foundation posts.
- 1.4 Throughout this document reference to Postgraduate Deans includes those nominated by Postgraduate Deans to act on their behalf and includes Foundation School Directors (FSDs) and Foundation Programme Training Directors (FPTDs). FSDs can act as deputy for the Postgraduate Deans.
- 1.5 There are occasions where it is necessary to derogate from the guidance defined in this Guide and these derogations have been agreed by the relevant national administrations, who will publicise them on their websites.
- 1.6 The standards and requirement set by GMC are extensively referenced to ensure that the Guide is underpinned by them.
- 1.7 The Guide is published in electronic format and will be available on the UKFPO website and the four UK educational organisation websites. This will enable updating of the Guide to ensure that it reflects developments in post graduate training. It will be reviewed biennially and version control is the responsibility of UKFPO.
- 1.8 If you would like to comment on this guide, please write to the UK Foundation Programme Office at helpdesk@foundationprogramme.nhs.uk

Section 2: Roles and Responsibilities

UK health departments

- 2.1 Policy on medical education is the responsibility of health ministers. Coordination and alignment of those policies across the UK is through the UK Medical Education Reference Group. Detailed policy issues are remitted to health officials, who will bring the contents to the attention of their respective health ministers.

The UK Foundation Programme Office (UKFPO)

- 2.2 The UKFPO manages the national application process for the UK Foundation Programme, issues guidance on foundation training and promotes the consistent delivery of the Foundation Programme across the UK. It is funded by and is accountable to the four UK health departments. Working with partners, the UKFPO enables the sharing of good practice to help raise the standards of training. UKFPO is hosted by Health Education England on behalf of the four nations.

Health Education England

- 2.3 Health Education England (HEE) supports the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that the workforce has the right numbers, skills, values and behaviours, at the right time and in the right place. It has five national functions:
- i. providing national leadership on planning and developing the healthcare and public health workforce
 - ii. promoting high quality education and training that is responsive to the changing needs of patients and local communities, including responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment
 - iii. ensuring security of supply of the healthcare and public health workforce
 - iv. appointing and supporting the development of Local Education and Training Boards
 - v. allocating and accounting for NHS education and training resources, and accounting for the outcomes achieved
- 2.4 HEE will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of Local Education and Training Boards, which are statutory committees of HEE. While HEE is accountable for English issues only, it works with stakeholders as appropriate in areas where there may be implications for the rest of the UK.

NHS Education for Scotland

- 2.5 NHS Education for Scotland (NES) is a national special health board, established in 2002, working in partnership with its stakeholders to provide education, training and workforce development for those who work in and with NHS Scotland. NES has a Scotland-wide role in undergraduate and postgraduate education as well as continuing professional development across all professional groups, and it maintains a local perspective through centres in Edinburgh, Glasgow, Dundee, Aberdeen and Inverness with over 1,000 staff who work closely with frontline educational support roles and networks.
- 2.6 The overarching aim of NES is to deliver first-class medical education and training for Scotland to ensure safe, effective care for patients, both now and in future. Working with all its partners, NES aims to achieve this by:
- i. organising and providing excellent training programmes that attract high quality doctors to Scotland
 - ii. meeting and exceeding all regulatory standards through consistent application of best practice and the principles of continual improvement
 - iii. supporting the ongoing education and training of Scotland's trained doctors, together with those who support their work
- 2.7 NES also supports the appraisal and revalidation of all doctors in Scotland as well as several cross-cutting and multi-professional programmes, including patient safety, quality improvement of patient care, and the development of Scotland's remote and rural workforce.
- 2.8 In addition, NES prepares professionals for practice in clinical psychology, pharmacy, optometry and healthcare science, and it provides access to education for nursing, midwifery and allied health professionals, healthcare chaplains and healthcare support workers as well as administrative, clerical and support staff.
- 2.9 The Scotland Deanery of NES was created on 1 April 2014 from the four extant deaneries in Scotland. The Scotland Deanery is responsible for managing the training of Scotland's postgraduate trainee doctors, who deliver care every day while in hospitals and general practices within NHS Scotland. Staff in the regional teams work closely with the wider NHS through the regional workforce planning groups.
- 2.10 The Scottish model also allows its four regions to work together as part of the Medical Directorate of NES, ensuring equity of recruitment and management approach. National policies and working committees, such as Specialty Training Boards, mean that Scotland can consistently deliver a high-quality approach.
- 2.11 The NES Postgraduate Deans provide strategic leadership and direction for postgraduate medical education and training to meet the requirements of the General Medical Council (GMC). They take advice from Colleges and Faculties to assist them.

Health Education and Improvement Wales

- 2.12 Health Education and Improvement Wales (HEIW) exists to manage education and training systems, which address the requirements of the Regulatory Bodies (the GMC and the General Dental Council (GDC)) and the healthcare initiatives of the Welsh Government for the medical and dental workforce in Wales. In this role, patient safety is the primary concern of the HEIW's obligations, as applied across the continuum of medical and dental education and training.
- 2.13 In order to ensure delivery of high-quality postgraduate education and training that supports service provision in NHS Wales (now and in the future) and that makes the most effective use of a reduced budget, the Welsh Government and the HEIW have identified the following key obligations for 2015 onwards:
- i. work with outside agencies to provide and recruit to sustainable high quality medical and dental training programmes that meet educational and curriculum requirements and maximise opportunities for access to community and rural placements ensuring patient safety is at the centre of training for the health service in Wales
 - ii. ensure a programme of support and assessment systems are in place across Wales to underpin the medical and dental training programmes
 - iii. ensure the methods of providing medical and dental education and training across Wales deliver to the highest standards, represent value for money and provide a range of learning methods/environments for trainees
 - iv. deliver and maintain of an appraisal system that satisfies the requirements of the GMC
 - v. contribute to the quality and safety agenda by supporting revalidation systems, including appraisal and the delivery and support of continuing professional development, that meet the needs of the Welsh medical and dental workforce, the Health Boards and the Regulatory Bodies (GMC, GDC)
 - vi. contribute to the Workforce, Education and Development Services' workforce planning arrangements for medical and dental staff in Wales

The Northern Ireland Medical and Dental Training Agency

- 2.14 The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an arm's length body sponsored by the Department of Health for Northern Ireland (DoH) to train medical and dental professionals for Northern Ireland. It achieves this through:
- i. the commissioning, promotion and oversight of postgraduate medical and dental education and training throughout Northern Ireland
 - ii. the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes
 - iii. assessment of the performance of trainees through annual review and appraisal
 - iv. close partnership with local education providers (principally Health and Social Care Trusts and general practices) to ensure that the training and supervision of trainees supports the delivery of high quality, safe patient care
- 2.15 NIMDTA is accountable for the performance of its functions to the Northern Ireland Assembly through the Minister of Health and to the GMC for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved.
- 2.16 There is a [Management Statement and Financial Memorandum](#) between the DoH and NIMDTA, setting out the relationship in detail.

Arrangements for the Defence Medical Services

- 2.17 Military foundation doctors within the Defence Medical Services (DMS), incorporating Royal Navy, Army and RAF, are placed into selected civilian foundation programmes. The selected foundation programmes are aligned to Defence Medical Group (DMG) units within National Health Service 'host' employers.
- 2.18 The Defence Deanery (DD) quality manages and supports military doctors throughout their foundation training.
- 2.19 All of these foundation training opportunities are managed according to the standards set by the GMC and deliver the outcomes required by [the curriculum](#). DMS foundation doctors will undertake the full two-year foundation programme.
- 2.20 DMS foundation doctors who satisfactorily complete the F1 year will be recommended to the GMC for full registration, in the same way as their civilian (non-military) colleagues.
- 2.21 DMS foundation doctors who satisfactorily complete the foundation programme should receive a Foundation Programme Certificate of Completion (FPCC) in the same way as their civilian (non-military) colleagues.

The management of Foundation Training

- 2.22 HEE, NES, HEIW and NIMDTA are responsible for implementing foundation training in accordance with the GMC approved curricula.
- 2.23 The day-to-day management (including responsibility for the quality management of foundation training programmes) rests with the Postgraduate Deans, who are accountable to HEE, HEIW (which is accountable to the Welsh Ministers), NES (which is accountable to the Scottish Government), and in Northern Ireland to the board of NIMDTA (which is accountable to DoH).
- 2.24 The responsible agencies above require Postgraduate Deans to have in place an educational contract with all providers of postgraduate medical education that sets out the standards to which postgraduate medical education must be delivered in accordance with GMC requirements and the monitoring arrangements. This includes providers of postgraduate training both in and outside of the NHS.
- 2.25 A range of issues will be covered in the educational contract. These may include:
- i. study leave access
 - ii. administrative support for postgraduate medical education
 - iii. clinical medical education staff (e.g. Director of Medical Education, FPTDs, clinical tutors)
 - iv. programmed activities (PAs) to support educational supervisors
 - v. local course delivery (which may be part of a regional programme)
 - vi. provision of library services and resources, and supporting IT access
 - vii. provision of simulation facilities
 - viii. faculty development

**HEE, NES, HEIW
and NIMDTA are
responsible for
implementing
foundation training
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curricula.**

The General Medical Council

2.26 The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK. It does this by:

- i. deciding which doctors are qualified to work in the UK, and overseeing UK medical education and training
- ii. setting the standards that doctors need to follow and making sure that they continue to meet these standards throughout their careers
- iii. taking action to prevent a doctor from putting the safety of patients or the public's confidence in doctors at risk

2.27 The GMC is responsible for:

- i. Issuing provisional and full registration, certifying doctors who have successfully completed a full GMC approved training programme by awarding them a CCT, and for those whose skills, qualifications and experience are considered equivalent to a CCT, awarding them a CESR/CEGPR
- ii. establishing and overseeing standards and quality assurance in medical education and training
- iii. making a revalidation decision about whether a doctor should continue to hold a licence to practise and taking action to withdraw a doctor's licence if they do not engage sufficiently

2.28 Standards for the management and delivery of medical education and training are set by the GMC ([GMC | Promoting Excellence](#)). All foundation training programmes must conform to these standards.

2.29 Postgraduate Deans are responsible for the quality management of their foundation training programmes. The requirements to quality manage the delivery and outcomes of foundation training through the Postgraduate Dean's sponsorship of training programmes is a key element in the GMC's [Quality Assurance Framework](#).

2.30 The GMC quality assures medical education and training. There are four core elements to this:

- i. [approval](#) against standards of training programmes, curricula and new institutions
- ii. gathering evidence – The GMC has created an [evidence base](#) that is used to identify areas of greatest regulatory risk. Evidence is drawn from the reports submitted by medical schools, HEE, NES, HEIW, NIMDTA and the Colleges/Faculties as well as from the GMC's national training surveys, visits and checks, and the enhanced monitoring system.
- iii. visits and checks – The GMC conducts visits to review education and training against the GMC standards. The visits take a number of different forms: national reviews, regional reviews and checks. The latter are short, targeted visits to investigate a specific issue or a gap in the evidence base, or to test the accuracy of evidence held. Details are available in the [visits](#) section of the GMC website.

- iv. enhanced monitoring – The GMC uses enhanced monitoring to support management of serious concerns about the quality and safety of medical education and training where there is clear evidence that standards are not being met. Details on escalation thresholds and published cases are available in the [enhanced monitoring](#) section of the GMC website.

2.31 Curricula describe outcomes as the knowledge, skills, capabilities, behaviours and expected levels of performance a learner must acquire and demonstrate by the end of a period of education or training. They may be generic, shared or specialty specific. The foundation curriculum and assessment systems have been developed in accordance with [GMC | Excellence by Design: Standards for Postgraduate Curricula](#). These provide a framework for the approval and provision of postgraduate medical education and training across the UK. Only the GMC approved Foundation Programme curriculum can be used for designing and delivering foundation training programmes. The GMC holds and maintains the list of registered medical practitioners including the specialist and GP registers. All doctors wishing to practise medicine in the UK must be registered with the GMC and hold a licence to practise. A list of relevant legislation is available at [GMC | Legislation](#).

Postgraduate Medical Training Programmes

2.32 A programme is a formal alignment or rotation of posts that together comprise a programme of training. Approval of foundation training programmes and locations rests with the GMC. Postgraduate Deans submit their proposed training programmes and locations with supporting evidence. Allocations within a programme **must** be approved **before** a Foundation doctor trains there. A programme is not a personal programme undertaken by a particular doctor. Further guidance is available at [GMC | Programme and Location Approval](#).



- 2.33 Postgraduate Deans are responsible for developing appropriate foundation training programmes across educational provider units that meet curriculum requirements.
- 2.34 All doctors must accept and move through suitable placements or training posts that have been designated as parts of the foundation training programme prospectively approved by the GMC. When placing trainees, Postgraduate Deans or their nominated deputies will take into account (wherever possible) the doctors' specific health needs or disabilities that impact on their training. Placement providers are responsible for assessing and making reasonable adjustments if doctors require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee.
- 2.35 Postgraduate Deans/Deputies will implement a range of models to manage their foundation training programmes. This guide describes the main roles of Foundation School Directors (FSDs), Foundation School Managers/Senior administrator (FSMs), Foundation Programme Training Directors/Tutors (FPTD/Ts), named educational supervisors and named clinical supervisors. Further detail of the responsibilities can be found in the Foundation Programme operational guide. The GMC sets standards for educators in [Promoting excellence: standards for medical education and training](#).

Foundation Schools (FS)

- 2.36 Foundation schools are conceptual groups of institutions bringing together medical schools, the local educational organisation, trusts/boards (acute, mental health and PCTs) and other organisations such as hospices. They aim to offer training to foundation doctors in a range of different settings and clinical environments. The schools are administered by a central team which is supported by the education organisation. Foundation schools deliver training according to national guidance developed by the UKFPO with variation according to national policy.

Foundation School Director (FSD)

- 2.37 The FSD is the head of the foundation school and is accountable to the postgraduate dean. Supported by a foundation school manager/senior administrator (FSM) and appropriate administrative staff, the FSD helps set the strategic direction of the school and is responsible for quality management in conjunction with HEE/NES/HEIW and NIMDTA quality management processes.

Foundation School Manager/ Senior Administrator (FSM)

- 2.38 The role may be undertaken by a single individual or a group of individuals taking responsibility for the manager functions. The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM may represent the school and/or HEE, NES, NIMDTA or HEIW in allocation, recruitment and training matters which relate to the foundation programme.

Foundation programme training director (FPTD)

- 2.39 In partnership with LEPs, the FPTD is responsible for the management and quality control of a F1 programme, F2 programme or a two-year foundation programme. There must be a named FPTD for each programme.

Educational Supervisor

- 2.40 An educational supervisor is a named trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a series of placements (rotation). The educational supervisor is jointly responsible with the trainee for the trainee's educational agreement. All trainees must have an educational supervisor throughout their foundation programme.
- 2.41 The educational supervisor is responsible for collating evidence of the performance of a trainee whilst in a training programme, providing feedback to the trainee and agreeing action plans to ameliorate any concerns or issues identified (paragraph [2.48](#)). The purpose of the educational supervisor meeting the trainee is to:
- i. help identify educational needs at an early stage and agree educational objectives that are **SMART** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bound)
 - ii. provide a mechanism for reviewing progress, and implementing and monitoring any remedial requirements
 - iii. assist in the development in postgraduate trainees of the skills of self- reflection and self-appraisal that will be needed throughout a professional career
 - iv. enable learning opportunities to be identified in order to facilitate a trainee's access to these
 - v. provide a mechanism for giving feedback on the quality of the training provided
 - vi. make training more efficient and effective for a trainee
 - vii. consider matters around fitness to practise and revalidation
 - viii. to document the judgement about whether a foundation doctor has met the requirements and has provided documentary support for the satisfactory completion of F1 and F2;
 - ix. to document recommendations about further training and support where the requirements have not been met.

Named Clinical Supervisor

- 2.42 A named clinical supervisor is a named trainer who is selected and appropriately trained to be responsible for supervision and management of a specified trainee's educational progress during a training placement (training site). All trainees must have a named clinical supervisor for each placement in their foundation programme.
- 2.43 The named clinical supervisor is responsible for collating evidence of the performance of a trainee whilst in a training placement, providing feedback to the trainee and working with the trainee and the educational supervisor to agree action plans to ameliorate any concerns or issues identified. The purpose of the named clinical supervisor meeting the trainee is to:
- i. help identify educational needs at an early stage and agree objectives during the training post that are **SMART** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bound)
 - ii. provide a mechanism for reviewing progress, and implementing and monitoring any remedial requirements
 - iii. assist in the development in postgraduate trainees of the skills of self- reflection and self-appraisal that will be needed throughout a professional career
 - iv. enable learning opportunities during the post to be identified in order to facilitate a trainee's access to these
 - v. provide a mechanism for giving feedback on the quality of the training provided
 - vi. make training more efficient and effective for a trainee

Educational and Named Clinical Supervisor

- 2.44 It is normal practice for these roles to be undertaken by different people but in some elements of a rotation, the same individual may undertake both the educational supervisor and named clinical supervisor role. In such a circumstance, the respective roles and responsibilities should be clearly defined.
- 2.45 During any discussion with their educational supervisor and/or named clinical supervisor, trainees must be able to raise concerns without fear of being penalised.
- 2.46 Patient safety issues would normally be identified utilising clinical incident reporting mechanisms as well as being reported through organisational procedures. Trainees should maintain reflective notes relating to these in an e-portfolio.

- 2.47 Medical professionals have ethical and professional responsibilities to raise concerns about matters that may harm patients or colleagues. Within the NHS and social care sector, these issues have the potential to undermine public confidence in these vital services and patient safety. Whistle blowing is the popular term applied to reporting such concerns about malpractice, wrongdoing or fraud. Such concerns should usually be raised by the trainee to their employer or an appropriate regulator. However, HEE, NES, the HEIW and NIMDTA recognise that a trainee may feel it is not appropriate for them to raise a concern with their employer or may be concerned that they will suffer detriment from their employer or others as a result of raising such concerns. In these circumstances, HEE, NES, the HEIW or NIMDTA will offer appropriate guidance and signposting to support any trainee wishing to raise concerns.
- 2.48 Where it is in the interests of patient or trainee safety, the trainee must be informed that the relevant element of any discussion with their educational supervisor and/or named clinical supervisor will be raised through appropriate clinical governance/risk management reporting systems. This will usually be with the Director/Lead of Medical Education in the local education provider (LEP) and the Postgraduate Dean/Responsible Officer (RO) (and employer where this is not the LEP). Trainees also need to be aware that any such discussions should be reported as part of the required self-declaration for revalidation.



- 2.49 The educational supervisor and/or named clinical supervisor and trainee should discuss and be clear about the use of an e-portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.
- 2.50 Records should be made on the trainee's e-portfolio of these regular meetings, and these must be shared between trainee and educational supervisor or named clinical supervisor. These meetings are the principal mechanism whereby there is an opportunity to identify concerns about progress at the earliest opportunity. (Further guidance on identification and management of concerns is available on individual HEE, NES, HEIW and NIMDTA websites.)
- 2.51 Concerns should be brought to the attention of the trainee during meetings with their educational supervisor and/or named clinical supervisor. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances) and these should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and/or named clinical supervisor and trainee. If concerns are considered serious at the outset, persist or increase, further action should be taken and this should not be left to the ARCP process. Direct contact should be considered with the FPTD, FSD, the lead for professional support, trainee support groups (if appropriate), the employer and the Director of Medical Education for the LEP, alerting them to these concerns. As the RO, the Postgraduate Dean will need any information that may affect future revalidation. The trainee should be informed of any such action taken following an educational review.
- 2.52 Educational supervisors and Clinical supervisors should be specifically trained for their role and demonstrate their competence in educational appraisal and feedback as well as in assessment methods, including the use of the SLEs, CSR and ESR approved by the GMC for the foundation programme. Educational supervisors should hold a licence to practise and are required to be recognised and/or approved in line with [GMC | Recognition and Approval of Trainers requirements](#).



