Health Education England

Foundation Programme Review Evaluation Year 3 Report **– Final Report**

12th August 2022

In conjunction with Dr Katie Webb, Cardiff University School of Medicine

Executive Summary

Introduction

In 2020, RSM UK Consulting LLP (RSM) were commissioned by Health Education England (HEE) to undertake an independent review to assess the effectiveness of 14 of the workstream/recommendations being delivered as part of the HEE Foundation Programme Review (FPR). The FPR was undertaken in 2018[1] to address some of the issues facing foundation medical trainees and contains 16 recommendations, 14 of which are included in this review (recommendations seven and nine regarding recruitment and allocation were covered elsewhere and considered out of scope). The purpose of this evaluation is to assess both a) how effective the review itself was, and b) how effective the outputs are in terms of meeting outcomes of the original recommendations.

This report builds on the two previous reports (Year 1 and Year 2) and sets out the findings from the third round of quantitative and qualitative analysis across the following recommendations:

Figure 1: FPR Recommendations included in this evaluation

- **R1** Shadowing & Assistantships
- **R2&3** Pre-allocation & Widening Participation
- **R4** Foundation Doctor Quality Charter
- **R5** Beyond Foundation
- **R6** Early Years Careers Support Framework
- **R8** Foundation Priority Programme
- **R10** Enhanced In-Programme Support
- **R11** Less Than Full Time
- **R12** Supervision
- **R13** Near-Peer Support
- **R14** Self-Development Time
- **R15** Devolved Nations
- **R16** Academic Foundation Programme

Methodology

In 2020, a panel of trainees across FY1 and FY2 was set up by RSM to be surveyed annually to provide longitudinal data on the impact and perceptions of the Foundation Programme. In spring 2022, the panel was resampled to incorporate new FY1 trainees, and the trainee survey was disseminated to the panel of 704 trainees in early May (53% response rate). Nine trainees were interviewed during late June and early July 2022.

[1] Foundation Review (hee.nhs.uk)

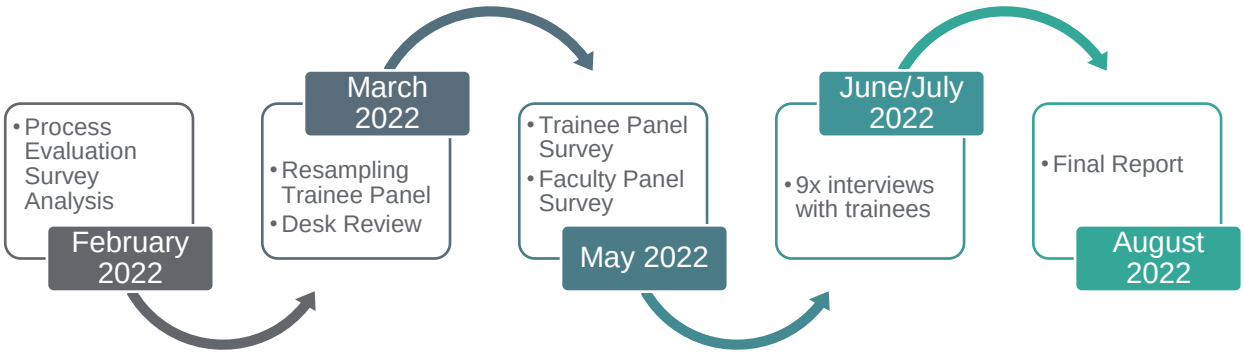
The report also incorporates the desk review carried out throughout Year 3 of evaluation. The documents reviewed included internal HEE documents and data, web analytics for the resources available online, working group meetings, etc.

Additionally, RSM also set up a panel of faculty members in 2020 (eg. educational/named-clinical supervisors). In May 2022, invites were sent to 100 faculty members to take part in the survey (45% response rate) - these were previously surveyed in October 2020.

In December 2021, to assess the effectiveness of the FPR itself, the process evaluation survey was disseminated to the working group participants who were involved in the review back in 2020.

The methodological process for this Year 3 report is depicted below:

Figure 2 – Methods used in Year 3 evaluation



Key findings

A summary of our recommendations from the most recent round of quantitative and qualitative analyses are included in the table below, along with updated ratings of effectiveness.