The educational supervisor or named clinical supervisor and trainee should discuss and be clear about the use of an e-portfolio.

Academic supervisor

2.53 Foundation doctors in an academic foundation programme should also have an academic supervisor. The academic supervisor is responsible for overseeing a specified foundation doctor's academic work and providing constructive feedback during an academic or related placement.

Supervisor Governance

- 2.54 Healthcare organisations that provide training placements should explicitly recognise that supervised training is a core responsibility, in order to ensure both patient safety and the development of the medical workforce to provide for future service needs. The commissioning arrangements and educational contracts developed between HEE, NES, HEIW or NIMDTA and educational providers should be based on these principles, and should apply to all healthcare organisations that are commissioned to provide postgraduate medical education.
- 2.55 Postgraduate Deans/Deputy will need to be satisfied that those involved in managing postgraduate training have the required knowledge, skills and behaviours. This includes FSDs, FPTDs, educational supervisors, named clinical supervisors and any other agent who works on behalf of HEE, NES, HEIW, NIMDTA or an employer to deliver or manage training. Postgraduate Deans must ensure quality management of such arrangements to meet the GMC framework. There should be explicit and sufficient time in job plans for both educational and clinical supervision of trainees.
- 2.56 It will be essential that trainers and trainees have an understanding of human rights and equality legislation. All supervisors should receive equality and diversity training every three years and demonstrate their competence in promoting equality and valuing diversity. They must embed in their practice behaviours that ensure that patients and carers have access to medical care that:
- i. is equitable
 - ii. respects human rights
 - iii. challenges unlawful discrimination
 - iv. promotes equality
 - v. offers choices of service and treatments on an equitable basis
 - vi. treats patients/carers with dignity and respect

Section 3: Undertaking a Foundation Training Programme

- 3.1 The foundation programme is a two-year programme consisting of an appropriate balance of placements across different specialties and in different healthcare settings. Every foundation doctor follows a particular rotation.

Recruitment into Foundation Training

- 3.2 The NHS and the UK health departments promote and implement equal opportunities policies. There is no place for unlawful discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. Advertisements for training programmes will incorporate a clear statement on equal opportunities confirming the suitability of the programme for less than full time (LTFT) training.
- 3.3 Appointment processes must conform to employment law as well as best practice in selection and recruitment.
- 3.4 In line with GMC standards Promoting Excellence, access to places on the foundation programme is through an open, fair and transparent competitive application process across the UK. All entrants to the foundation programme must demonstrate that they meet the person specification and eligibility criteria for each recruiting year as published on the [UKFPO website](#).
- 3.5 The two-year foundation programme is not available to those who are eligible for full registration with the GMC.
- 3.6 Before applying for a two-year foundation programme, applicants must confirm that they are eligible to apply. UK medical schools confirm that their final year medical students meet the eligibility criteria on their students' behalf. Applicants from non-UK medical schools or those who qualified more than two years prior to the start of the foundation programme to which they are applying, must comply with the eligibility checking process and timeframe determined for each recruiting year by the UKFPO. Details of the eligibility checking process and timeframe are published each year on the [UKFPO website](#).
- 3.7 The process for applying to the two-year foundation programme, including the academic foundation programme, will be published on the [UKFPO website](#) a minimum of six weeks before the application process begins.
- 3.8 If applicants believe that the published process was not followed in relation to their application, they may appeal against decisions made as part of the process of allocating foundation doctors. The UKFPO is responsible for publishing and managing the appeals process.

Supporting Trainees Entering Practice (STEP)

- 3.9 The national Supporting Trainees Entering Practice (STEP) process is a means of supporting medical students during the transition from medical school to foundation school and during the F1 year.
- 3.10 Under the [Medical Act 1983](#), universities have formal responsibility for confirming that doctors at the end of F1 are eligible for full registration. It is therefore essential that there is a two-way

transfer of information between the university/medical school and HEE/NES/NIMDTA/HEIW/foundation school until the point of full registration with the GMC.

- 3.11 The national STEP process is managed by the Medical Schools Council and supported by the UKFPO. The STEP process is facilitated by completion of a STEP form. Every applicant, including eligibility applicants, applying for the foundation programme (via the national application process) is required to comply with the STEP process and complete a STEP form.
- 3.12 The student completes the STEP form. The medical school endorses the information on the STEP form and may provide further information where appropriate. STEP forms should be shared only with relevant individuals at the applicant's allocated foundation school. There are three key components to STEP:
- i. information concerning health and welfare;
 - ii. information concerning educational progress; and
 - iii. information concerning professional performance.
- 3.13 The STEP form and full details of the relevant STEP processes are available on the [UKFPO website](#).
- 3.14 Completion of the STEP form does not replace the need to report any fitness to practise issues to the GMC or to inform the LEPs HR/Occupational Health departments of any health issues.
- 3.15 A further STEP process should also be used to support transition between F1 and F2.



Foundation doctors with disabilities

- 3.16 Applicants with disabilities must be considered alongside all other applicants for foundation training programmes. Any such applicants will be treated in line with the laws on employment and equal opportunities. More information is available on the [GMC Website](#).
- 3.17 Following allocation to foundation schools, the FSDs must take into account the needs of applicants with disabilities. Applicants should be informed of the HEE/NES/NIMDTA/HEIW/foundation school process to support those with a disability. Applicants should inform their Foundation School at an early stage so that a suitable programme can be identified.
- 3.18 Postgraduate Deans and FSDs are encouraged to tailor individual foundation training programmes to help foundation doctors with disabilities to meet the requirements for satisfactory completion. The outcomes set out in the curriculum should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment.
- 3.19 Employers must make reasonable adjustments if disabled appointees require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also take into account the assessments of progress and individual appointee's educational needs wherever possible.

Offers of Training

- 3.20 Trainees will have an educational agreement with HEE, NES, HEIW or NIMDTA that enables them to continue in a training programme subject to satisfactory progress.
- 3.21 An allocation offer for a training programme following the allocation process is not an offer of employment. This can only be made by an employer, who will need to ensure that the candidate who has been allocated to that employer meets the requirements of employability.
- 3.22 Trainees will be offered an employment contract for the placement(s) they will be working in. Some trainees will be employed by one employer throughout their period of training. This employer is known as the lead employer for that programme. Other trainees will have more than one employer so doctors may have a series of contracts of employment throughout a training programme.
- 3.23 Once a programme allocation and offer has been made by HEE, NES, HEIW or NIMDTA and the applicant has accepted it:
- i. the employing organisation will be informed of the applicant's details by HEE, NES, HEIW or NIMDTA. Offers of training and employment will be subject to the applicant being able to demonstrate GMC registration (provisional registration for F1 doctors and full registration for F2 doctors) with a licence to practise at the advertised start date of the programme, and criminal record and barring checks carried out by the employer at the appropriate level as well as having completed all other pre-employment requirements, including references, according to current government legislation.
 - ii. the employing organisation should contact the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks. Contracts of employment remain the responsibility of the employing organisation or lead employer.

- 3.24 If an applicant is selected and offered a placement on a training programme by HEE, NES, HEIW or NIMDTA, these offers are subject to satisfactory pre-employment checks and the employing organisation ultimately has the right to refuse employment although it must have valid reasons. If the employing organisation is unwilling to offer employment and no other placement is feasible in the relevant training authority (the locality in HEE, NES, HEIW or NIMDTA), then the offer of a training programme to the applicant is likely to be withdrawn.

Deferring the Start of a Foundation Training Programme

- 3.25 The start of foundation training may normally only be deferred on statutory grounds (e.g. maternity/paternity/adoption leave, ill health, DMS operational requirement).
- 3.26 Wherever possible, applicants are asked to give their foundation school as much notice as possible of the need to defer the start date. This may allow the foundation school to offer the foundation placement to someone else.

Registering with the Postgraduate Dean

- 3.27 All trainees (including those in a locum appointment for training (LAT) /stand-alone foundation posts) must register with the appropriate Postgraduate Dean at the time that they commence their training programme by completing the Conditions of Taking Up a Training Post form. F1 and F2 doctors must complete Form R ([Appendix 1](#)) and F2 doctors must complete the alternative IT solution in Scotland. At this point, their Postgraduate Dean will become their Responsible Officer (RO) for revalidation purposes. This registration comes with responsibilities for the trainee. Engagement with the Postgraduate Dean's processes is an important aspect of professionalism and is viewed alongside all other aspects of competence progression. Failure to comply with requirements such as Form R return, completion of the National Trainee Survey and of other required "local" surveys may result in an adverse training outcome.



- 3.28 The Conditions for Taking Up a Training Post forms are completed on the e-portfolio ([Appendix 2](#)), which sets out their professional responsibilities, including the need to participate actively in the assessment and revalidation processes. These obligations relate to professional and training requirements, and do not form any part of the contract of employment.
- 3.29 Registration with the Postgraduate Dean for training is maintained by submitting Form R (or the alternative IT solution in Scotland) on an annual basis, usually integrated with the ARCP process. This form should identify any updates to personal contact details, professional qualifications etc. It reaffirms the trainee's commitment to training and also declarations required for revalidation (including full scope of work, probity, health, involvement in significant events, complaints and compliments).
- 3.30 In the interim, it is the responsibility of the trainee to inform the Postgraduate Dean/Deputy of any changes to the information recorded. Trainees must ensure that HEE, NES, HEIW or NIMDTA has an up-to-date email address at all times and that it is one that the trainee checks regularly. Accurate information is needed not only for the training organisation but also to support the requirements of the GMC.
- 3.31 Trainees will also be required to indicate formally that they accept the conditions for taking up a training post ([Appendix 2](#)). In addition, trainees must agree to:
- i. engage in activities approved by and agreed with the Postgraduate Dean/Deputy that are compatible with their training programme. (This includes trainees taking agreed time out of training for research, leave of absence for a career break etc.)



- ii. if time out of the training programme is agreed, the trainee must ensure that the Postgraduate Dean/ FSD/Foundation Programme Training Director (FPTD) is informed of their proposed plans/timescale to return to the training programme.
- iii. ensure that employer and Postgraduate Dean/Deputy processes are followed in relation to the reporting of absences
- iv. engage in the training and assessment process (e.g. participate in setting educational objectives; participate in appraisal; attend training sessions; ensure that documentation required for the assessment process, revalidation and maintenance of the GMC licence to practise is submitted on time and in the appropriate format)
- v. ensure that all activity undertaken that requires a licence to practise is included in the annual full scope of practice declaration for ARCP
- vi. not undertake medical locum or other work activities that compromise their training or make them non-compliant with UK Working Time Regulations. Any locum activities or other medical activities must be documented and reported within the revalidation scope of practice declaration. Locum work is only possible with full GMC registration.
- vii. be aware that if they are employed outside the NHS and cease to pursue (for any reason) the research or other activity that the Postgraduate Dean/Deputy (taking account of advice from research supervisors) has agreed, they must inform the Postgraduate Dean/Deputy, who will then decide whether it is appropriate for them to remain in training
- viii. F2 doctors must be aware that if they are employed outside the NHS in a post that is not part of a training programme and wish to begin or return to a FY2 training programme in the NHS, they will need to discuss their return with the relevant FPTD. They cannot be guaranteed a particular placement but their needs will be taken into account with the rest of the trainees in the programme. F1 doctors are not allowed to work in a non-training post while provisionally registered.

3.32 Failure to comply with these requirements may result in withdrawal from the foundation training programme by the Postgraduate Dean. The arrangements for appealing against the withdrawal from training are described in paragraphs [4.112–4.123](#).

Remaining in Training: Continuing Registration

- 3.33 Trainees in foundation training programmes will remain in training through satisfactory progress and performance. They should also continue to comply with the conditions for taking up a training post ([Appendix 2](#)).
- 3.34 Trainees should continue registration with HEE, NES, HEIW or NIMDTA even when they take time out for research (and may no longer be employed by the NHS) or when they take an agreed career break as long as they adhere to the following protocol:

- 3.35 In advance of leaving a training programme for a period of time, in accordance with the guidance for time out of programme (paragraphs [3.91–3.114](#)), trainees must agree:
- i. with the Postgraduate Dean/Deputy the period of the time out of programme
 - ii. to complete the appropriate out of programme document, which sets down the agreed terms of leave from the programme
 - iii. that where research is concerned, they will continue to pursue the research for which agreement was reached unless a change to the research programme has been agreed with the named academic and educational supervisor
 - iv. that they intend to return to complete their foundation training
 - v. to provide the Postgraduate Dean/Deputy with an up-to-date email address and to respond to any communication from the Dean/Deputy
- 3.36 Foundation doctors must check with GMC regulations regarding provisional and full registration. When taking time out of training before gaining fully registration, foundation doctors should seek advice from GMC regarding the time limit on [provisional registration](#).

Filling Gaps in Foundation Training Programmes: Locum Appointments

- 3.37 It is inevitable that there may be gaps in training programmes as a result of incomplete fill at recruitment, trainees taking time out of programme and trainees leaving programmes.
- 3.38 Vacancies or gaps in training programmes can be filled by locums where there is a service/workforce requirement to do so.
- 3.39 These will be specified as LATs/stand-alone foundation posts or locum appointments for service (LASs), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes.
- 3.40 The employer and HEE, NES, HEIW or NIMDTA can consult on the filling of locum posts in order to fill gaps or vacancies in training programmes/posts where these are required for service provision.
- 3.41 Where posts are required for service, employers should appoint but only after HEE, NES, HEIW or NIMDTA has identified how long a post is going to be left vacant.
- 3.42 Only LAT/ stand-alone F2 programmes offer approved training; non-training service posts/LAS or local employer appointments are appointed solely for service purposes. By definition, locally appointed posts are time-limited (i.e. fixed term) unless the employer decides to make a permanent appointment.
- 3.43 Any F1 or F2 vacancies that arise outside the national application process will be filled using local recruitment processes agreed between the foundation school and the local employer(s). These will be advertised on the relevant websites.
- 3.44 Doctors appointed to LAT/ stand-alone F2 programmes and non-training service posts/LAS must have appropriate workplace supervision.

3.45 Non-training service posts/LAS are used for service delivery and will not enable appointees to meet the requirements for satisfactory completion of F1 or the foundation programme. Non-training service posts/LAS must not be undertaken by provisionally registered doctors.

Locum Appointments for Training/Stand-alone Foundation Posts

- 3.46 Foundation LAT/stand-alone foundation posts are usually one-year fixed-term appointments. Appointments will be by the same recruitment processes as for foundation training, adhering to the same national person specifications and in open competition. Where LAT/stand-alone foundation appointments are made outwith the national recruitment windows, there will be representation on the appointments panel from the Postgraduate Dean/Deputy.
- 3.47 Foundation schools must be involved in the recruitment of doctors to LAT/ stand-alone F2 programmes.
- 3.48 Doctors appointed to LAT/ stand-alone F2 programmes must follow [the curriculum](#), have a named educational supervisor/clinical supervisor and, subject to satisfactory performance including ARCP, will be eligible for the Foundation Programme Certificate of Completion (FPCC)/Outcome 6. However, LAT/ stand-alone F2 programmes will not necessarily be extended if the foundation doctor does not meet the requirements for satisfactory completion of the foundation programme within the fixed-term appointment. Further information regarding LAT / stand-alone F2 programmes is available via [the national F2 recruitment framework](#).
- 3.49 LAT/stand-alone foundation appointments offer formal, approved foundation training and can be used by doctors:
- i. in completing the requirements of foundation programme
 - ii. as an employment opportunity with the potential to gain further experience and capabilities where it is appropriate and possible to do so
- 3.50 A record of capabilities achieved by LAT/stand-alone foundation trainees will also be retained by HEE, NES, HEIW and NIMDTA through the ARCP process.

**Foundation LAT/
stand-alone
foundation posts
are usually
one-year fixed-term
appointments.**

Locum Appointments for Service

- 3.51 Doctors undertaking a LAS post may be appointed by employers in consultation with HEE, NES, HEIW or NIMDTA and are usually short-term service appointments.
- 3.52 Discussion with HEE, NES, HEIW or NIMDTA is required to ensure that the responsibility for filling the short-term gap is clear between the employer and HEE, NES, HEIW or NIMDTA. Since these appointments are for service delivery and will not enable appointees to be assessed for capabilities required in the foundation curriculum, employers may use local person specifications. Doctors in these posts will not be able to demonstrate educational progression through ARCP.
- 3.53 Doctors undertaking a LAS post must have appropriate workplace supervision but do not require an educational supervisor. Capabilities attained from undertaking a LAS post may count towards [Certificate of Readiness to Enter Specialty Training](#).

Removal from Foundation Training

- 3.54 Removal from foundation training occurs if the trainee:
- i. has completed their training programme and has received an ARCP Outcome 6
 - ii. has received an Outcome 4 from the ARCP panel, and the appeal process (where relevant) has been concluded and the appeal rejected
 - iii. is assessed by the Postgraduate Dean as not being suitable for continuing in training in HEE, NES, HEIW or NIMDTA
 - iv. does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dean as set out in [Appendix 2](#)
 - v. does not hold GMC registration with a licence to practise
 - vi. has their name erased or suspended (for any period of time) from the medical register or where restrictions are applied to their licence to practise (including loss of licence) and where such measures are incompatible with continuing in a medical training programme at their level of training
 - vii. is dismissed by an employer, which may be an individual employer or the lead employer
 - viii. resigns their place in a training programme
- 3.55 In all cases where Foundation Programme training is withdrawn, the Postgraduate Dean will inform the trainee in writing of the reasons for this decision and (where applicable) their right of appeal.
- 3.56 Should training be withdrawn under paragraphs iii–vii, then the trainee will have the right of appeal (paragraphs [4.104–4.129](#)).

- 3.57 In relation to paragraphs ii–vii, the relevant employing organisations need to be informed of any decision for withdrawal from the foundation programme as this will normally also mean that their employment contract will be terminated but the decision for the removal from foundation training on educational grounds rests with the Postgraduate Dean. For F1 the graduating medical school needs to be informed.
- 3.58 If foundation doctors resign from their employment, they should also inform HEE/NES/NIMDTA/HEIW/foundation school, which will normally terminate the training contract and notify the medical school. HEE/NES/NIMDTA/HEIW/foundation school must inform the foundation doctor's current and any known future employer as part of the foundation programme, when terminating a training contract.
- 3.59 If a foundation doctor is dismissed by an employer, other than at the end of their fixed term, HEE/NES/NIMDTA/HEIW/foundation school will normally terminate the training contract. The employer is responsible for publishing and managing the appeals process against dismissal.
- 3.60 For Foundation doctors, HEE/NES/NIMDTA/HEIW/foundation school should, if necessary, discuss with the Fitness to Practise Directorate of the GMC if they think there may be fitness to practice concerns unless a referral has already been made by the employer or representative of the employer responsible for the dismissal.
- 3.61 The provision in paragraph [3.54 vi](#) relates to decisions of the Medical Practitioners Tribunal Service (MPTS) after their full and formal Medical Practitioners Tribunal (MPT) process. This may also relate to decisions of MPTS Interim Orders Tribunals (which are temporary arrangements pending the decision of a full MPT) where such measures are assessed by the Postgraduate Dean as being incompatible with continuing in a training programme for a period likely to be in excess of two years. If a doctor has their training withdrawn following an Interim Orders Tribunal decision and this decision is subsequently revoked and registration reinstated, the trainee may request that the Postgraduate Dean restores their training.
- 3.62 In some circumstances, a trainee will neither be currently employed in the NHS nor hold an honorary contract with an NHS organisation (e.g. they will be working overseas or taking a break from employment). Where the Postgraduate Dean believes that the conditions have been breached and that training should be withdrawn, the Postgraduate Dean will write to the trainee to tell them of their decision. The trainee will have the right of appeal through the process, as set out in paragraphs [4.104–4.129](#).
- 3.63 Foundation training posts and programmes are not normally available to trainees who have previously relinquished or been released/removed from a foundation training post/ programme. However, provided there are no outstanding fitness to practise issues, trainees can reapply to foundation training at a later date. In order to reapply for foundation training, where a trainee has previously been removed or resigned, they must have the support of the Postgraduate Dean/ Deputy in the locality in HEE, NES, HEIW or MINDTA where foundation training was previously undertaken. Applications will only be considered if a trainee provides a "[Reapplication to a Foundation Training Programme](#)" form. No other evidence will be accepted. Re-entry in such cases will be by competitive process with other applicants. Where the applicant has not practiced medicine for more than 2 years, they will have to undergo an approved assessment of their clinical skills.

Less Than Full-Time Training

- 3.64 HEE, NES, HEIW and NIMDTA have a strong commitment to helping all doctors in training to reach their full potential and to supporting those with child-caring or other caring responsibilities, health concerns or individual developmental opportunities to continue training on a LTFT basis, and all doctors in training can apply for LTFT training.
- 3.65 This guidance is drawn from the NHS Employers document [Principles Underpinning the New Arrangements for Flexible Training](#) (2005) and is supported by the GMC's position statement on [LTFT training](#) (2017).
- 3.66 Those in LTFT training must meet the same requirements as those in full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked per week.

The aims of LTFT training are to:

- i. retain in the workforce doctors who are unable or do not wish to continue their training on a full-time basis
 - ii. promote career development and work/life balance for doctors training in the NHS
 - iii. ensure continued training in programmes on a time equivalence (pro rata) basis
- 3.67 A balance needs to be maintained between LTFT training arrangements, the educational requirements of both full-time and LTFT trainees, and service need.
- 3.68 As far as possible, Postgraduate Deans/Deputies will seek to integrate LTFT training into full-time training by:
- i. using full-time posts for LTFT training placements
 - ii. using slot shares
 - iii. ensuring equity of access to study leave



- 3.69 Where such arrangements cannot be made, the Postgraduate Dean/Deputy may consider the establishment of personal, individualised placements that are additional to those funded through routine contract arrangements, subject to training capacity, GMC approval and resources.
- 3.70 Trainees will:
- i. reflect the same balance of work as their full-time colleagues. Day-time working, on-call and out-of-hours duties will normally be undertaken on a basis pro rata to that worked by full-time trainees unless either operational circumstances at the employing organisation or the circumstances that justify LTFT training make this inappropriate or impossible, provided that legal and educational requirements are met.
 - ii. normally move between placements within rotations on the same basis as a full-time trainee
- 3.71 Trainees on LTFT placements are not precluded from undertaking other work although they should ensure that in undertaking this work, they practise according to the GMC's standards in [Good Medical Practice](#) and that this does not impact negatively on their training. By utilisation of their annual Form R submission or the alternative IT solution in Scotland, they should ensure that the Postgraduate Dean as their designated RO is aware of all additional work undertaken within their remit of holding a licence to practise.
- 3.72 Decisions by HEE, NES, HEIW and NIMDTA only relate to educational support for the application. Employers/host training organisations must make a separate decision about the employment aspects of any request, including the proposed placement and any associated out-of-hours work. Contractual provisions are addressed in the NHS Employers document [Equitable Pay for Flexible Medical Training](#) (2005) and on their webpages regarding [terms and conditions of service](#) (2016 contract in England).

Eligibility for LTFT Training

- 3.73 Employment legislation setting out the statutory right to request flexible working sets the minimum standards with which an employer must comply. The legislation does not set a priority order around reasons for requesting flexible working.
- 3.74 Building on the 2005 NHS Employers document [Principles Underpinning the New Arrangements for Flexible Training](#), this Guide should be considered as providing separate guidance to this legislation, in the context of requesting to undertake LTFT training in a training programme. This reflects the tripartite nature of current practice of supporting LTFT training between the trainee, HEE, NES, HEIW or NIMDTA and the employer/ host training organisation.

Prioritising Requests for LTFT Training

- 3.75 The only requirement to be permitted to train less than full time is a well-founded individual reason. In practice, COPMeD has agreed the following categories, which serve as guidelines for prioritising requests for LTFT training. However, these categories are not exhaustive. It should be noted that requests to undertake LTFT training cannot be guaranteed and will be dependent on the capacity of the programme. The needs of trainees in Category 1 will take priority. Applications for LTFT training under Category 2 would usually be for a fixed time period.

Category 1:

3.76 Those doctors in training with:

- i. disability or ill health. (This may include ongoing medical procedures such as fertility treatment.)
- ii. responsibility for caring (men and women) for children
- iii. responsibility for caring for an ill/disabled partner, relative or other dependent

Category 2:

- 3.77 **Unique opportunities:** A trainee is offered a unique opportunity for their own personal/professional development and this will affect their ability to train full time (e.g. training for national/international sporting events or a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training).
- 3.78 **Religious commitment:** A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
- 3.79 **Non-medical development:** A trainee is offered non-medical professional development (e.g. management courses, law courses or fine arts courses) that requires a specific time commitment resulting in the need to work less than full time.
- 3.80 Other well-founded reasons may be considered by the Postgraduate Dean/Deputy in consultation with the GMC but support will be dependent on the capacity of the programme and available resources as well as compliance with European legislation.
- 3.81 Trainees appointed to LAT/stand-alone foundation posts may apply for LTFT training and must complete the process in the usual way. However, a placement may not be immediately available. Owing to the fixed-term nature of such appointments, if the LAT/stand-alone foundation post is undertaken less than full time, it will be recognised on a whole-time equivalent basis as a proportion of the duration of the post. There is no entitlement to an extension of the fixed-term period of training on a pro rata basis.

Applying for LTFT Training

- 3.82 The normal process for acceptance to LTFT training will include the following stages:
- i. All trainees can apply for LTFT training either at the point of application for entry to foundation training or at any time once they have been accepted into foundation training. As for all other applicants wishing to enter foundation training, competitive appointment to foundation training is required but must not be affected or influenced by the applicant's wish to be considered for LTFT training.
 - ii. The trainee will need to first submit their application for LTFT training to HEE, NES, HEIW or NIMDTA, which will be assessed and prioritised based on the categories above. HEE, NES, HEIW or NIMDTA will consider the application in the context of its effect on the training available to other trainees in the programme.
 - iii. Trainees must ensure their FSD and FPTD is aware.
 - iv. Approval of the training plan will normally be given for the duration of the placement but will be subject to annual review. The LTFT placement and funding will also be subject to agreement with the employer/host training organisation before the placement can be approved.
- 3.83 LTFT trainees who wish to increase or decrease their working hours (subject to the **minimum requirements** for recognition of training set by the GMC) should contact their relevant LTFT training lead for approval and will have their application subjected to the above process. If a LTFT trainee wishes to move to a different placement other than the planned movement on rotation, a request to continue training on a LTFT basis at the new place of work will be needed. This will be subject to the normal application process as described above.
- 3.84 LTFT trainees who wish to revert to full-time training must, in the first instance, contact their Foundation School/ FPTD and relevant LTFT training lead in HEE, NES, HEIW or NIMDTA. A suitable full-time placement may not be immediately available, and will depend on the current LTFT arrangement for that trainee and the programme. The relevant LTFT training lead in HEE, NES, HEIW or NIMDTA must be informed of the planned start date for a return to full-time training.
- 3.85 The administration of an application may take up to three months and applicants must not expect to be placed immediately. The inability of HEE, NES, the HEIW or NIMDTA to find a post at short notice should not be taken as a refusal of LTFT training; an individual's needs and expectations must be considered in the context of educational standards and service capacity, and as a result, LTFT training cannot always be guaranteed.
- 3.86 Further details of the application and appeals processes can be found on the individual websites of HEE, NES, the HEIW and NIMDTA.

Progression in Training as a LTFT Trainee

- 3.87 As for all trainees, LTFT trainees will need to meet the requirements for progression in training as set out by GMC approved curriculum for training and they will be assessed in accordance with the ARCP process set out in paragraphs [4.15-4.60](#). For clarity, key points with regard to progression in training for LTFT trainees have been set out below.
- 3.88 LTFT trainees should have an ARCP at points where decisions relating to progression in training are required and in addition should be assessed not less than annually.
- 3.89 LTFT trainees will be expected to undertake the requirements for assessment as set in their relevant curricula on a pro rata basis and to spread the balance of workplace- based assessments evenly.
- 3.90 Should an extension to training be required following the award of ARCP Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met.

Taking Time Out of Programme (OOP)

- 3.91 There are a number of circumstances when a trainee may seek to spend some time out of the training programme. All such requests need to be agreed by the Postgraduate Dean/Deputy in advance so trainees are advised to discuss their proposals as early as possible.
- 3.92 Occasions where OOP is granted to foundation trainees are likely to be exceptional given the length and the nature of their training. The duration of time out of the foundation programme will usually be 12 months to avoid foundation doctors becoming out of phase with the foundation programme. Foundation schools will typically only approve OOP at the end of F1 so that the time out is taken between the end of F1 and the beginning of F2. Time out during F1 or F2 placements will only be considered in exceptional circumstances.

Foundation doctors who want to take time Out Of Programme (OOP) should first discuss this with their educational supervisor and FPTD.

- 3.93 Foundation doctors who want to take time Out Of Programme (OOP) should first discuss this with their educational supervisor and FPTD.
- 3.94 F1 doctors should be aware that the GMC has made an important change to the way doctors can use their provisional registration. From 1 April 2015, the length of time doctors are allowed to hold provisional registration is limited to a maximum of three years and 30 days. Further information can be found on GMC website.
- 3.95 Foundation doctors who take time out of the foundation programme during F1 to undertake training outside the UK will require a Certificate of Experience from their medical school confirming they have successfully completed the requirements of F1 in order to apply for full GMC registration. No other evidence will be accepted. If the foundation doctor cannot provide the evidence for the Certificate of Experience they are not eligible for full registration and will be limited to applying for provisional registration on their return to the UK. Further guidance can be found on the [GMC website](#).
- 3.96 The purpose of taking time out of a foundation training programme is to support the trainee in:
- i. undertaking clinical training that is not a part of the trainee's training programme (OOPT) (e.g. some Foundation Schools allow F2 abroad)
 - ii. undertaking a period of research leading to an MD, PhD or MSc (OOPR)
 - iii. taking a planned career break (OOPC)
- 3.97 OOP can only be agreed if it has the formal approval of the Postgraduate Dean/Deputy. Guidance for the processes for application for OOP can be found on the websites of HEE, NES, the HEIW and NIMDTA. The trainee should give their Postgraduate Dean/Deputy and their employer (current and/or next) as much notice as possible, and this would normally be six months so that the needs of patients are appropriately addressed.
- 3.98 Trainees will also need to ensure that they keep in touch with HEE, NES, the HEIW or NIMDTA, and renew their commitment and registration to the training programme with the Postgraduate Dean on an annual basis. This process also requests information about the trainee's likely date of return to the programme as well as the estimated date for completion of training and revalidation documentation. For trainees undertaking approved training out of programme, it should be part of the return for the annual review process. It is the trainee's responsibility to make this annual return, with any supporting documentation that is required.
- 3.99 Trainees must maintain their licence to practise while on OOP as well as their connection with HEE, NES, the HEIW or NIMDTA for the purposes of revalidation.
- 3.100 Foundation doctors who take time out of UK National Health Service employment as part of the OOP process should check what effect this time away will have on their salary, sickness and maternity entitlements, and pension arrangements.

- 3.101 Trainees undertaking LAT/stand-alone foundation posts cannot request time out of their post. Where time needs to be taken away from work (e.g. following bereavement or for illness), the service gap may be filled but the trainee's fixed-term appointment contract will not necessarily be extended.
- 3.102 The Postgraduate Dean/Deputy cannot guarantee the date or the location of the trainee's return placement. It is therefore important that both the Postgraduate Dean and the FSD are advised well in advance of a trainee's wish to return to clinical training. Postgraduate Deans/Deputies will attempt to identify a placement as soon as possible but trainees should indicate their intention and preferred time of return as soon as they are able to do so.
- 3.103 The return of the trainee into the programme should be taken account of by the FSD when planning placements. If a trainee, having indicated that they are returning to the training programme, subsequently declines the place offered, then there is no guarantee that another place can be identified although every effort will be made to do so. Under these circumstances (but following discussion with the relevant FSD and the Postgraduate Dean), the trainee may need to relinquish their Foundation Programme place. Employing organisations need to be party to any decisions by trainees to relinquish their Foundation Programme place so that they can manage their service needs, and so that the process is timely and fair.
- 3.104 If the foundation doctor does not contact the FSD as agreed ([3.31ii](#)), the foundation school is no longer required to hold a F2 programme and the foundation doctor would need to apply for a vacant F2 appointment in open competition.

Time Out of Programme for Approved Clinical Training (OOPT)

- 3.105 The GMC must prospectively approve clinical training out of programme if it is to be used towards FPCC ([GMC | Out of Programme \(OOP\)](#)). This could include overseas posts or posts in the UK that are not already part of a GMC approved programme. Further approval from the GMC is not required if the OOPT is already part of a GMC approved foundation programme. If OOPT is being taken in a programme managed by another UK region, trainees must ensure that the programme is already approved for training. (See [GMC | Approved Programmes and Sites](#).)
- 3.106 The Postgraduate Dean is required to submit an application for prospective GMC approval for any OOP that is to count towards FPCC on behalf of the trainee and this application is required to include support from the relevant Foundation School. If prospective approval for OOP is not sought from the GMC, then it cannot count towards FPCC. Where the OOPT is in a GMC approved foundation programme, an application for further GMC approval is not required.
- 3.107 Trainees require to continue to satisfy the requirement for annual review, including revalidation. OOPT will normally be for a period of up to one year.
- 3.108 Trainees who undertake OOPT must continue to participate in the ARCP process of their home locality in HEE, NES, the HEIW or NIMDTA. This is necessary to confirm the provisional period of OOPT permitted to count towards the FPCC.

Time Out of Programme for Research (OOPR)

- 3.109 Time taken out for research purposes is normally for a higher degree (e.g. a PhD, MD or Master's degree) and will not normally exceed three years. OOPR exceeding three years will need the specific prospective approval of the Postgraduate Dean/Deputy.
- 3.110 OOPR does not count towards FPCC hence GMC approval is not required
- 3.111 Trainees who undertake OOPR must continue to participate in the ARCP process of their home locality in HEE, NES, the HEIW or NIMDTA and would be expected to return at the end of the period of OOPR. In foundation training, OOPR can only be undertaken between F1 and F2 when the trainee has gained full registration.

Time Out of Programme for a Career Break (OOPC)

- 3.112 Planned OOPC will permit a trainee to step out of the training programme for a designated and agreed period of time to pursue other interests (e.g. domestic responsibilities, work in industry, developing talents in other areas and entrepreneurship).
- 3.113 Periods of ill health should in the first instance be managed under the guidance of the employer's occupational health services, as for other staff. OOPC is an inappropriate way of managing health issues.



Who is Eligible to Apply for OOPC?

- 3.114 OOPC can be taken with the agreement of the Postgraduate Dean/Deputy, who will consult as necessary with those involved in managing the training programme. Limiting factors will include:
- i. the ability of the programme to fill the resulting gap in the interests of patient care and others on the training programme
 - ii. the capacity of the programme to accommodate the trainee's return at the end of the planned break
 - iii. evidence of the trainee's ongoing commitment to and suitability for foundation training
 - iv. the impact of a gap in training on deskilling and any subsequent need for remedial training

Planning and Managing OOPC

- 3.115 The following apply to the planning and management of career breaks during foundation training:
- i. OOPC may be taken after foundation training programme has been started.
 - ii. OOPC is not an acceptable reason for deferring the start of a programme. In such cases, the trainee should defer making an application until ready to begin training.
 - iii. The needs of the service must be considered in agreeing a start date.
 - iv. The duration of OOPC will normally be a period of up to one year. There are good educational and training reasons why an overall period out of training should be no longer than two years. Consequently, a second year of OOPC can be considered but is at the discretion of the Postgraduate Dean/Deputy, who may take into account prior OOP periods for other reasons. Any further extension beyond a two-year period out of training may only be granted in exceptional circumstances with the agreement of the Postgraduate Dean/Deputy.
 - v. Trainees wishing to take longer than a year OOPC will normally need to relinquish their training contract and reapply in open competition for re-entry to foundation training.
 - vi. The trainee should plan their return to work with their FSD/FPTD. Although the returning trainee will be accommodated in the next available suitable vacancy, there is no guarantee of return date and it may take time for a suitable vacancy to arise.
 - vii. Trainees will normally need to participate in a "Return to Work" package at the end of OOPC. After a prolonged absence from clinical practice, a period of additional support may be beneficial on return. Employers may not have been aware or have considered the implications of prolonged absence and this may have implications for patient safety. Trainees returning to clinical practice should access support by way of an appraisal of their needs to ensure a safe and timely return to training whether this is full time, LTFT or a phased re-introduction to clinical practice.

- viii. Although trainees on a career break will be encouraged to keep up to date through attending educational events, there is no entitlement to study leave funding for this. Arrangements will be subject to local agreement.
- ix. Trainees on OOPC must maintain their licence to practise throughout their period away from a training programme.
- x. F2 trainees on OOPC must keep their Postgraduate Dean (as their RO) updated on any activity or work that they undertake within their remit of holding a licence to practise, and they must also complete Form R (or the alternative IT solution in Scotland) on an annual basis and submit this to the ARCP panel in order to continue to register their interest in staying in the programme. The information provided should include their intended date of return to the programme to facilitate the planning process.
- xi. Trainees undertaking a period of time on a career break should consider any impact that this would have on their continuous NHS service.
- xii. Trainees must ensure that they are able to respond to any requests for updates from their FSD promptly so that a suitable rotation can be identified.

Training, Health and Disability

- 3.116 Postgraduate Deans and FSDs are encouraged to tailor individual foundation training programmes to help foundation doctors with disabilities to meet the requirements for satisfactory completion. The outcomes set out in [the curriculum](#) should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment.
- 3.117 Employers must make reasonable adjustments if disabled appointees require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also take into account the assessments of progress and individual appointee's educational needs wherever possible.

- 3.118 Applicants should inform their FSD and employer at an early stage so that a suitable rotation can be identified.
- 3.119 All trainees who are unable to train and work on health grounds should be managed in the first instance under their employer's occupational health arrangements, and are eligible through their employer for statutory sickness absence and pay, which is dependent on their length of service.
- 3.120 Postgraduate Deans/Deputies will review any health matters (including occupational health advice) with trainees to ensure appropriate decisions are made regarding training.
- 3.121 All trainees with a full licence to practice, including those who are unable to train or work on health grounds, must comply with the requirements for revalidation and submit Form R (or the alternative IT solution in Scotland) annually.