Table 1: Summary of *findings* and recommendations

Recommendation no. and theme	Rating[2]	RSM recommendation
Recommendation 1: Shadowing & Assistantships	Effective and should be continued	• HEE should monitor the uptake of the shadowing period across regions and trust to maximise the

[2] Part of the remit of this evaluation is to provide an assessment of each recommendation within scope against the following outcomes:

- Partially effective and should be amended
- Effective and funding should be targeted to recommended areas
- Effective and should be continued
- Effective and should be expanded

Recommendation no. and theme	Rating[2]	RSM recommendation
		number of trainees completing the mandatory 4 days of shadowing. • HEE should work with closely with medical schools to analyse whether there are still any schools where the quality and the length of assistantships had not improved.
Recommendation 2 & 3: Pre-allocation and Widening Participation	Effective and should be expanded	• HEE should take steps to raise awareness of the new criteria available among medical school students and continue monitoring its uptake – particularly amongst non-primary carers and those with unique educational circumstances. • Ensure consistency in pre-allocation and potentially allow for more Trust-specific options instead of regional level – particularly for those who wish to locate in regions that are larger in size. • HEE should put in place appropriate ongoing monitoring and evaluation of pre-allocation for each region to ensure the equity of opportunities across England.
Recommendation 4: Foundation Doctor Quality Charter	Effective and funding should be targeted to recommended areas	• Trainees indicated they did not follow HEE on social media and were considerably more likely to discover the Charter via the HEE website. We recommend HEE to consider additional methods of both circulating and promoting the Charter, such as via direct email to trainees and supervisors – particularly around induction period. • Consideration should be given to sharing information about the Charter during one of the induction sessions.
Recommendation 5: Beyond Foundation	Effective and funding should be targeted to recommended areas	• HEE to continue taking steps to promote the Beyond Foundation webpage to build awareness amongst trainees, particularly amongst those who are considering taking time out after FY2 - this could be done by cascading information through supervisors and via direct email. • Further work could be undertaken to make the webpage more engaging, and perhaps reducing the volume of information on the specific webpage by creating weblinks to additional pages that provide more specific and relevant information to trainees.

Recommendation no. and theme	Rating[2]	RSM recommendation
Recommendation 6: Early Years Careers Support Framework	Effective and funding should be targeted to recommended areas	• HEE should work closely with the FSDs to increase the number of trainees attending career sessions provided by LEPs and Foundation Schools. This could be done by recording these and making them available online. • Consider creating FAQs on the HEE website answering the most common queries on career planning based on those asked during the sessions. • Clarify the purpose of these career sessions to trainees, so that they are aware of what the different services entail.
Recommendation 8: Foundation Priority Programme	TBC	TBC once latest figures received from HEE • Ensure that awareness of the Programme is raised as early as possible, as this will provide trainees with more time to consider moving to specific locations, which are often more rural and/or isolated. • Consider creating national Programme champions, to share their experiences with prospective trainees and address any concerns.
Recommendation 10: Enhanced In-Programme Support	Partially effective and should be amended	• Enhanced in-programme support and supportive placements should be defined further to clearly indicate what these entail and how trainees can apply for these. • HEE should consider establishing a formal working group that will progress this recommendation further in accordance with the ongoing areas of research discussed in the desk review above. • The owner of the Learning Hub should work with the working group to establish which material should be regularly posted on the portal. • HEE should ensure that supervisors are aware of the “Supporting Inclusion and equity in foundation education and training” document on the Learning Hub. • Continue to work alongside the UKFPO, LEPs and Deaneries to continue to best identify supervisor demographics, to ensure that they best represent trainee demographics. • HEE should take steps to promote the Learning Hub among the intended audience, such as

Recommendation no. and theme	Rating[2]	RSM recommendation
		widening participation trainees and LTFT trainees.
Recommendation 11: Less Than Full Time	Effective and should be continued	• Ensure that rota co-ordinators are provided with sufficient prior notice of new LTFT trainees, so that trainees can be issued with rotas as early as possible, and potential rota gaps can be minimised. • Consider evaluating LTFT within the Foundation Programme to explore how the impacts on foundation trainees' confidence, competency and clinical knowledge • Consider sharing positive trainee experiences of LTFT training to highlight the positive impacts on wellbeing and morale (particularly important following Covid-19 related pressures). • Consider developing guidance on the application process, as well as webinars to discuss any trainee concerns (eg impacts on career progression).
Recommendation 12: Supervision	Effective and should be continued	• HEE should periodically re-issue the links to e-LfH should to all supervisors. • Consider ways in which to raise awareness of e-LfH modules amongst new supervisors (the group with the lowest uptake). • Consider an annual review of existing modules to ensure that content is up-to-date and relevant.
Recommendation 13: Near-Peer Support	Partially effective and should be amended	• HEE to share best practice of more structured programmes to near-peer support between areas – provide suite of resources for Trusts to draw from. • Encourage near-peer support programmes to commence either at start or just before induction into the FP - this could take the form of a cohort-wide event where mentees meet with their mentors. • HEE to improve awareness of near-peer support programmes, perhaps by including on the HEE website or sharing examples of good practice through social media or email.
Recommendation 14: Self-Development Time	Effective and should be expanded	• HEE to take further steps to ensure more consistent allocation of self-development time and make sure this is allocated sufficiently in advance to trainees – and allow rota organisers to plan for potential staff shortages.

Recommendation no. and theme	Rating[2]	RSM recommendation
		• Communication around self-development time to non-trainee staff should be improved, with more regular updates on trainee experiences of self-development time to monitor consistency across hospitals and departments. Best practice should be shared between Trusts which could be done by cascading the relevant information to the hospitals.
Recommendation 15: Devolved Nations	Not applicable	Following the centralisation of the management of some functions and management of these through the UKFPO, it was agreed that there were no further required actions regarding the structures across the devolved administrations to support the foundation programme. There are no further recommendations for HEE in this area.
Recommendation 16: Academic Foundation Programme	Not applicable (this recommendation will be fully implemented in 2023)	• AFP needs to further inform medical students about academic training and career options, and provide further opportunities at undergraduate, and postgraduate levels, based on an understanding of numbers and local proportions of research posts established. • HEE should monitor the numbers of trainees with previous research experience on the SFP programme (Research) from August 2023 to ensure equity of access. This should be monitored on an ongoing basis, and particular attention should be paid to IMGs and those from a widening participation background.

Conclusions

The review processes

Overall, those involved in the review understood its purpose of the and felt that the output of the review reflected their working groups' findings. Based on suggestions from stakeholders we would recommend that any future programme should include greater trainee and employer involvement, to further explore trainee-specific matters, and also ensure widespread buy in from employers.

Stakeholder engagement and communications

Our process review has illustrated that the majority of **working group members** involved in the review felt that communication was satisfactory throughout the process, and that they had received sufficient communication.

Trainee feedback at a number of points has indicated that finding ways to increase communication and engagement with trainees would be beneficial. Trainee survey identified a preference for email communication for general information, though this should be kept clear and brief and as part of the broader refresh of communication plans to optimise trainee engagement.

Based on **faculty feedback** we would recommend integrating programme updates into wider reform work such as statute or curriculum reviews. This may be a beneficial communications channel for both trainee and faculty cohorts.

Progress of recommendations

The outputs for most of the recommendations have been implemented in the last two years. It should be recognised that each recommendation was implemented at a different stage, and implementation has been impacted by various factors, particularly the pressures of the Covid-19 pandemic on service provision have meant that some recommendations were deprioritised and/or put on hold. Hence, it is too early to say whether some of the recommendations have met the desired outcomes at this stage, as assessment will be ongoing.

Overall, to improve implementation, HEE should continue to monitor the effectiveness of the recommendations - the variability of trainee experiences across the regions remains the main challenge and it should be acknowledged that HEE and/or Trusts require resources, such as time and staff, to reduce the variation of trainee experience and standardise experiences based on best practice.

List of Abbreviations

AFP – Academic Foundation Programme

AoMRC – Academy of Medical Royal Colleges

ARCP – Annual Review of Competency Progression

e-LfH - eLearning for healthcare

FAB – Foundation Assurance Board

FiY1 – Interim Foundation Year 1

FP – Foundation Programme

FPP – Foundation Priority Programme

FPR – Foundation Programme Review

FS - Foundation School

FSD – Foundation School Director

FY1 – Year one of foundation training

FY2 – Year two of foundation training

HEE – Health Education England

IAT - Integrated Academic Training

IMG – International Medical Graduates

LEP – Local Education Provider

LTFT – Less Than Full Time

MDRS – Medical and Dental Recruitment and Selection

MERP – Medical Education Reform Programme.

RSM – RSM UK Consulting LLP

SOP – Standard Operating Procedure

UKFPO – the UK Foundation Programme Office

WTE – Whole Time Equivalent

Contents

1. Introduction

In 2020, RSM UK Consulting LLP (RSM), in conjunction with Dr Katie Webb (Cardiff University), were commissioned by Health Education England (HEE), to undertake an independent review to assess the effectiveness of several of the workstreams/ recommendations being delivered as part of the HEE Foundation Programme Review (FPR).

1.1 Background

The Foundation Programme is comprised of two years of training (FY1 and FY2) and aims to bridge the gap between medical school and specialty training. The two-year programme was introduced in 2005 as a part of the Modernising Medical Careers programme. As part of the programme, trainees rotate through a number of different specialties and healthcare settings, in order to give them a breadth of experience, knowledge and skills. Since its inception, the Foundation Programme has undergone a number of reviews, amendments and improvements – most notably the Foundation for Excellence evaluation[3] in 2010.