Absences from Training and Impact on Certification (or Completion) Date

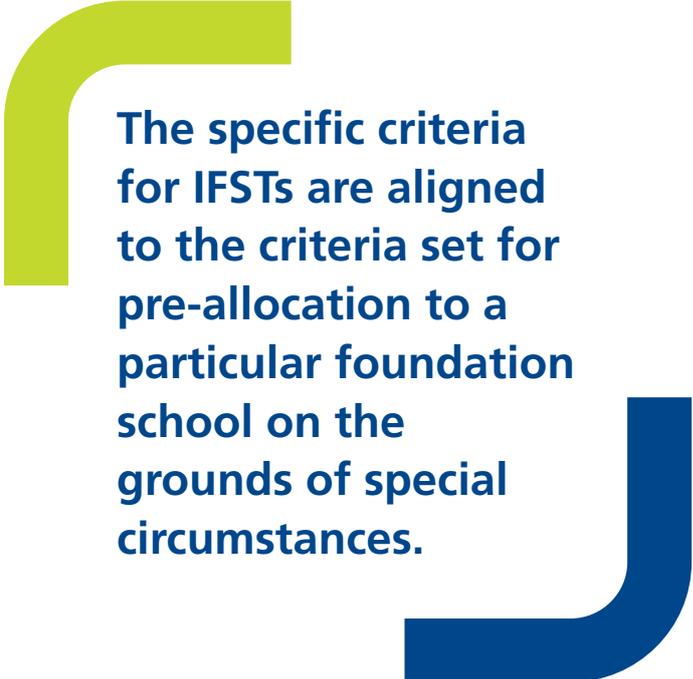
- 3.122 Absences from training (including OOP not approved towards training), other than for study leave or annual leave, may have an impact on a doctor's ability to demonstrate competence and progression through the curriculum. Where a trainee has been absent for statutory (e.g. maternity/paternity/adoption/shared parental) reasons for a total of 20 working days or more within each 12-month period, an early review will be triggered of whether the trainee needs to have their F1 or F2 year extended.
- 3.123 The GMC's **Good Medical Practice** states that it is the responsibility of each individual trainee to be honest and open, and to act with integrity. As such, trainees should ensure that HEE, NES, the HEIW or NIMDTA are aware of their absences through the relevant reporting processes.

Movement Between HEE, NES, the HEIW and NIMDTA

- 3.124 There are two ways in which foundation doctors can change from one foundation school to another:
 - i. inter-foundation school transfer or
 - ii. competitive application process

Inter-Foundation School Transfer (IFST)

- 3.125 The specific criteria for IFSTs are aligned to the criteria set for pre-allocation to a particular foundation school on the grounds of special circumstances. Foundation doctors who believe they meet the nationally agreed criteria for transferring to a different foundation school once they have been accepted onto the foundation programme should discuss the matter with the FSD of their allocated foundation school if they have not yet taken up their appointment; or their FPTD if they are already in the training programme.
- 3.126 Except in exceptional circumstances, transfers will only take place either at the start of foundation training (F1), or at the start of the F2 year. Arrangements for inter-foundation school transfers must be agreed between the two FSDs involved and must satisfy the following criteria:
- i. there are places available in the receiving foundation school; and
 - ii. both foundation schools agree that the foundation doctor needs to transfer because of a relevant change in their circumstances since they originally applied to the foundation programme
- 3.127 National guidance regarding the IFST process and copies of the relevant form(s) are available on the [UKFPO website](#).
- 3.128 The originating foundation school is responsible for managing any appeals against decisions to reject inter-foundation school transfers. The appeal will consider whether the agreed national process was followed. It is not possible to appeal against the unavailability of places in the receiving school. Both schools must abide by the decision of the appeal panel.



The specific criteria for IFSTs are aligned to the criteria set for pre-allocation to a particular foundation school on the grounds of special circumstances.

Section 4: Progressing as a Foundation Trainee

Capabilities, Experience and Performance

- 4.1 The foundation curriculum approved by the General Medical Council (GMC) defines the standards of knowledge, skills and behaviours that must be demonstrated to achieve progressive development. The **outcomes** for provisionally registered doctors determined by the GMC have been mapped to **the curriculum**. The foundation curriculum is mapped to the GMC's standards in **Good Medical Practice** and to the GMC's **Generic Professional Capabilities Framework**, which forms the basis of all medical practice.
- 4.2 Appropriate knowledge, skills and behaviours take time and systematic practice to acquire, and to become embedded as part of regular performance. Implicit therefore in the curriculum must be an understanding of the minimum frequency of practice, level of experience and time required to acquire competence and to confirm performance.
- 4.3 The foundation programme (including the academic foundation programme) is time and outcome-based. Provisionally registered doctors with a license to practise must complete one year (full-time equivalent) in an approved foundation programme to be eligible to apply for full registration with the GMC. A complete Foundation Programme takes two years (full-time equivalent) to complete.
- 4.4 The assessment framework for foundation training complements the approved curriculum and should deliver a coherent approach that supports the trainee in developing their capabilities in a sustainable way, through a combination of workplace-based assessments, both formative, such as supervised learning events (SLEs), and summative, such as clinical supervisor report/educational supervisor report (CSR/ESR). This approach is designed programmatically so that the clinical and professional performance of trainees in everyday practice is assessed.
- 4.5 Trainees develop their capabilities at different rates, depending on their own abilities, their determination and their exposure to situations that enable them to develop their skills. The expected rate of progress in acquisition of the required capabilities is defined in the foundation curriculum. This is important so that in HEE, NES, HEIW and NIMDTA, trainers, trainees and employers are clear as to what is acceptable progress in training. This will enable reasonable timeframes and resources for support and remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered.
- 4.6 There are occasions where progress in training cannot be achieved because of events external to training even though the trainee has remained in the workplace. This would result in a shorter period of time than expected having been available for training since the previous Annual Review of Competence Progression (ARCP). In this situation, consideration would need to be given to training time being paused and the prospective FPCC date being extended following review at the ARCP (paragraph **4.56**).
- 4.7 The decision to pause training time is an important one and needs to be formalised with written agreement from the Postgraduate Dean/Deputy. Reference should also be made to the GMC's information on registration.

- 4.8 Curricula and assessment systems evolve and develop over time. In order to ensure that trainees receive the most relevant and up-to-date training and so that they are assessed appropriately, they will be required to move to the most recent foundation curriculum and use the most recent forms of assessment. As part of any developments, implementation plans for the transition of trainees to new curricula and assessment systems will be published. (See the GMC's position statement on [moving to the current curriculum](#).)

Assessment of Progression

- 4.9 Structured postgraduate medical training is dependent on having curricula that are mapped to the GMC's standards in [Good Medical Practice](#) and the [Generic Professional Capabilities Framework](#). These curricula clearly set out the outcomes required for completion of a foundation training programme, an assessment framework to know whether those outcomes have been achieved and an infrastructure that supports a training environment in the context of service delivery.
- 4.10 The three key elements that support trainees in this process are engagement with formative assessments and interactions (e.g. SLEs and other supervisor discussions), summative assessments (e.g. clinical supervisor reports) and triangulated judgement made by an educational supervisor. These three elements are individual but integrated components of the training process. While the formative elements are for use between trainee and supervisor, engagement with them will aid the supervisor in making their informed judgement so that together with the other elements they contribute to the ARCP.
- 4.11 Assessment is a formally defined and approved process that supports the curriculum. A trainee's progress in their training programme is assessed using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee's rate of progress.
- 4.12 An ARCP results in an "Outcome" following evaluation of the written evidence of progress and determines the next steps for the trainee. A satisfactory outcome confirms that the required capabilities, together with ongoing conformance with the GMC's standards in [Good Medical Practice](#), have been achieved.



Educational Agreement

- 4.13 Each trainee should have an educational agreement for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the foundation curriculum and on their most recent ARCP outcome. This should be the basis of all educational review discussions throughout all stages of training. The educational agreement will need regular review and updating.
- 4.14 The trainee's educational supervisor must ensure that the trainee is aware of and understands the trainee's obligations as laid down in the educational agreement, including (but not exclusively):
- i. awareness of the trainee's responsibility to initiate workplace-based assessments
 - ii. awareness of the requirement to maintain an up-to-date e-portfolio
 - iii. understanding of the need to address areas identified in the trainee's e-portfolio in a timely fashion based on the recommended timescale set out in the foundation curriculum
 - iv. awareness of the need to engage in processes to support revalidation following full registration with GMC

What is the Purpose of the ARCP?

- 4.15 The ARCP provides a formal process that reviews the evidence presented by the trainee and their educational supervisor relating to the trainee's progress in the training programme. It enables the trainee, the Postgraduate Dean/Deputy and employers to document that the capabilities required are being gained at an appropriate rate and through appropriate experience.
- 4.16 The majority of doctors successfully complete F1 training and convert provisional registration with the General Medical Council (GMC) to full registration. However, a small proportion will require additional help and support to meet the requirements, which may include an extension of F1 training time for remedial training. Some foundation doctors will not meet the requirements for satisfactory completion of F1, despite additional help and support. These doctors will require career guidance as they consider alternative options.
- 4.17 ARCP should normally be undertaken on at least an annual basis for all trainees in foundation training and with no more than a maximum interval of 15 months. The process may be conducted more frequently if there is a need to deal with performance and progression issues or, where appropriate, to facilitate acceleration of training outside the annual review.
- 4.18 The ARCP fulfils the following functions:
- i. It provides an effective mechanism for reviewing and recording the evidence related to a trainees' performance in the training programme or in a recognised training post (e.g. locum appointment for training (LAT) /stand-alone foundation posts).
 - ii. At a minimum, it must incorporate a review of the trainees' educational profile including the educational supervisor's end of placement / year report documenting assessments (as required by the foundation curriculum) and achievements.

- iii. It provides a means whereby the evidence of the outcome of formal assessments is coordinated and recorded to present a coherent record of a trainee's progress.
- iv. It provides an effective mechanism for the review of out of programme and recording its contributions (where approved) to progress.
- v. It considers any time out of training during the assessment period from entry to the programme (see the GMC's information on registration), and determines whether the training durations needs to be extended.
- vi. As long as adequate documentation has been presented, it makes judgements about the capabilities acquired by foundation trainees and their suitability to progress to the next stage of training.
- vii. It provides advice to the RO about revalidation of the trainee across their full scope of work to enable the RO to make a recommendation to the GMC when required and ensures any unresolved concerns about fitness to practice are acted on.
- viii. It provides a final statement of the trainee's successful attainment of the foundation professional capabilities including fulfilment of the GMC's standards in the [Generic Professional Capabilities Framework](#) and thereby the completion of the training programme.
- ix. It enables the Postgraduate Dean/Deputy to present evidence to the GMC for full registration at the end of F1 and for the recommendation of FPCC at the end of F2.
- x. Where applicable, it provides comment and feedback on the quality of the structured educational supervisor's report.



4.19 The ARCP process is applicable to:

- i. All foundation trainees (including those in less than full-time (LTFT) training and trainees in academic programmes)
- ii. Trainees who are out of programme with the agreement of the Postgraduate Dean/Deputy.
- iii. LAT/stand-alone foundation trainees
- iv. Where a trainee has resigned from a training programme (and dependent on the timing of this resignation), they should be informed that an ARCP panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the programme occurred within three months of the last ARCP). The trainee will need to complete Form R (or the alternative IT solution in Scotland) for the purposes of informing the revalidation process. The ARCP panel should document any relevant capabilities that have been achieved by the trainee; however, no outcome will be awarded, and the N21 and N22 codes should be utilised ([Appendix 3](#)). It is expected that trainees will engage in this process.

ARCP: Assessment

- 4.20 This section deals with the elements of the ARCP that are designed to review evidence and arrive at a judgement (known as an outcome) of progress. It does not address the important processes of review of educational progress and programme planning, which should respectively precede and follow from the ARCP process.
- 4.21 A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collated for each period of training. It would be expected that assessments are spread throughout the time period under review. These summaries will be provided as part of the educational supervisor's report to the ARCP panel (paragraph [4.26-8](#)).
- 4.22 The minimum requirements for satisfactory completion of F1 and F2, with guidance notes, are set out in the Foundation Operational Guide. HEE/NES/NIMDTA/HEIW should make the requirements clear at the beginning of the F1 and F2 year.
- 4.23 Trainees should familiarise themselves with the foundation curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme. When changes are made to the assessment system or expectations for trainees, it is the responsibility of the Academy Foundation Curriculum and Assessment Committee through UKFPO to notify HEE, NES, the HEIW, NIMDTA, trainees and trainers of the new requirements so that the changes can be implemented.

- 4.24 Trainees must also familiarise themselves with the requirements of the GMC's standards in **Good Medical Practice**. Trainees need to undertake ARCP as it is the vehicle for revalidation as well as educational progression. Trainees must:
- i. maintain a portfolio of information and evidence, drawn from the scope of their medical practice
 - ii. reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation
 - iii. take part in regular and systematic clinical audit and/or quality improvement, responding constructively to the outcome of supervisor meetings and the ARCP process
 - iv. undertake further training where required by the Postgraduate Dean/Deputy
 - v. engage with systems of quality management and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Training Survey (**GMC | National Training Surveys**))
 - vi. participate in discussion and any investigation around serious incidents in the workplace, and record reflection of those in their e-portfolio
 - vii. inform the GMC of their RO for revalidation
 - viii. inform their Postgraduate Dean/RO if they self-report to the GMC and if they receive a criminal or civil conviction, or a police caution
- 4.25 If genuine and reasonable attempts have been made by the trainee to arrange for SLEs and educational supervisor/named clinical supervisor reports to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor/PFTD immediately. The educational supervisor should raise these difficulties with the FPTD. Between them, they must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

ARCP: Educational Supervisor's End of Placement Report

- 4.26 The educational supervisor is the crucial link between the Foundation doctor's educational progress, workplace-based formative assessment processes (e.g. SLEs) and summative assessment processes since the educational supervisor's report provides the summary of the assessment evidence for the ARCP process. The revalidation process is further supported by self-declaration evidence from the trainee as an employee about any relevant conduct or performance information.
- 4.27 At the end of each placement, the educational supervisor should complete the educational supervisor's end of placement report and towards the end of each year the educational supervisor will complete the end of year report, with an end of placement report completed at the end of each placement. The educational supervisor must only confirm satisfactory performance if the foundation doctor has participated in the educational process and met the required foundation professional capabilities.
- 4.28 A structured report should be prepared by the trainee's educational supervisor. This should include the evidence that the trainee and supervisor agreed should be collected to reflect the educational agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required SLEs and other Foundation Programme curricular requirements. Educational supervisors and trainees should familiarise themselves with the GMC's guidance as well as the foundation curriculum and assessment framework ([GMC | Curricula and Assessment Systems](#)).
- 4.29 Through triangulation of evidence of progression in training and professional judgement, the educational supervisor will contribute a structured report to the ARCP.

This report must:

- i. reflect the educational agreement and objectives developed between the educational supervisor and the trainee
 - ii. be supported by evidence from the SLEs and multi-source feedback planned in the educational agreements
 - iii. take into account any modifications to the educational agreement or remedial action taken during the training period for whatever reason
 - iv. provide a summary comment regarding overall progress during the period of training under review, including (where possible) an indication of the recommended outcome supported by the views of the training faculty
- 4.30 The report should be discussed with the trainee prior to submission to the ARCP panel. The report and any discussion that takes place following its compilation must be evidence-based, timely, open and honest. If such a discussion cannot take place, it is the duty of the educational supervisor to report the reasons to the ARCP panel in advance of the panel meeting.
- 4.31 If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns and they should be documented in their e-portfolio. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments and given the opportunity to address any shortcomings.

4.32 Trainees are responsible for listening, raising concerns or issues promptly and taking the agreed action. The discussion and actions arising from it should be documented on e-portfolio.

ARCP: Collecting the Evidence

4.33 HEE, NES, the HEIW and NIMDTA will make local arrangements to receive the e-portfolio from trainees, and they will give them and their trainers at least six weeks' notice of the date by which it is required so that trainees can obtain all necessary components. The e-portfolio must be made available to HEE, NES, the HEIW or NIMDTA at least two weeks before the date of the ARCP panel meeting.

4.34 The foundation school should publish its timeline for the review of progress. The FPTD, acting on behalf of HEE/NES/NIMDTA/HEIW/foundation school, should make clear the local arrangements to receive the necessary documentation from foundation doctors.

4.35 It is up to the trainee to ensure that the documentary evidence that is submitted, including their e-portfolio, is complete. This must incorporate all required evidence (including that which the trainee may view as negative). All CSR/ESRs should be included in the evidence available to the ARCP panel and retained in the trainee's e-portfolio.

4.36 The FTPD will not chase foundation doctors who have not updated their e-portfolios by the specified date. Foundation doctors should be aware that failure to complete their e-portfolio and submit any additional evidence on time will result in the panel not being able to consider evidence of their progress.



- 4.37 As part of their documentary evidence for each ARCP, trainees must submit an updated documentation form giving accurate demographic details for use in the HEE, NES, HEIW or NIMDTA database. This would be via Form R ([Appendix 1](#)) or the alternative IT solution in Scotland to support revalidation for F2.
- 4.38 It is important to ensure that all relevant evidence around revalidation (for F2 trainees) is provided to the ARCP panel (in England and Northern Ireland) or in the relevant reports in Scotland and Wales. This includes details of all areas in which the trainee has worked as a doctor (including voluntary) as well as details of any investigations that have yet to be completed. (Reflective notes around completed investigations should have already been included in the e-portfolio.) This evidence assists the Postgraduate Dean/RO in making a recommendation to the GMC about revalidation (when required). Should the FPCC date need to be extended, it is likely that this will have an effect on the revalidation date.
- 4.39 Trainees may submit as part of their evidence to the ARCP panel a response to their trainer's report or to any other element of the assessment documentation for the panel to take into account in its deliberations. While it is understood that for timing reasons, such a document will only be seen by the ARCP panel in the first instance, it should be expected that the contents of any document will be followed up appropriately. This may involve further consideration by the FPTD and/or HEE, NES, the HEIW, NIMDTA and/or the employer.
- 4.40 The ARCP panel is constructed to look at matters of educational performance, assess progression in training and provide an opinion to the RO in relation to revalidation. However, the evidence provided to the panel may relate to other issues and concerns such as clinical safety or perceived undermining within the LEP. While the panel is not in a position to investigate or deal with allegations of this nature, it will bring such matters to the immediate attention of the Postgraduate Dean/Deputy for further consideration and investigation as necessary. HEE, NES, the HEIW, NIMDTA and employers of foundation trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees must ensure they are familiar with these educational and clinical governance/risk management arrangements and follow these policies, including reporting their concerns. LEPs must make such policies known to trainees as part of their induction.

The ARCP panel is constructed to look at matters of educational performance, assess progression in training and provide an opinion to the RO in relation to revalidation.

The ARCP Panel

4.41 The ARCP panel is convened to deliver the requirements of an ARCP as set out in paragraph [4.18](#).

Composition of the ARCP panel

- 4.42 The ARCP panel has an important role, which its composition should reflect. It should consist of at least three panel members which should typically comprise: the FPTD and two others. The additional members could include: a postgraduate centre manager or other senior administrator, specialty training doctor (ST4 or above), clinical supervisor educational supervisor, lay representative, external trainer, employer representative or external HEE/NES/NIMDTA/HEIW/foundation school representative.
- 4.43 The Chair of the panel must ensure that there is no declared conflict of interest between any member of the panel and the trainee being assessed.
- 4.44 The Postgraduate Dean/Deputy should nominate a representative to be present at any panel meeting involving cases where it is possible that a trainee could have an ARCP Outcome 3 or 4.
- 4.45 The panel should have input from a lay advisor. They should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over performance (paragraph [4.91](#)).
- 4.46 The lay advisor will primarily review the process followed by the ARCP panel and the conduct of the panel, as measured against accepted general good practice for ARCP panels and the standards that are set in this Guide. The lay advisor should not be asked to judge whether the ARCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress. The lay advisor may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel's activities but the role is to ensure the process is followed correctly, not to give an opinion on the outcome or the trainee's progress.
- 4.47 If the lay advisor has concerns about the outcomes from the panel, these will be raised with the Postgraduate Dean/Deputy for further consideration. The Postgraduate Dean/Deputy may decide to establish a different panel to consider further the evidence that has been presented and the recommended outcomes.
- 4.48 Where an ARCP panel meeting is being held for an individual undertaking an academic foundation programme the panel should be in receipt of the named academic supervisor's report (paragraphs [4.95–4.98](#)). If unsatisfactory progress is anticipated, either clinical or academic, then the panel should include at least one academic representative.
- 4.49 All members of the panel (including the lay advisor) must be trained for their role. This training should be kept up to date and refreshed every three years.
- 4.50 When arranging panels, it is important to ensure that members are not part of a panel for a trainee for whom they have fulfilled the role of either educational supervisor or named clinical supervisor.

How the ARCP Panel Works

- 4.51 The process is a review of the documented and submitted evidence that is presented by the trainee. As such, the trainee does not attend the panel meeting. The panel should systematically consider the evidence as presented for each foundation doctor against the requirements for satisfactory completion and make a judgement based upon it.
- 4.52 It is not essential that members of the panel review the e-portfolio at the same time. Panel members may scrutinise the e-portfolio separately and provide feedback. The e-portfolio will include a check-list which can be used. At least two members of the panel should systematically consider the evidence for each foundation doctor. One of these should be a registered and licensed medical practitioner on the specialist or GP register. If there is a disagreement between the two panel members, the evidence should be scrutinised by a third member and the majority decision used in determining the outcome.
- 4.53 Any concerns that emerge about a trainee's fitness to practise must be reported to the Postgraduate Dean, as RO, for further advice and guidance.
- 4.54 Where the FPTD, educational supervisor or named academic supervisor has indicated that there may be an unsatisfactory outcome through the ARCP process (Outcomes 3 or 4), the trainee should normally be informed of the possible outcome prior to the panel meeting. After the panel has considered the evidence and made its judgement, if an unsatisfactory outcome is recommended, the trainee must meet with either the ARCP panel or a senior educator involved in their training programme (usually the FPTD) at the earliest opportunity. The purpose of this meeting is to discuss the recommendations for additional remedial training if this is required.
- 4.55 For practical and administrative reasons, HEE, NES, the HEIW or NIMDTA may wish to discuss other issues (e.g. the trainee's views on their training or planning of future placements) on the same occasion as the annual panel meeting. However, the review of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must not be present at the panel considering the outcomes.



- 4.56 At the ARCP, the FPCC end date should be reviewed and adjusted if necessary, taking into account such factors as:
- i. statutory leave or other absence of more than 20 (working) days in any year
 - ii. prior agreement with the Postgraduate Dean/Deputy for training time to be paused
 - iii. a change to or from LTFT training
 - iv. time out of programme for research (OOPR) or time out of programme for a career break (OOPC)
 - v. failure to demonstrate achievement of capabilities (Outcome 3) as set out in the foundation curriculum
 - vi. where there have been significant deficits in the training environment beyond the control of the trainee
 - vii. where a change in the curriculum results in a trainee requiring additional training time to complete a programme

Outcomes from the ARCP

- 4.57 The ARCP panel will recommend an outcome described below for each trainee, including those on academic foundation programmes.
- 4.58 It should be noted that there is no Outcome 2, 6 or 7 for F1 and no outcome 1, 2 or 7 for F2. It is recommended that members of the panel use a check-list to confirm that they have considered all of the requirements and add any comments to explain the judgement.
- 4.59 While the ARCP panel must recommend the outcome for an individual trainee on the basis of the submitted evidence, it must also take into account any mitigating factors on the trainee's part such as personal circumstances. Details of placements must be recorded on the ARCP form, which is available in the e-portfolio, including any agreed out of programme training.
- 4.60 When an outcome 3 or 4 recommendation is made by the ARCP panel, the Postgraduate Dean/Deputy will confirm this in writing to the trainee, including where relevant their right to review or appeal the decision (paragraphs [4.104–4.129](#)).

Outcome 1

Satisfactory progress at end of Foundation Year 1 (F1CC) – Achieving progress and the development of capabilities at the expected rate

Satisfactory progress is defined as achieving the Foundation Professional Capabilities for FY1 as described in the Foundation Programme curriculum approved by the GMC.

Outcome 3

Inadequate progress – Additional training time required

The panel has identified that a formal additional period of training is required that will extend the duration of the Foundation programme, either FY1 or FY2.

Outcome 4

Released from training programme – With or without specified Foundation Professional Capabilities

The panel will recommend that the trainee is released from the Foundation programme if there is still insufficient and sustained lack of progress despite having had additional training to address concerns over progress. The panel should document relevant capabilities that have been achieved by the trainee and those that remain outstanding. The trainee will have their training contract withdrawn and may wish to seek further advice from the Postgraduate Dean/Deputy or their current employer about future career options, including pursuing a non-training, service-focused career pathway.

Where an Outcome 3 or 4 has been recommended, the panel should record the supplementary information required for the GMC in these circumstances (U codes, [Appendix 3](#)).

Outcome 5

Incomplete evidence presented – Additional training time may be required

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel.

The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome. If the panel considers that an Outcome 1 or 6 is likely on the basis of the evidence available and satisfactory outstanding evidence is received, the panel can give authority to the Chair to issue an Outcome 1 or 6. However, if the Chair does not receive the agreed evidence to support an Outcome 1 or 6 or if the panel considers that an Outcome 3 or 4 is likely on the basis of the evidence available, then a panel will be reconvened. This reconvened panel could be undertaken “virtually”.

An Outcome 5 should also be recommended as a consequence of failure to submit Form R or the alternative IT solution in Scotland ([paragraph 4.87](#)).

Outcome 6

Recommendation for completion of Foundation Programme training:

Gained all required Foundation Professional Capabilities – Will be recommended as having completed the Foundation programme and will be recommended for award of FPCC

The panel will need to consider the overall progress of the trainee and ensure that all the Foundation Programme capabilities as described in the Foundation Programme curriculum have been achieved prior to recommending the trainee for completion of the training programme.

Outcome 8

Out of programme for clinical experience, research or a career break (OOPR/OOPC/OOPT)

The panel should receive documentation from the trainee on the required form ([Appendix 4](#)) indicating what they are doing during their OOP time, if the OOP is not recognised for training.

- OOPR** – If the purpose of the OOP is research, the trainee must produce a research supervisor’s report together with the annual OOP report form indicating that appropriate progress in research is being made, along with achievement of the relevant degree (if appropriate).
- OOPC** – If a doctor is undertaking a career break, a yearly OOPC request should be sent to the panel, indicating that the trainee is still on a career break and including an indicative intended date of return.
- OOPT** – If the trainee is out of programme on a training placement or OOPR that has been prospectively approved by the GMC and that will contribute to the capabilities of the trainee’s programme, then an Outcome 8 should not be used. Instead, a routine assessment of progression should be made and an Outcome 1, 3, 4 or 5 should be awarded.



When an outcome is not issued

There are circumstances when the ARCP panel would not issue an outcome, such as when the trainee is absent due to statutory leave (e.g. maternity/paternity/adoption or sick leave) or where training has been paused. In these cases, the panel will record the reasons for this. (Refer to N codes, [Appendix 3.](#))

Satisfactory completion of F1 (Outcome 1)

- 4.61 The FSD (or any other authorised signatory) should only complete a Foundation Year 1 Certificate of Completion (F1CC) if satisfied that the foundation doctor has met the requirements for satisfactory completion of F1, subject to any quality management process. An electronic signature is acceptable.
- 4.62 Universities/medical schools or their designated representative in HEE/NES/NIMDTA/HEIW/foundation school will use the F1CC when completing the Certificate of Experience to certify that a provisionally registered doctor has satisfactorily completed a programme for provisionally registered doctors.
- 4.63 For foundation doctors who graduated outside of the UK, the postgraduate dean/deputy with responsibility for the foundation school where the doctor is currently training is responsible for completing the Certificate of Experience.

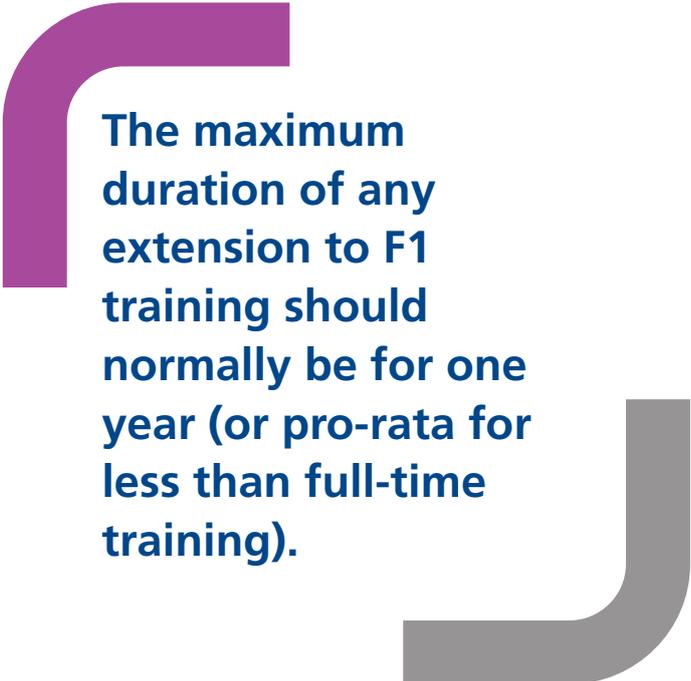
Satisfactory completion of F2 (Outcome 6)

- 4.64 The FSD (or any other authorised signatory) should only complete a FPCC if satisfied that the foundation doctor has met the requirements for satisfactory completion of F2, subject to any quality management process. An electronic signature is acceptable. A copy of the FPCC may be printed by HEE/NES/NIMDTA/HEIW/foundation school.

Additional or Remedial Training

- 4.65 If the Foundation ARCP panel decides that the foundation doctor has not met the requirements for satisfactory completion, it should award an Outcome 3 or 4 depending upon the ARCP assessment. In Foundation training an outcome 2 does not exist. It is not possible to allow a trainee who has further training requirements to proceed into F2 due to the need to satisfactorily completed F1 to move from provisional to full GMC registration.
- 4.66 If additional remedial training time is required (Outcome 3), the panel should indicate the intended objectives and proposed timescale. The framework of how a remedial programme will be delivered will be determined by the Postgraduate Dean/Deputy. The remedial placement will be planned by the FPTD and FSD, taking into account the needs of other trainees in the programme, and it must be arranged with the full knowledge of the employer to ensure clinical governance aspects are addressed.
- 4.67 This additional training must be agreed with the trainee, trainers and the employer. Full information about the circumstances leading to the additional training requirement must be transmitted by HEE, NES, the HEIW or NIMDTA to the employer and LEP(s) for that period of training, including the reason for the remediation. The information transmission will be shared with the trainee. Agreement to it being shared with the new employer/LEP and trainers is a requisite of joining and continuing in the training programme.

- 4.68 The maximum duration of any extension to F1 training should normally be for one year (or pro-rata for less than full-time training). In situations where a foundation doctor is deemed not to have satisfactorily completed F1 after the first 12 months (or pro-rata for less than full-time training) training and is awarded an Outcome 3, HEE/NES/NIMDTA/HEIW/foundation school should inform the medical school of graduation.
- 4.69 Remedial training may be required as a result of a recommendation from the GMC or other body (e.g. the National Clinical Assessment Service). When such remedial training is requested, the supporting Postgraduate Dean/Deputy will establish a specific educational agreement with the relevant LEP, which will cover all aspects of the placements, including detailing the training required, clinical limitations on practice and any measures in place from the regulator. This will ensure that the doctor receives the training that has been identified as well as respecting the clinical governance/risk management arrangements of the LEP.
- 4.70 The educational progress of the trainee during any additional or remedial training will be reviewed by a Foundation Programme ARCP panel, which may seek to take further and external advice from other senior clinicians in the foundation programme. The panel will decide whether the outcome of the additional training is that the trainee can continue in their foundation training programme, requires further additional training, or has not met or cannot meet the standards required. If it is decided that the trainee is unable to meet the standards, this will lead to the recommendation that the trainee leaves the programme. Trainees will be provided with documentary evidence of the Foundation Programme capabilities that they have achieved.
- 4.71 If the trainee fails to comply in a timely manner with the educational plan for the additional training, they may be required to leave the training programme before the additional training has been completed (paragraph [3.54 ii](#)). This would normally be by means of issuing an Outcome 4.
- 4.72 While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a trainer.



The maximum duration of any extension to F1 training should normally be for one year (or pro-rata for less than full-time training).

- 4.73 During a period of additional training time, there is an expectation that the trainee will show continuing engagement with their portfolio to demonstrate maintenance of capabilities that have already been acquired.
- 4.74 If the panel decides that the foundation doctor should be released from the training programme, it should award an Outcome 4. For F1 trainees, HEE/NES/NIMDTA/HEIW/foundation school and the medical school of graduation must jointly inform the Registration Directorate of the GMC and discuss with the Fitness to Practice Directorate of the GMC, irrespective of whether there was an extension to F1.
- 4.75 In addition, the graduating UK medical school should write to the F1 doctor setting out the process for an appeal which will typically be heard by the graduating medical school. HEE/NES/NIMDTA/HEIW/foundation school, in partnership with the university/medical school, should offer the F1 doctor career counselling.
- 4.76 However, if F1 doctor graduated outside of the UK, HEE/NES/NIMDTA/HEIW/foundation school where the doctor undertook the extended training should hear the appeal. The FSD should write to the doctor setting out the process to appeal.
- 4.77 For F2 trainees the medical school of graduation does not need to be informed.

Pausing Training for Reasons Other Than Statutory Leave

- 4.78 The ARCP panel will also need to consider any period when the training time has been paused. This may mean that a shorter period of time than expected has been available in which to make progress and the panel decision should take this factor into consideration. The ARCP panel may need to issue an N code for the period being assessed due to a training pause.
- 4.79 Pausing training is a decision that should normally be taken outside of the ARCP process. It is a neutral action that should be agreed with the trainee, as early as reasonably practical, and then approved by the Postgraduate Dean/Deputy and documented. Pausing training should not be assumed and needs to be supported with suitable evidence of need. HEE, NES, the HEIW and NIMDTA should ensure that they have a process for obtaining suitable evidence around such circumstances (e.g. occupational health advice) and for deciding on whether to temporarily pause training. Such pausing of training time will also require an adjustment to the expected FPCC end date / CoE date via GMC Connect (paragraph [4.56](#)).
- 4.80 In determining its specific recommendations with respect to any additional time that may be required, the panel should also consider aspects in the training environment such as service configuration or the supervision available, or a change to curricular requirements. This includes considering whether any training time should be discounted and the date for completion of training adjusted to reflect this.

Notification of ARCP Outcome

4.81 The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel ([Appendix 3](#)) for all trainees will be made available by the Postgraduate Dean/Deputy via e-portfolio to:

a) The Trainee

They must sign it to demonstrate that they have been informed of the outcome, not that they agree with the outcome. Signature of the outcome does not change the trainee's right to request a review or appeal.

b) The FPTD

In the case of outcome 3, the FPTD (and/or the trainee's educational supervisor) must meet with the trainee to discuss the outcome and plan the next part of their training, documenting the plan fully.

c) The Trainee's Educational Supervisor

This should be used to form the basis of the further educational review that the educational supervisor undertakes on behalf of the employing organisation. For LAT/stand-alone foundation trainees, the ARCP outcome should be made available to the trainee's educational supervisor for that year of training. Review is not normally undertaken for outcome 1 or 6.

d) The Medical Director (or their nominated officer)

ARCP outcomes should be sent to the Medical Director of the current employer (and of the LEP if different). This may be undertaken by exception (i.e. for Outcomes 3 and 4). It is the educational supervisor's responsibility to raise any areas of concern about the trainee's performance that link to clinical governance as documented by the ARCP process with the Medical Director (or their nominated officer). If the review has been undertaken shortly before rotation to a new placement has occurred, the documentation should be forwarded by the Foundation School to the Medical Director where the trainee is due to start.

4.82 HEE, NES, the HEIW and NIMDTA submit ARCP outcomes to the GMC, which reports on the progression of doctors through key stages in their training. (See [GMC | Progression of Doctors in Training](#).)

4.83 Trainees with outcome 1 and 6 will receive this on e-portfolio. Other trainees should receive standard written guidance relevant to their outcome, which as appropriate should detail the duration of any extension to training, requirements for remedial action, and reference to the review and appeal processes.

Form R

- 4.84 The references to Form R in relation to revalidation described in paragraphs [3.27-3.31](#) do not apply to NES, where an alternative IT solution replaces this form.
- 4.85 Each trainee will need to update Form R ([Appendix 1](#)) or the alternative IT solution in Scotland annually (except F1 doctors). This holds the up-to-date demographic data on the trainee. The annual return of Form R or the alternative IT solution in Scotland before the ARCP with any corrections and updates (along with the self-declaration details for revalidation purposes where appropriate) to HEE, NES, the HEIW or NIMDTA with the signed ARCP outcome(s) will enable the trainee to renew their registration on an annual basis with HEE, NES, the HEIW or NIMDTA.
- 4.86 When a trainee fails to submit a completed Form R or the alternative IT solution in Scotland that reflects their full scope of practice since their last review, they are issued with an Outcome 5 and given two weeks to remedy the situation.
- 4.87 If a trainee submits or resubmits a completed Form R or the alternative IT solution in Scotland within the two-week timeframe, they receive an ARCP outcome appropriate for their educational progression and alignment with the GMC's guidance in [Good Medical Practice](#).
- 4.88 If the trainee still fails to submit a satisfactorily completed Form R or the alternative IT solution in Scotland after two weeks and this is the first time that this situation has arisen in the foundation training programme an Outcome 3 or 4 will be issued (according to training progression). A note is made on the trainee's record that they did not submit a completed Form R or the alternative IT solution in Scotland. An Outcome 1 or 6 is not awarded, even if there are no training progression concerns.
- 4.89 For trainees who fail to submit a completed Form R or the alternative IT solution in Scotland after an Outcome 5 is issued and a support meeting offered, and for whom this is a repeated situation, the process of referral to the GMC for non-engagement with revalidation should be commenced.
- 4.90 Should the trainee subsequently provide the completed Form R, then the appropriate ARCP outcome for trainee progression can be awarded.

Quality assurance of the ARCP

- 4.91 Since decisions from the panel have important implications for both patient safety and individual trainees, there should also be external scrutiny of its decisions from a lay advisor to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees. The lay advisor should review at least a random 10% of the outcomes and evidence supporting these as well as any recommendations from the panel about concerns over performance and training progression.

The Role of the Postgraduate Dean in the ARCP

- 4.92 The Postgraduate Dean has responsibility for the management of the ARCP process, including the provisions for further review and appeals (paragraphs [4.104–4.129](#)). The Postgraduate Dean is also the statutory RO for revalidation in relation to doctors in GMC approved postgraduate training programmes. In order to discharge this function, they must make a revalidation recommendation to the GMC at intervals determined by the GMC. Information to inform this decision will come from the ARCP.
- 4.93 The Postgraduate Dean should maintain a training record for each trainee, in which completed ARCP outcome forms are stored. For security purposes, a photograph of the trainee should be incorporated in this record. The training record may be physical or stored electronically with suitable measures to maintain its integrity. The supporting documentation for training progression may be held on the trainee's e-portfolio. The record of training progression of each trainee (including previous outcome forms and supporting documentation) must be available to the panel whenever the trainee is reviewed.
- 4.94 Where concerns about a trainee have been raised with the Postgraduate Dean/Deputy – either following an outcome from the ARCP process or through some other mechanism – the Postgraduate Dean/Deputy should liaise directly with the Medical Director and the educational lead (e.g. Director of Medical Education) or the FPTD where the trainee is employed/working (depending on local arrangements) to investigate and consider whether further action is required.

The ARCP for Academic Training Programmes

- 4.95 Some doctors will undertake Academic Foundation Programmes (AFP). There are important differences in the structure of AFPs in the different foundation schools. Trainees in such programmes will have to both successfully complete the full training programme and meet the requirements of the academic programme.
- 4.96 Individuals undertaking AFP training must have a named academic supervisor, who will normally be different from the trainee's named clinical supervisor.
- 4.97 On entry to the AFP, the named academic supervisor should devise a research plan with the trainee as the context against which to assess their academic progress. The educational supervisor and named academic supervisor should work together to ensure that clinical and academic objectives are complementary. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

Recording Academic and Clinical Progress – Academic Assessment

- 4.98 The academic supervisor should submit a report to the Educational supervisor at the end of the academic placement, highlighting the AFP trainee's achievements, strengths and areas for development. The Educational supervisor should use this report as evidence for their end of year report about the trainee, which will be used by the ARCP panel to recommend an outcome.

The ARCP for Trainees Undertaking OOPR

- 4.99 Trainees who wish to undertake full-time research out of programme must have their research programme agreed with their named academic supervisor. This should form part of the documentation sent to the Postgraduate Dean/Deputy when requesting OOPR.
- 4.100 Trainees must submit an annual OOPR return to the ARCP panel of their base locality in HEE, NES, HEIW or NIMDTA along with a report from their named academic supervisor. All trainees on OOPR should have a formal assessment of academic progress, which is submitted as part of the documentation for the ARCP panel as described above for joint clinical and academic programmes. The report must indicate whether appropriate progress in the research has taken place during the previous year and also whether the planned date of completion of the research has changed. Any request for a potential extension to the OOPR will need to be considered separately by the Postgraduate Dean/Deputy.
- 4.101 Both the trainee and the named academic supervisor must remain aware that normally a maximum of three years is agreed for OOPR. If a request to exceed this is to be made, such a request must be made to the Postgraduate Dean/Deputy at least six months prior to the extension commencing. The request must come from the named academic supervisor, who must set out clear reasons for the extension request. Adequate governance structures must be in place to allow for discussion between the academic institution and HEE, NES, HEIW or NIMDTA on such requests.
- 4.102 The purpose of documenting performance during OOPR is both to assess progress towards meeting the approved academic requirements and to ensure that progress is made so that return to the clinical training programme is within the agreed timescale.
- 4.103 Trainees undertaking research with no clinical care component that is for longer than three months should participate in a “Return to Work” package. This should include consideration of returning to clinical learning as well as to clinical practice and may include “Keep in Touch” arrangements.

Appeals of the ARCP Outcomes

- 4.104 It should not come as a surprise to trainees that they receive an outcome 3 or 4 since any performance and/or conduct shortcomings should be identified on the e-portfolio and discussed with the trainee during the educational review process.
- 4.105 As identified in paragraph [4.54](#) either the ARCP panel (wherever reasonably practicable) or a senior educator in the training programme with delegated responsibility will meet with all trainees, who are judged on the evidence submitted to:
- i. require additional training time for all reasons other than associated with a “training pause” (Outcome 3)
 - ii. be required to leave the training programme before completion, with identified capabilities achieved or with an identified and specified level of training attained (Outcome 4)

- 4.106 The purpose of the post-ARCP meeting identified in paragraphs [4.54-4.55](#) is to inform the trainee of the decision of the panel. The meeting should also plan the further action that is required to address issues of progress (in relation to Outcomes 3) or make clear to the trainee the Foundation professional capabilities with which they will leave the programme (in relation to an Outcome 4).
- 4.107 However, a trainee has the right to request a review and (in some circumstances) an appeal if one of these outcomes is recommended by the ARCP panel.
- 4.108 If the trainee requests a review or appeal, the outcome documentation from the original ARCP panel should not be signed off by the Postgraduate Dean/Deputy and the training contract is not removed until all review or appeal procedures have been completed. Only at this stage should the Postgraduate Dean/Deputy sign off the ARCP panel's outcome.

Reviews and Appeals

- 4.109 A review is a process where an individual or a group who originally made a decision returns to it to reconsider whether it was appropriate. This does not require the panel to be formally reconvened and can be undertaken virtually. The review must take into account the representations of the trainee asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.
- 4.110 An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. An appeal can take into account information available at the time the original decision was made, newly submitted information relevant to the appeal and the representations of the appellant. Those involved in an appeal panel must not have played a part in the original decision or the review.
- 4.111 Through the process of review or appeal, it may be decided that the decision to withdraw a training contract or issue ARCP Outcomes 3 or 4 is not justified. Where this occurs for ARCP outcomes, the facts of the case will be recorded and retained but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in paragraph [4.81](#).



Appeal Against Outcomes 3 and 4 or Withdrawal of a Training Contract

- 4.112 Trainees have the right of appeal if their training contract is withdrawn under paragraphs [3.54 iii–vii](#) or if they receive an ARCP outcome that results in a recommendation for:
- i. an extension of time to complete the training programme (Outcome 3)
 - ii. release of the trainee from the training programme with or without identified capabilities having been achieved and without completion of the programme (Outcome 4)
- 4.113 Appeal requests should be made in writing to the Postgraduate Dean/Deputy within ten working days of the trainee being notified of the decision. The request must specifically state the grounds for appeal.
- 4.114 Where the appeal is being made against a decision to withdraw a training contract as defined in paragraphs [3.54 iii–vii](#), the Postgraduate Dean/Deputy will review the decision in the light of the information contained within the trainee’s appeal request. If the Postgraduate Dean/Deputy decides to reverse the original decision, then the trainee will not have their contract withdrawn but if the Postgraduate Dean/Deputy determines that there is insufficient reason to reverse the decision, the Postgraduate Dean/Deputy will confirm with the trainee that they wish to proceed to an appeal hearing and this will then be arranged.
- 4.115 On receipt of an appeal request, the Postgraduate Dean/Deputy will arrange for a review of the original recommendation. This review will follow the process outlined in paragraphs [4.109–4.111](#). The decision of the review panel will be communicated to the trainee.
- 4.116 Appeal requests must be made in writing and with supporting evidence to the Postgraduate Dean/Deputy within ten working days of being notified of the panel’s decision. Trainees may provide additional evidence at this stage (e.g. evidence of mitigating circumstances or other evidence relevant to the original panel’s decision) and this must be received as part of the request for appeal so that the panel is able to consider it in detail. Where the review panel has modified the decision of the original ARCP panel to an Outcome 1, this completes any appeal process.
- 4.117 Where the review panel does not alter the decision of the original ARCP panel or where an Outcome 4 is converted to an Outcome 3, the Postgraduate Dean/Deputy will confirm with the trainee that they wish to proceed to an appeal hearing and this will then be arranged.

F1 Appeals

- 4.118 Under the Medical Act, the GMC has determined that the graduating UK university/medical school is responsible for the recommendation for full registration. Any appeal against an Outcome 4 for UK medical graduates (F1s) will normally be heard by the university/medical school of graduation. They should lodge their appeal in writing within 10 working days of receiving the written decision of the F1 ARCP panel. The appeal should be addressed to the postgraduate dean/deputy or nominated representative and must specify the grounds for the appeal. The postgraduate dean/deputy will contact the relevant medical school of graduation.

- 4.119 For F1 doctors graduating from UK medical schools the default position should be that the graduating university/medical school should hear the appeal. If greater flexibility is needed in establishing an appeal panel and considering the appeal, then HEE/NES/NIMDTA/HEIW/foundation school must discuss this with the graduating medical school and the reasons for not following the standard process must be set out in writing both to the medical school of graduation and to the foundation doctor in question. The medical school of graduation and the doctor must confirm in writing that the proposed procedure is acceptable.
- 4.120 In the case of F1 doctors who have not graduated from a UK university/medical school any such appeal of the award of an Outcome 4 would normally be heard by the foundation school in which they are undertaking their training.
- 4.121 F1 doctors should lodge their appeal with the postgraduate dean/deputy in the first instance. For F1 doctors who have graduated from a UK medical school the postgraduate dean/deputy will contact the relevant medical school of graduation.
- 4.122 If the F1 doctor's appeal is not successful, a final appeal against the decision of the graduating UK university/medical school/foundation school through the Office of the Independent Adjudicator (OIA) or equivalent. Further details should be available from the university/medical school of graduation.
- 4.123 It is not possible to appeal a decision due to non- statutory leave in excess of the permitted 20 days, unless the amount of time of non-statutory leave itself is being contested.

Appeal Hearing

- 4.124 A formal appeal hearing should normally take place as soon as practical and without unreasonable delay. If the trainee agrees, it is not always necessary for an appeal hearing to be face to face and an appeal can be dealt with on written submissions. Members of the original ARCP panel must not take part as members of the appeal panel. Trainees may support their appeals with further written evidence relevant to the grounds of the appeal. All documentation presented to the appeal panel must also be made available to the trainee.
- 4.125 HEE, NES, the HEIW and NIMDTA have agreed standard operating procedures (SOPs) that will define how appeals will be managed and that will take into account:
- i. the timing of the notification by the trainee of their intention to appeal, the timing at which all additional evidence will be presented and the timing for the outcome of any appeal hearing to be notified to the trainee
 - ii. the membership of the panel and permitted attendees
 - iii. the standard format for an appeal hearing

Notification of Appeal Outcome

- 4.126 Trainees will be notified in writing of the panel's decision with reasons within five working days (where possible) of the appeal hearing. The decision of the appeal panel is final and there is no further right of appeal.
- 4.127 If the appeal is in relation to an ARCP outcome, the appeal panel should not impose an increased sanction on the trainee (e.g. an Outcome 3 should not be changed to an Outcome 4). In circumstances where new information has come to light that may inform such a decision, these issues will be brought to the attention of the Postgraduate Dean/Deputy.
- 4.128 In appeals relating to Outcomes 3 and 4 or a decision to withdraw a training contract, the employer should be kept informed of progress at each step in the appeal process.
- 4.129 When an Outcome 4 recommendation is upheld by the appeal panel or it upholds the decision to withdraw a training contract under paragraph [3.54 ii](#), the Postgraduate Dean /Deputy will be notified. They will write to the trainee to confirm the decision and the withdrawal of the training contract. This will be done either ten working days after the original recommendation is made when the trainee has not requested an appeal or at the completion of the appeal process, whichever is later. The effective date for the cessation of the training programme is the date of the letter confirming the decision by the Postgraduate Dean/Deputy. This will also be the date of removal of the training contract.



Section 5: Being a Foundation Programme doctor and an Employee

Foundation Doctors

- 5.1 Foundation doctors are expected to take control of their own learning and become fully involved in the educational, supervised learning and assessment processes of their foundation training.
- 5.2 Their responsibilities include:
- i. abiding by the conditions of taking up a training post
 - ii. demonstrating professional behaviour in line with [Good Medical Practice](#)
 - iii. working within the HR policies and procedures as outlined by the local education provider
 - iv. becoming familiar with the requirements for satisfactory completion of a F1 and F2 foundation programme
 - v. becoming fully involved in the educational, supervised learning and assessment processes, including attending core generic training sessions, meeting regularly with their educational and clinical supervisor and maintaining an up-to-date e-portfolio
 - vi. taking part in the school's career-management process to help them match their skills, interests and ambitions with the available opportunities and
 - vii. taking part in systems of quality assurance and quality improvement in their clinical work and training. In particular, foundation doctors should complete the GMC trainee survey, the national F2 career destination survey, and end of placement or end of year surveys required by HEE/NES/NIMDTA/HEIW /foundation school.
- 5.3 All foundation doctors are assigned a named educational supervisor for some/all of their programme, and a named clinical supervisor for each placement. Foundation doctors must make arrangements to see their educational supervisor and named clinical supervisor as regularly as is required by their foundation school.
- 5.4 Foundation doctors, wherever possible, should raise any difficulties with their educational supervisor and/or named clinical supervisor, and keep them informed of their progress. Foundation doctors who have difficulties arranging appointments with their educational supervisor or named clinical supervisor, and/or have concerns about the quality of their training should contact their FPTD.
- 5.5 If a foundation doctor has concerns about such matters as poor-quality care, harassment, criminal offences, fraud or corruption they should follow their employer's or HEE/NES/NIMDTA/HEIW/ foundation school's whistle-blowing policy.

Accountability Issues for Employers, Postgraduate Deans and Trainees

- 5.6 The Postgraduate Dean is responsible for commissioning and managing the delivery of good quality training and education to postgraduate trainees. In the majority of cases, trainees in foundation training are employed by separate healthcare organisations. HEE and HEIW do not employ doctors in training. The NIMDTA and NES do not usually employ doctors in training except where they have elected to take a lead employer role. The guidance below relates to doctors who are not employed by HEE, NES, the HEIW or NIMDTA. Where trainees are employed by NIMDTA or NES, separate guidance will be provided.
- 5.7 Trainees have an employment relationship with their employer, and issues such as misconduct and ill health are subject to their employing organisation's policies, procedures and nationally agreed standards such as [Maintaining High Professional Standards in the Modern NHS](#) (in England) or the equivalent documents/processes in the other jurisdictions of the UK.
- 5.8 In the first instance where there are issues around conduct, poor performance and professional competence, employers should advise the Postgraduate Dean of any trainee who is experiencing difficulties as well as the action being taken, including steps to support and remedy any deficiencies. Where appropriate, the Postgraduate Dean/Deputy and employers will work closely together to identify the most effective means of helping/ supporting the trainee while ensuring that patient safety is maintained at all times. There may also be a need for early involvement of services such as the Professional Support Unit provision in HEE, NES, the HEIW and NIMDTA or the National Clinical Assessment Service to provide advice about how best to support the process.
- 5.9 Employers must ensure that mechanisms are in place to support the training of trainees, and to manage employment-related issues in an open and supportive way. Where personal misconduct is identified, employers may need to take action. In such cases, the Postgraduate Dean should be notified from the outset. Any decision by the employer to dismiss a trainee should be communicated to the Postgraduate Dean and considered in line with paragraph [3.54 vii](#) of this Guide.

Employers must ensure that mechanisms are in place to support the training of trainees, and to manage employment-related issues in an open and supportive way.

- 5.10 Payment in respect of ill health, jury service, maternity/paternity/adoption absence remains the responsibility of the employing organisation.
- 5.11 Trainees will need to participate in an employer’s “Return to Work” package at the end of any prolonged absence from work, including maternity/paternity/adoption leave. This should include consideration of returning to clinical learning as well as to clinical practice and may include “Keep in Touch” arrangements organised by the healthcare organisation.
- 5.12 Under the Responsible Officers Regulations, every doctor with a full licence to practise must have a “designated body” and relate to a named Responsible Officer (RO). ROs are responsible for ensuring the fitness to practise of their doctors, and that appropriate systems are in place to allow effective identification, remediation and monitoring of doctors in difficulty. For doctors in postgraduate training, their RO is their Postgraduate Dean and their designated body is the locality in HEE, NES, the HEIW or NIMDTA responsible for the management of their training programme. Further guidance on the role of the RO is available from [GMC | Responsible Officer Regulations](#).
- 5.13 On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC’s fitness to practise process. Trainees, in common with all doctors, may be subject to fitness to practise investigation by the GMC and adjudication by the Medical Practitioners Tribunal Service. Significant fitness to practise concerns may include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Where there are concerns, ensuring that doctors are referred to the GMC is a key part of the role of the RO. Guidance on referring a doctor is available from [GMC | A Health Professional’s Guide – How to Refer a Doctor to the GMC](#) and support is provided by the Employer Liaison Service. Where such serious issues arise, advice should be sought from the relevant regional Employer Liaison Advisor about whether they are likely to meet the GMC’s fitness to practise threshold.
- 5.14 The Postgraduate Dean (or other HEE, NES, HEIW or NIMDTA staff) must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee but may provide evidence to the panel and advise on training and education matters if required.
- 5.15 Medical professionals have ethical and professional responsibilities to raise concerns about matters that may harm patients or colleagues. Within the NHS and social care sector, these issues have the potential to undermine public confidence in these vital services and patient safety. Whistle blowing is the popular term applied to reporting such concerns about malpractice, wrongdoing or fraud. Such concerns should usually be raised by the trainee to their employer or an appropriate regulator. However, HEE, NES, the HEIW and NIMDTA recognise that a trainee may feel it is not appropriate for them to raise a concern with their employer or may be concerned that they will suffer detriment from their employer or others as a result of raising such concerns. In these circumstances, HEE, NES, the HEIW or NIMDTA will offer appropriate guidance and signposting to support any trainee wishing to raise concerns.

Transfer of Information

- 5.16 Trainees must maintain an e-portfolio that covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as part of the ongoing training process. The transfer of educational information from placement to placement in the training programme is fundamental to the training process and is applicable to every trainee.
- 5.17 The Annual Review of Competence Progression (ARCP) process, which incorporates educational and named clinical supervisor reports, will also be shared with employers to ensure that they are aware of the progress and performance of all their doctors in postgraduate training.
- 5.18 Foundation trainees in Scotland in general practice require inclusion on the Medical Performers List. Trainees must comply with the provision of information that is necessary for their inclusion and continuation on the List. If trainees are not included on the Medical Performers List (outside of the initial period of grace), they must discontinue clinical activity in general practice.
- 5.19 In situations where an employer has taken action because of concerns about a trainee's conduct or performance, it will be essential for the educational supervisor and Director of Medical Education at the trainee's placement to be made aware of the ongoing training and/or pastoral needs to ensure that these issues are addressed.
- 5.20 Where a trainee has significant health issues that may impact on their training, the trainee must engage with the healthcare organisation's and/or the Postgraduate Dean's/Deputy's requests for health assessment and information. For example, a trainee must not unreasonably refuse to engage with an employer's request for a trainee to attend an occupational health appointment. If a trainee fails to engage with the process, it may not be possible to safely continue training and removal of the training contract will be considered in line with paragraph [3.54](#) of this Guide.
- 5.21 It may also be essential, for the sake of patient safety and to support the trainee, that relevant information regarding any completed or outstanding disciplinary or competence issue is transferred to the next placement provider. This may make reference to any educational or supervisory needs that must be addressed and any formal action taken against the trainee, including the nature of the incident triggering such action. Information about any completed disciplinary procedure that exonerated the trainee will not be shared unless issues relevant to the trainee's progression or training are identified.

- 5.22 In addition, where there are potential fitness to practise concerns or information relating to a doctor's revalidation, the Postgraduate Dean (as the trainee's RO) and the RO for the employing organisation may have a statutory responsibility to share relevant information with the GMC, the Medical Performers List and/or other external agencies.
- 5.23 In all of these circumstances, any information shared will comply with the principles set out in the General Data Protection Regulation ([Appendix 6](#)).

Managing Absence from Training Other Than Annual Leave

- 5.24 The following applies to a foundation doctor who is absent from training when they would be expected to be in training: if the foundation doctor is absent from the foundation programme for sickness, jury service, maternity leave, adoption leave or paternity leave, and the cumulative sum of these absences exceeds 20 days (when a doctor would normally be at work), in the current training year, then a review should be undertaken with the doctor to review whether they need to have an extra period of training.



Appendices

Appendix 1: Form R (Parts A and B)

Appendix 2: Conditions of Joining a Foundation Training Programme

Appendix 3: ARCP Outcome Form

Appendix 4: Out of Programme Form

Appendix 5: Report on Academic Trainees' Progress

Appendix 6: Gold Guide Privacy Notice

Appendix 7: Glossary





Appendix 1:

Form R (Parts A and B)

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT			
<p>If this form has been pre-populated by your Deanery/LETB, please check all details, cross out errors and write on amendments. By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct. It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.</p>			
Forename:		GMC-registered surname:	
GMC Number:		Deanery/LETB:	
Date of Birth:	Gender:	Immigration Status:	(If newly registering, attach passport-sized photo of face here)
		(e.g. resident, settled, work permit required)	
Primary Qualification:	Date awarded:		
Medical School awarding primary qualification (name and country):			
Home Address:	Contact telephone:		
	Contact mobile:		
Please tick only one of these options:		Preferred email address for all communications:	
I confirm that I am a foundation doctor.	<input type="checkbox"/>	Programme Speciality:	
I confirm I have been appointed to a programme leading to award of CCT.	<input type="checkbox"/>	Speciality 1 for Award of CCT (if applicable):	
I confirm that I will be seeking specialist registration by application for a CESR.	<input type="checkbox"/>	Speciality 2 for Award of CCT (if applicable):	
I confirm that I will be seeking specialist registration by application for a CESR CP.	<input type="checkbox"/>		
I confirm that I will be seeking specialist registration by application for a CEGPR.	<input type="checkbox"/>	Royal College/Faculty assessing training for the award of CCT:	
I confirm that I will be seeking specialist registration by application for a CEGPR CP.	<input type="checkbox"/>	(if undertaking full prospectively approved programme)	
I confirm that I am a core trainee, not yet eligible for CCT.	<input type="checkbox"/>	Anticipated completion date of current programme, if known:	
Grade:	Date started:	Post Type or Appointment:	Full time or % of Full time Training:
		(e.g. LAT, Run Through, higher, FTSTA)	(e.g. Full Time, 80% 60%)
By signing this form, I confirm that the information above is correct and I will keep my Designated Body, and the GMC, informed as soon as possible of any change to my contact details.			

Trainee Signature:		Date:	
FOR DEANERY/LETB USE ONLY			
National Training Number:	GMC Programme Approval Number:	Deanery Reference Number:	
Signature of Postgraduate Dean or representative of PGD:		Date:	



Form R (Part B)

Self-declaration for the Revalidation of Doctors in Training

IMPORTANT:				
<p>If this form has been pre-populated by your Deanery/LETB, please check all details, cross out errors and write on amendments. By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct. It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.</p>				
Section 1: Doctor's details				
Forename:		GMC-registered surname:		
GMC Number:		Date of Birth:	Gender:	
Telephone:		Primary contact email address:		
Current Deanery/LETB:				
Previous Designated Body for Revalidation (if applicable):				
Date of previous Revalidation (if applicable):				
Programme/ Training Specialty:		Dual specialty (if applicable):		
Section 2: Whole Scope of Practice Read these instructions carefully!				
<p>Please list all placements in your capacity as a registered medical practitioner since your last ARCP/RITA or appraisal. This includes: (1) each of your training posts if you are or were in a training programme; (2) any time out of programme, e.g. OOP, mat leave, career break, etc.; (3) any voluntary or advisory work, work in nonNHS bodies, or self-employment; (4) any work as a locum. For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the number of shifts worked during each employer-period. Please add more rows if required, or attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.</p>				
Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.)	Start date	End date	Was this a training post? Y/N	Name and location of Employing/ Hosting Organisation/ GP Practice <small>(Please use full name of organisation/ site and town/ city, rather than acronyms)</small>
Number of days of TOOT:	TIME OUT OF TRAINING ('TOOT')			
days	Self-reported absence whilst part of a training programme since last ARCP/RITA (or, if no ARCP/RITA, since initial registration to programme). Time out of training should reflect days absent from the training programme and is considered by the ARCP panel/Deanery/LETB in recalculation of the date you should end your current training programme.			
TOOT should include: ✓ short- and long-term sickness absence ✓ unpaid/unauthorised leave ✓ maternity/paternity leave ✓ compassionate paid/unpaid leave ✓ jury service ✓ career breaks within a programme (OOPC) and non-training placements for experience (OOPE)		TOOT should not include: ✗ study leave ✗ paid annual leave ✗ prospectively approved Out of Programme ✗ Training/Research (OOPT / OOPR) ✗ periods of time between training programmes (e.g. between core and higher training)		

Section 3: Declarations relating to Good Medical Practice

These declarations are compulsory and relate to the Good Medical Practice guidance issued by the GMC.

Honesty and Integrity are at the heart of medical professionalism. This means being honest and trustworthy and acting with integrity in all areas of your practice, and is covered in Good Medical Practice.

A statement of **health** is a declaration that you accept the professional obligations placed on you in Good Medical Practice about your personal health. Doctors must not allow their own health to endanger patients. Health is covered in Good Medical Practice.

1) I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to honesty and integrity.

Please tick/cross here to confirm your acceptance

* If you wish to make any declarations in relation to honesty and integrity, please do this in Section 6.

2) I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Please tick/cross here to confirm your acceptance

3a) Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing Trust or other organisation?

Yes - Go to Q3b

No - Go to Q4

3b) If YES, are you complying with these conditions/ undertakings?

Yes - Go to Q4

4) Health statement – Writing something in this section below is not compulsory. If you wish to declare anything in relation to your health for which you feel it would be beneficial that the ARCP/RITA panel or Responsible Officer knew about, please do so below.

Section 4: Update to previous Form R Part B – If you have previously declared any Significant Events, Complaints or Other Investigations on your last Form R Part B, please provide updates to these declarations below.

Please do not use this space for new declarations. These should be added in Section 5 (New declarations since your previous Form R Part B).

Please continue on a separate sheet if required. Title the sheet 'Appendix to previous Form R Part B update', and attach to this form.

Section 5: New declarations since your previous Form R Part B

Significant Event: The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s. Use non-identifiable patient data only.

Complaints: A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of honesty and integrity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice. Use non-identifiable patient data only.

Other investigations: In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP/RITA/Appraisal panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

Please continue on a separate sheet if required. Title the sheet 'Appendix to new declarations', and attach to this form.



****REMINDER:** DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM

Form 1) Please tick/cross ONE of the following only:

- I do NOT have anything new to declare since my last ARCP/RITA/Appraisal
- I HAVE been involved in significant events/complaints/other investigations since my last ARCP/RITA/Appraisal

2) If you know of any RESOLVED significant events/complaints/other investigations since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. (Add additional lines if required).

Significant event: Complaint: Other investigation:

Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____

Location of entry in Portfolio _____

Significant event: Complaint: Other investigation:

Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____

Location of entry in Portfolio _____

Significant event: Complaint: Other investigation:

Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____

Location of entry in Portfolio _____

3) If you know of any UNRESOLVED significant events/complaints/other investigations since your last ARCP/RITA/Appraisal, please provide below a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.



Section 6: Compliments – Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio, to help give a better picture of your practice as a whole. Please use a separate sheet if required. **This section is not compulsory.**

Section 7: Declaration

I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/LETB and my employer if I am aware of any changes to the information provided in this form.

I give permission for my past and present ARCP/RITA portfolios and/or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.

Trainee Signature:

Date:

Appendix 2:

Conditions of Joining a Foundation Training Programme

(Note: This is NOT an offer of employment.)

Dear Postgraduate Dean,

On accepting an offer to join a training programme in [.....] Foundation School, I agree to meet the following requirements throughout the duration of the programme:

- I will always have at the forefront of my clinical and professional practice the principles of Good Medical Practice for the benefit of safe patient care. I am aware that Good Medical Practice requires me to keep my knowledge and skill up to date throughout my working life, and to regularly take part in educational activities that maintain and further develop my competence and performance.
- As a doctor in training, I will make myself familiar with my curriculum and meet the requirements set within it. I will use training resources available optimally to develop my knowledge, skills and attitudes to the standards set by the relevant curriculum. This will include additional requirements as set out by the relevant curriculum.
- I will ensure that the care I give to patients is responsive to their needs, and that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers.
- I will ensure I treat my clinical and non-clinical colleagues with respect, promoting a culture of teamworking across all professions working in healthcare.
- I will maintain my General Medical Council (GMC) registration with a licence to practise (even if temporarily out of programme). For all trainees, failure to do so may result in a police investigation, immediate suspension from employment and referral to the GMC. Failure to do so may also result in my removal from the training programme.
- I understand my responsibilities within revalidation, that I must declare my full scope of practice (including locum positions) and that I will provide evidence for all areas of activity. I understand that my Responsible Officer is the Postgraduate Dean and that Health Education England (HEE), NHS Education for Scotland (NES), the HEIW or the Northern Ireland Medical and Dental Training Agency (NIMDTA) is my designated body.
- If starting at F1 level, I will have achieved a primary medical qualification as recognised by the GMC and obtained provisional registration by the time I am scheduled to commence the F1 year. I understand that I will need to obtain full registration with the GMC in advance of commencing as a F2 doctor.
- I will ensure that when carrying out work in a general practice setting, I am on the GP Performers List (specialty trainees only).
- I agree that I will only assume responsibility for or perform procedures in areas where I have sufficient knowledge, experience and expertise as set out by the GMC, my employers and my clinical supervisors.
- I will have adequate insurance and indemnity cover, in accordance with GMC guidance. I understand that personal indemnity cover is also strongly recommended.

- I will inform my Responsible Officer, HEE/NES/the HEIW/NIMDTA and my employer immediately if I am currently under investigation by the police, the GMC/General Dental Council (GDC), the National Clinical Assessment Service or other regulatory body, and I will inform my Responsible Officer and HEE/NES/ the HEIW/NIMDTA if I am under investigation by my employer. I also agree to share information on the progress of any investigations.
- I will inform my Responsible Officer, HEE/NES/the HEIW/NIMDTA and my employer immediately if the GMC, GDC or NHS England place any conditions (interim or otherwise) on my licence, or if I am suspended or erased/removed from the Medical or Dental Register/ Performers List.
- I will provide my employer and HEE/NES/the HEIW/NIMDTA with adequate notice as per GMC guidance/contract requirements if I wish to resign from my post/training programme.
- I will maintain a prescribed connection with HEE/NES/the HEIW/ NIMDTA, work in an approved practice setting until my GMC revalidation date (this applies to all doctors granted full registration after 2 June 2014) and comply with all requirements regarding the GMC revalidation process.
- I will ensure that I comply with the standards required from doctors when engaging with social media, and I will adhere to my employer's policy on social media and GMC guidance.
- I acknowledge that as an employee in a healthcare organisation, I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes familiarity with policies, participating in employer and departmental inductions, and workplace-based appraisal as well as educational appraisal. I acknowledge and agree to the need to share information about my performance as a doctor in training with other organisations (e.g. employers, medical schools, the GMC, Colleges/training bodies involved in my training) and with the Postgraduate Dean on a regular basis.
- I acknowledge that data will be collected to support the following processes and I will comply with the requirements of the General Data Protection Regulation (GDPR) 2018, the Data Protection Act (DPA) 2018 and other such data protection as is in force from time to time:
 - a) Managing the provision of training programmes
 - b) Managing processes allied to training programmes, such as certification, evidence to support revalidation and supporting the requirements of regulators
 - c) Quality assurance of training programmes
 - d) Workforce planning
 - e) Ensuring and improving patient safety
 - f) Compliance with legal and regulatory responsibilities, including monitoring under the Equality Act 2010
 - g) Research related to any of the above
- I will maintain regular contact with my Training Programme Director, other trainers and HEE/ NES/the HEIW/NIMDTA by responding promptly to communications from them.
- I will participate proactively in the appraisal, assessment and programme planning process, including providing documentation that will be required to the prescribed timescales and progressing my training without unreasonable delay.

- I will ensure that I develop and keep up to date my learning e-portfolio, which underpins the training process and documents my progress through the programme.
- I agree to ensure timely registration with the appropriate College/Faculty.
- I will support the development and evaluation of my training programme by participating actively in the national annual GMC Trainee Survey/programme specific surveys as well as any other activities that contribute to the quality improvement of training.
- I acknowledge that where programmes are time dependant, failure to complete the required time in programme may result in an unsatisfactory outcome.

In addition, I acknowledge the following specific information requirements:

1. I understand that programme and post allocations are provisional and subject to change until confirmed by HEE/NES/the HEIW/NIMDTA and/or my employing organisation.
2. I understand that I will need to satisfy all requirements of the programme and curriculum to enable satisfactory sign off, and that this may require a specific time commitment.
3. I agree to the following:
 - a) I will obtain and provide my School and HEE/NES/the HEIW/ NIMDTA with a professional email address.
 - b) I will inform my School and HEE/NES/the HEIW/NIMDTA of any change of my personal contact details and/or personal circumstances that may affect my training programme arrangements.
 - c) I will keep myself up to date with the latest information available via HEE/ NES/the HEIW/ NIMDTA as well as via the relevant educational and regulatory websites.
 - d) I will attend the minimum number of formal teaching days as required by my School/ programme.
 - e) I understand that I will be contacted by HEE/NES/the HEIW/NIMDTA about matters that are relevant to my teaching, training or personal development.
4. Where applicable, I will fully engage with immigration and employer requirements relating to Tier 2 and Tier 4 UK visas.

I acknowledge the importance of these responsibilities and understand that they are requirements for maintaining my registration with the Postgraduate Dean. If I fail to meet them, I understand that my membership of the UK Foundation Programme/training number (specialty trainees only) may be withdrawn by the Postgraduate Dean.

I understand that this document does not constitute an offer of employment. Yours sincerely,

Foundation Doctor's Signature:	
Foundation Doctor's Name:	
Date signed by Foundation Doctor:	

Appendix 3:

F1 ARCP outcome form

Foundation doctor:		GMC No:				
Foundation training:						
	Specialty	Clinical Supervisor	LEP	Date from (dd/mm/yy)	Date to (dd/mm/yy)	FT/PT as % FT
1						
Names of the foundation ARCP Panel members (FTPD/T and two others)	1.					
	2.					
	3.					
	Other(s):					
Date of Review:						
Evidence considered (please list as many as appropriate)						
Educational supervisor's end of year report	<input type="checkbox"/>	(Please specify)				<input type="checkbox"/>
E-portfolio	<input type="checkbox"/>	(Please specify)				<input type="checkbox"/>
(Please specify)	<input type="checkbox"/>	(Please specify)				<input type="checkbox"/>
F1 ARCP review panel outcome (please select only one):						
Recommended for sign off						
Outcome 1: Satisfactory completion of F1						<input type="checkbox"/>
Not recommended for sign off						
Outcome 3. Inadequate progress – additional training time required						<input type="checkbox"/>
Outcome 4. Released from training programme						<input type="checkbox"/>
Outcome 5. Incomplete evidence presented – additional training time may be required						<input type="checkbox"/>
No ARCP review/outcome						
Outcome 8. Time out of Foundation Programme (up to 12 month career break/research)						<input type="checkbox"/>
Other (e.g. working LTFT, on sick leave, missed review etc.)						<input type="checkbox"/>



Transfer of information between F1 and F2 (please select only one):	
There are no known causes of concern	<input type="checkbox"/>
There are causes of concern	<input type="checkbox"/>
Brief summary of concern:	

Comments and recommended action(s): (Include areas of excellence, areas for targeted training, level of supervision, any additional training time and the action plan etc.):

Signed by chair of panel (FTPD/T or deputy)			
Name	Signature	Designation	Date
Additional comments			
Signed by foundation doctor*			<input type="checkbox"/>
Signature			Date

* By signing the form, the foundation doctor acknowledges receipt of this information and understands the recommendations arising from the review. It does not imply that the doctor accepts or agrees with the panel's decision. The foundation doctor may make an appeal as described in Foundation Programme Reference Guide.

**F2 ARCP outcome form**

Foundation doctor:	GMC No:
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Foundation training:						
	Specialty	Clinical Supervisor	LEP	Date from (dd/mm/yy)	Date to (dd/mm/yy)	FT/PT as % FT
1						

Names of the foundation ARCP Panel members (FTPD/T and two others)	1.
	2.
	3.
	Other(s):
Date of Review:	

Evidence considered (please list as many as appropriate)			
Educational supervisor's end of year report	<input type="checkbox"/>	(Please specify)	<input type="checkbox"/>
E-portfolio	<input type="checkbox"/>	(Please specify)	<input type="checkbox"/>
(Please specify)	<input type="checkbox"/>	(Please specify)	<input type="checkbox"/>

F1 ARCP review panel outcome (please select only one):	
Recommended for sign off	
Outcome 6. Satisfactory completion of F2	<input type="checkbox"/>
Not recommended for sign off	
Outcome 3. Inadequate progress – additional training time required	<input type="checkbox"/>
Outcome 4. Released from training programme	<input type="checkbox"/>
Outcome 5. Incomplete evidence presented – additional training time may be required	<input type="checkbox"/>
No ARCP review/outcome	
Outcome 8. Time out of Foundation Programme (up to 12 month career break/research)	<input type="checkbox"/>
Other (e.g. working LTFT, on sick leave, missed review etc.)	<input type="checkbox"/>



Revalidation:	
There are no known causes of concern	<input type="checkbox"/>
There are causes of concern	<input type="checkbox"/>
Brief summary of concern:	

Comments and recommended action(s): (Include areas of excellence, areas for targeted training, level of supervision, any additional training time and the action plan etc.):

Signed by chair of panel (FTPD/T or deputy)			
Name	Signature	Designation	Date
Additional comments			
Signed by foundation doctor*			
Signature			Date

* By signing the form, the foundation doctor acknowledges receipt of this information and understands the recommendations arising from the review. It does not imply that the doctor accepts or agrees with the panel's decision. The foundation doctor may make an appeal as described in Foundation Programme Reference Guide.

To be completed by Review Panel for trainees who had an unsatisfactory review outcome

Reason	Explanatory Notes	GMC Code
Record Keeping and Evidence	Trainee failed to satisfactorily maintain their Royal College/Faculty/Foundation E-Portfolio including completing the recommended number of Work Placed Based Reviews; Supervised Learning Events, Audits; Research; structured Education Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty/Foundation curriculum requirements.	U1
Inadequate Experience	Training post (s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal College/Faculty/Foundation curriculum requirements for the year of training.	U2
No Engagement with Supervisor	Trainee failed to engage with the assigned Educational Supervisor or the training curriculum in accordance with the Royal College/Faculty/Foundation requirements for that particular year.	U3
Trainer Absence	Nominated Educational Supervisor or Trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated ESupvr deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal College/Faculty/Foundation curriculum requirements for the year of training.	U4
Trainee requires Deanery Support	Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc and requires the support of the Deanery Performance Team.	U7
Other reason	This may include the trainee having failed: <ul style="list-style-type: none"> to participate in systems of quality assurances and quality improvement projects 	U8
Inadequate attendance	Trainee exceeded the maximum permitted absence of 4 weeks from training (other than annual leave) and/or has unsatisfactory attendance at formal teaching sessions. *This code should NOT be used to describe a less than fulltime (LTFT) foundation doctors who has satisfactorily attended their pro-rata FP/ formal teaching sessions.	U9
Assessment / Curriculum outcomes not achieved	Trainee has failed to meet the outcomes of the FP Curriculum and/ or pass the assessments required for satisfactory completion of F1/F2. Formal assessments include: <ul style="list-style-type: none"> Core procedures for F1 TAB Clinical supervisor end of placement reports Educational supervisor end of placement reports; and Educational supervisor's end of year reports. 	U10

To be completed if No ARCP Review/outcome and Other selected

Reason	Explanatory Notes	GMC Code
Less than full time (LTFT) – no concern	Achieving progress and the development of outcomes at the expected rate.	N14
Less than full time (LTFT) – some concern	May not be achieving progress or development of outcomes at the expected rate.	N15
Trainee Sick Leave	Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.	N1
Trainee Maternity/ Paternity Leave	Trainee cannot be reviewed whilst on maternity leave	N2
Trainee Missed Review	Trainee did not attend the Review when required. I.e. Analysis from Deaneries is that where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of GMC reporting period.	N6
Trainee on suspension for Gross Misconduct	Trainee currently suspended from training either as a result of GMC Suspension or local Trust or other local disciplinary proceedings due to gross misconduct.	N10
Trainee on suspension - other reason	Trainee currently suspended for reasons other than gross misconduct.	N11
Trainee Resignation	The trainee has left the training programme prior to its completion. Please specify if: <ul style="list-style-type: none"> • no remedial training prior to resignation • received remedial training prior to resignation 	* N12 N21 N22
Trainee dismissed	The trainee was dismissed prior to programme completion. Please specify if <ul style="list-style-type: none"> • Dismissed: no remedial training undertaken • Dismissed following remedial training Also whether: • Dismissed: no GMC referral • Dismissed following GMC referral 	* N16 N17 N18 N19 N20
Other reason	(Please specify)	N13

**Foundation Year 1 Certificate of Completion (F1CC)****(DOCTOR'S NAME):****GMC number:****Foundation school:****Medical school:**

undertook the following F1 training:

	Specialty	Clinical Supervisor	Local Education Provider	Date from (dd/mm/yy)	Date to (dd/mm/yy)
1					
2					
3					
4					

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of foundation year 1 as laid down by the General Medical Council and set out in the foundation programme curriculum and the foundation programme reference guide.

Signature: _____ Name: _____

Designation: Foundation School Director Date: _____

**Foundation Programme Certificate of Completion (FPCC)****(DOCTOR'S NAME)****GMC number:****Foundation school:****Medical school:**

undertook the following F2 training:

	Specialty	Clinical Supervisor	Local Education Provider	UK APS*	Date from (dd/mm/yy)	Date to (dd/mm/yy)
1				Yes/No		
2				Yes/No		
3				Yes/No		
4				Yes/No		

* UK APS = Approved practice setting in the United Kingdom. UK APS is an organisation approved by the GMC as suitable for doctors new to full registration, or returning to the medical register after prolonged absence from UK practice. See GMC for more details.

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of the foundation programme (F2) as laid down by the General Medical Council and set out in the foundation programme curriculum and the foundation programme reference guide.

Signature: _____ Name: _____

Designation: Foundation School Director Date: _____

**Appendix 4:****Time Out of Programme Request Form**

Your details			
Name:		GMC Number:	
Contact address:		E-mail address:	
		Telephone:	
Foundation school:		ID of current F1 programme:	
Please list all specialties within your F1 rotation (including current specialty):			



Details of request			
Why are you requesting time out of your Foundation Programme?			
Where do you anticipate spending the time out of your Foundation Programme?			
What do you expect to achieve during the time out of your Foundation Programme?			
Have you discussed your plans to take time out of your programme with your Educational Supervisor?			Yes / No
Requested leave date:		Return date:	

Declaration by foundation doctor			
I wish to return to F2 training after my time out of programme. I understand that in order to secure an F2 allocation, I must ensure that I apply through the usual process as set out by the foundation school and meet the required timescales. I understand that if I do not follow the school's processes, I may not be allocated an F2 programme in the foundation school. I also understand that I will not return to my original F2 programme.			
Signature:		Date:	

Confirmation of discussion with Foundation Programme Training Programme Director (FPTD)			
I confirm that the above named foundation doctor has discussed with me their intention and reasons for requesting time out of their Foundation Programme.			
Name:			
Signature:		Date:	
Additional comments from FPTD:			

Final Decision by Foundation School Director			
I confirm that I APPROVE / DO NOT APPROVE* time out of the Foundation Programme for the above named foundation doctor. (*delete as appropriate)			
Name:			
Signature:		Date:	
Notes from Foundation School Director: (To include reason, if approval not given)			

After the foundation doctor and the FPPD have signed the form; the foundation doctor should make two additional copies:

- The original should be sent to the FSD
- One copy should be sent to the FPTD
- One copy should be retained by the foundation doctor.

**Appendix 5:****Report on Academic Trainees' Progress**

This form supports the annual review process and should form part of the trainee's permanent record

Deanery/LETB:**GMC No.:****Name:****Date of Report:****Period covered:**

From

to

Type of post: AFP**Year/phase of training programme assessed (circle):** F1, F2**What academic time have you had during this review period**

(3 month block – day release – 1 week per month etc)

Placement / Post / Experience Gained Please note if clinical or academic post	Dates: From To	In / out of Programme	PT / FPT As %FT

PDP attached**Mid-Year Review attached** (if applicable)



Achievements and Academic Activity			
Generic and Applied Research Skills Courses, talks, presentations, funding applications/awards/prizes – please provide copies as evidence in your portfolio	Dates: Month/Year	Learning Outcome / Skills acquired	Evidence in Portfolio? Yes/No

Research Governance Courses, ethics approval – please provide copies as evidence	Dates: Month/Year	Learning Outcome / Skills acquired	Evidence in Portfolio? Yes/No
Activity Type: 1. 2. 3.			
Education and Communication Tutoring experience, seminars/talks, completed higher degrees – please provide copies as evidence	Dates: Month/Year	Learning Outcome / Skills acquired	Evidence in Portfolio? Yes/No
Activity Type:			
Other Significant academic outputs during the period Grants / Fellowships awarded – National / International	Dates: Month/Year	Learning Outcome / Skills acquired	Evidence in Portfolio? Yes/No
Activity Type: 1. 2. 3. 4.			



Comments from academic/research supervisor – information given about progress should be linked to the evidence provided by the trainee in their academic portfolio where possible. **You may use the boxes below or attach a letter of support**

General:

Strengths:

Areas for Improvement:

Recommendations (include details of any future academic/research plans): state where special attention should be given in future

Attachments: CV (required) [] Supervisor Letter (optional) []
Documentary evidence (as required) []

I am not aware of any non-professional, unethical or dishonest behaviour for this trainee

Name of Academic Supervisor:

Signature of Academic Supervisor:

Date:

Signature of Trainee:

Date:

To be completed by ARCP Panel, External Academic Review: external academic review of this report by an academic who is external to the specialty or medical school of the trainee"

Comment:

Signature of Academic Representative:

Date:

Appendix 6:

Gold Guide Privacy Notice

This privacy notice is intended to provide transparency regarding what personal data Health Education England (HEE), NHS Education for Scotland (NES), the HEIW, and the Northern Ireland Medical and Dental Training Agency (NIMDTA) will collect about you, how it will be processed and stored, how long it will be retained and who will have access to your data. **Those responsible for training should ensure that trainees are aware of this information. It is recommended that this privacy notice be attached to the NTN letter sent to trainees at the start of their training. This privacy notice should also be available on the HEE, NES, HEIW and NIMDTA websites.**

HEE, NES, the HEIW, and NIMDTA are all data controllers in respect of the personal data they hold concerning trainees in specialty training programmes.

Personal data is information from which an individual can be identified either directly or indirectly when the information is read in conjunction with other data that a data controller holds.

The principal piece of UK legislation concerning personal data is the Data Protection Act 1998. From 25 May 2018 it is expected that this will be replaced by the General Data Protection Regulation. HEE, NES, the HEIW and NIMDTA will be subject to the General Data Protection Regulation when it comes into force and this privacy notice has been drafted in anticipation of the General Data Protection Regulation coming into effect.

Trainees should be aware that this privacy notice applies to all the processing of your personal data by HEE, NES, the HEIW and NIMDTA in relation to or arising from your training.

Why your personal data is collected

Your personal data is collected and held for the purposes of the functions of HEE, NES, the HEIW, and NIMDTA. Those functions are set out in Section 2 of "A Reference Guide for Postgraduate Specialty Training in the UK", also known as "the Gold Guide", a copy of which can be accessed here www.copmed.org.uk/gold-guide. These purposes include:

- 1. To manage your training and programme** – Personal data collected for this purpose will be kept in your training file, which will usually contain your recruitment data (application form, recruitment documentation and any immigration records), ARCP records, significant correspondence, and any other information pertinent to the effective management of your training and education.
- 2. To quality assure training programmes and ensure that standards are maintained** – via local and national quality assurance teams, and methods such as the General Medical Council (GMC) national training survey
- 3. To identify workforce planning targets** – Your data will be used to determine outputs from programmes and to inform the number of trainees required for specialties in the future.

4. **To maintain patient safety through the management of performance concerns**
– Your personal data may be shared with the GMC should there be significant concerns regarding your fitness to practise.
5. **To comply with legal and regulatory responsibilities including revalidation**
6. **To contact you about training opportunities**, events, surveys and information that may be of interest to you

The functions of HEE, NES, the HEIW and NIMDTA are carried out in the public interest. The processing of trainees' personal data is necessary for the purposes of those functions.

How your personal data is collected

Personal data is collected via the recruitment process, your Annual Review of Competence Progression (ARCP) and when submitting Form R (or the alternative in NES). Personal data may also be obtained from Local Education Providers or employing organisations and other relevant organisations to fulfil the functions of HEE, NES, the HEIW, and NIMDTA in relation to doctors in training.

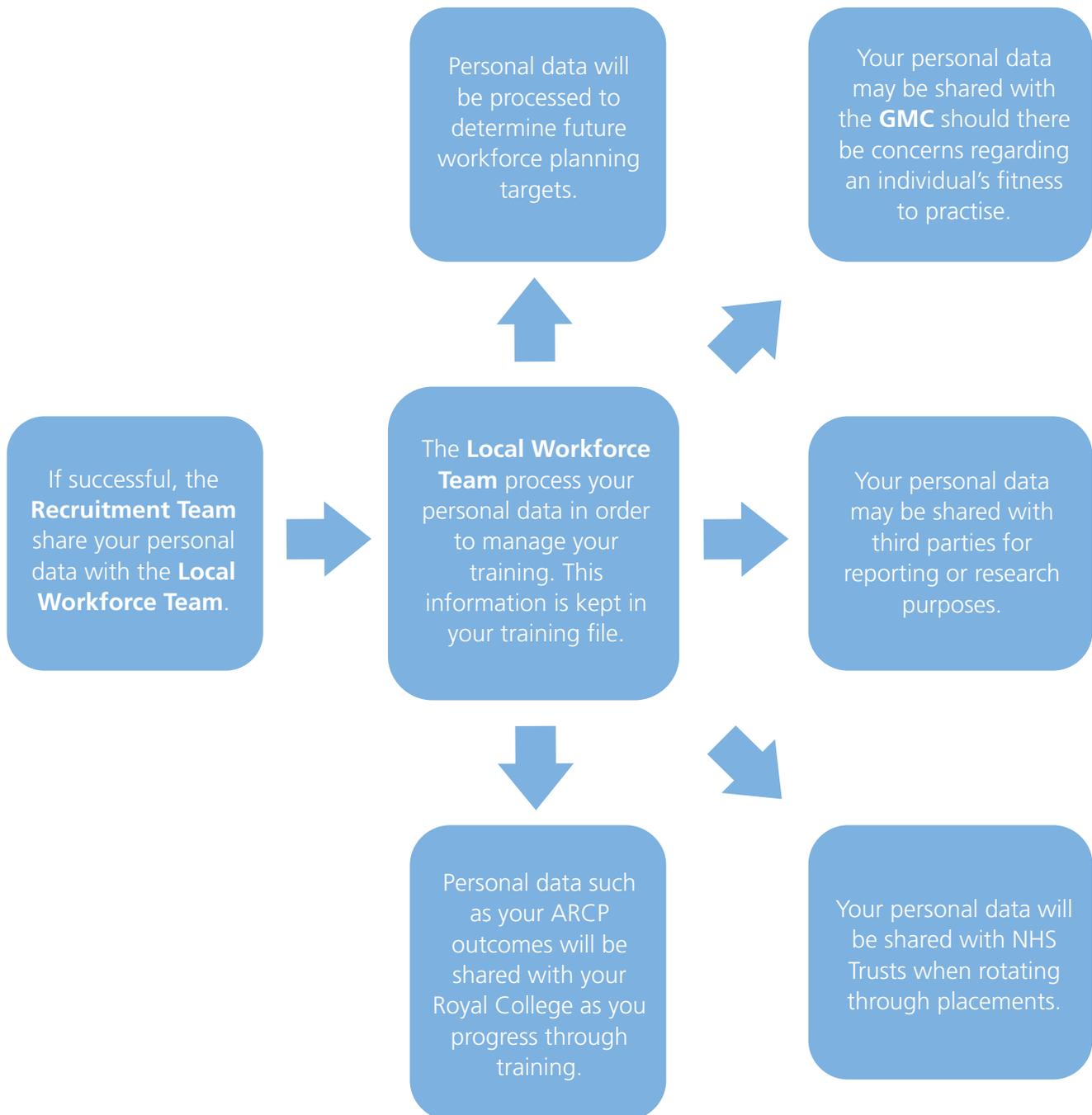
If you spend time in countries outside the European Economic Area as part of your training, we may share relevant personal data as necessary with placement providers, regulators and public authorities in those countries for purposes relevant to your training and professional practice. In sharing information with organisations in these countries we will comply with the requirements of the General Data Protection Regulation, including having written agreements in place.

How your personal data is kept secure

Access to your personal data is restricted to the authorised team within HEE, NES, the HEIW or NIMDTA that manages your training. Access is also granted on a limited basis to recipients such as Training Programme Directors and lay representatives but only where necessary for a specified and legitimate purpose.

Your personal data will be retained for six years after you have left your training programme, at which point your personal data will be confidentially and securely destroyed.

How and why your personal data may be shared



HEE, NES, the HEIW or NIMDTA will only transfer your personal data to third parties using secure channels and where it is needed to manage your training, for example when rotating through placements or notifying Medical Royal Colleges/Faculties of ARCP outcomes.

HEE, NES, the HEIW or NIMDTA will not transfer your data unless it is satisfied of the following matters:

1. That there is a fair and lawful basis to share your personal data with the third party.
2. The data will be handled by the third party in accordance with the law on data protection.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous and aggregated basis, and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

Third parties may include the following non-exhaustive list: the UK health departments, Colleges/Faculties, other deaneries, the GMC, NHS Trusts/Health Boards/Health and Social Care Trusts and approved academic researchers.

Your rights and responsibilities

It is important that you work with us to ensure that the information we hold about you is accurate and up to date so please inform HEE, NES, the HEIW or NIMDTA immediately if any of your personal data needs to be updated or corrected.

All communications from HEE, NES, the HEIW or NIMDTA will normally be by email. It is therefore essential for you to maintain an effective and secure email address or you may not receive information about your posts and assessments or other important news and information about your training.

If at any point you wish to gain a copy of your personal data that is held by HEE, NES, the HEIW or NIMDTA, you may submit a subject access request in writing. You may be required to pay a fee for so long as the Data Protection Act 1998. Depending on your location of training, please contact one of the following organisations:

[Health Education England](#)

[NHS Education for Scotland](#)

[HEIW](#)

[Northern Ireland Medical and Dental Training Agency](#)

In certain limited circumstances, you have a right to object to processing that is likely to cause you damage or distress, or to any decisions made by automated means that significantly affect you.

You also have a right to have inaccurate personal data rectified, blocked, erased or destroyed.

If you wish to exercise any of these rights or have any concerns in relation to how your personal data is processed, please contact HEE, NES, the HEIW or NIMDTA using the details above.

Should you wish to learn further information about data protection, please visit the **[Information Commissioner's Office \(ICO\) website](#)**. The ICO deals with complaints about how data controllers have dealt with information matters and provides useful guidance.

Appendix 7:

Glossary of terms

Appraisal	A positive process to provide feedback on the foundation doctor's performance, chart their continuing progress and identify their developmental needs.
APS	Approved practice setting.
ARCP	Annual Review of Competence Progression.
MSC	Medical Schools' Council (Heads of medical schools and Deans of UK Faculties of Medicine).
Foundation Programme Certificate of Completion (FPCC)	Awarded to the foundation doctor at the end of foundation training to indicate that the foundation competences have been successfully achieved.
Foundation Year 1 Certificate of Completion (F1CC)	Awarded to the foundation doctor at the end of the foundation year 1 (F1) to indicate that the F1 competences have been successfully achieved.
COGPED	Committee of GP Education Directors.
Competence	The possession of requisite or adequate ability, having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from performance, which denotes what someone is actually doing in a real life situation.
Competences	The skills that doctors need. Please see the curriculum for full details.
COPMeD	Conference of Postgraduate Medical Deans in the UK.
Curriculum	A curriculum is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning, assessment, supervision, and feedback.
F1	The first foundation year which follows on from graduation from medical school and which is prior to full registration with the General Medical Council (GMC).
F2	The second foundation year; follows full registration with the GMC.
Foundation school director (FSD)	The head of the foundation school. The FSD is accountable to the postgraduate dean
Foundation school manager (FSM)	The FSM is responsible for the management of the operational and resource-related activities of the foundation school. The FSM reports to the FSD.
Foundation training programme director/ tutor (FTPD/T)	The individual appointed by the Health Education England local office/ deanery and local education provider (LEP) to manage and lead a foundation programme.
GMC	General Medical Council. The GMC's statutory purpose is 'to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine'

Local education provider (LEP)	Postgraduate education providers of placements as part of programmes for example trusts, Health Boards, general practices. There should be a service level agreement or equivalent between LEPs and the Health Education England local office/deanery or commissioner of education.
Named clinical Supervisor	A doctor who is selected and appropriately trained to be responsible for overseeing a specified foundation doctor's clinical work and providing constructive feedback during a training placement.
Named educational Supervisor	A registered and licensed medical practitioner who is selected and appropriately trained to be responsible for the overall supervision and management of a specified foundation doctor's educational progress during a training placement or series of placements.
OOP	Approved time out of the foundation programme.
Placements	The clinical components of an individual foundation programme, typically consisting of three specialties in either a F1 or F2 rotation.
Placement supervision Group	The group consists of trainers nominated in each placement by the named clinical supervisor. Their observations and feedback will inform the clinical supervisor's end of placement report.
Professionalism	Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients' best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs (from the Workplace-Based Assessment Subcommittee of the PMETB).
Programme	A managed educational experience.
Rotation	A series of placements grouped together to make either an F1 or F2 rotation.
Training posts	These are the training opportunities contracted with foundation doctors by healthcare organisations during their individual foundation programmes at either F1 or F2 level.

The GMC also hosts a glossary in Promoting excellence: standards for medical education and training which may be useful to reference: <http://www.gmc-uk.org/education/27395.asp>



UK Foundation Programme

www.foundationprogramme.nhs.uk

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