The FPR was conducted in 2018/19 as a part of HEE's Medical Education Reform Programme (MERP). It was also included as a key deliverable in the Interim NHS People Plan. The Review involved a wide range of stakeholders, including medical students, trainees, Royal Colleges, NHS employers and FSDs, amongst others. There were six key working groups, that aligned to the aims of the review:

- Clarify the purpose
- Time to choose
- Workforce issues
- Supporting and valuing individuals
- Education support
- Four nation and policy

These working groups developed the initial recommendations, which were then tested through a variety of means (eg. focus groups with trainees and supervisors, stakeholder events, etc). The finalised 16 recommendations spanned across the following five themes:

- improving transition from medical school to foundation and from foundation to core/specialty training;
- addressing geographical and specialty distribution issues;
- enhancing the Working Lives of Foundation Doctors;
- improving Supervision and Educational Support; and
- improving Faculty Support.

[3] Collins, J., 2010. Foundation For Excellence: An Evaluation Of The Foundation Programme. Medical Education England. Available at: <http://cmec.info/wp-content/uploads/2014/07/Foundation-for-Excellence-An-evaluation-of-The-Foundation-Programme-The-Collins-Report.pdf>

The FPR report, 'Supported from the start; ready for the future; The Postgraduate Medical Foundation Programme Review'[4], was published in July 2019 outlining the finalised recommendations. Please note that the scope of RSM's review of the FPR does not include recommendations seven and nine regarding recruitment and allocation – these were covered elsewhere and considered out of scope by HEE for this review.

1.2 Evaluation objectives

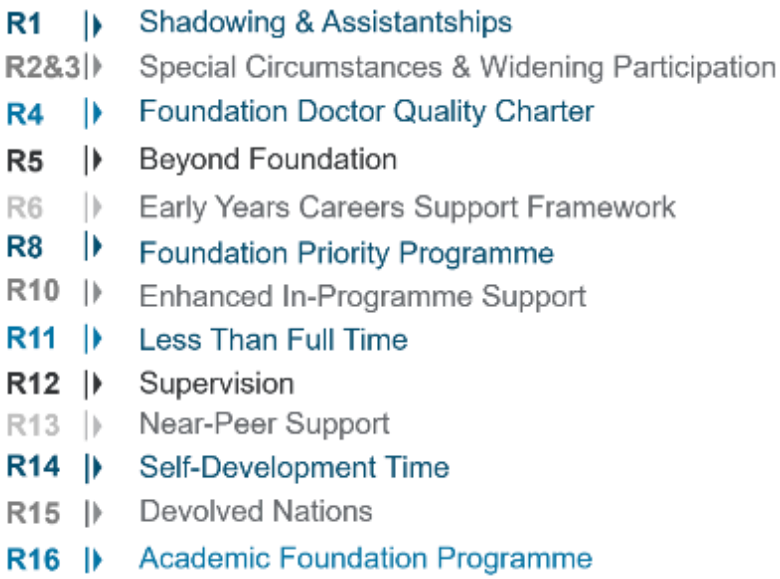
This evaluation has two objectives:

- To assess how effective the review itself was considering:
  - Its original objectives
  - The evidence base used to analyse and develop the recommendations
  - The stakeholder engagement prior to and since publication (looking at methods of communication within this)
- To assess how effective the recommendations outputs are by asking the question 'has the output met the desired outcome' (i.e. its original recommendation).

1.3 Report overview

This report sets out the findings from the Year 3 (2022) quantitative and qualitative analysis, with comparisons from findings from Year 1 (2020) and Year 2 (2021). Chapter 2 summarises the approach we have taken. Chapter 3 presents and analyses our findings from the desk review, trainee and faculty survey, and trainee interviews for the following recommendations:

Figure 1: FPR Recommendations included in this evaluation



Chapter 4 presents the findings from the survey undertaken with the working groups participants of the FPR. Finally, Chapter 5 presents ratings for each of the recommendations and provides our recommendations.

[4] Foundation Review (hee.nhs.uk)

2. Approach and Methodology

The evaluation commenced with an inception meeting to discuss and agree the project approach, with a focus on data collection and the development of surveys. It is worth noting that the initial timelines set out in the Project Initiation Document (19th June 2020) were impacted by the outbreak of Covid-19.

2.1 Desk review

The initial desk review for this project (Year 1 – 2020) focused on HEE programme documentation/data and supporting literature, including the FPR (HEE, 2019), Foundation Priority Programmes guidance (UKFPO, 2020), the Gold Guide (COPMeD, 2020) and Supporting Trainers, Supporting Doctors, Supporting Patients: progress since the postgraduate medical FPR (HEE, 2020).

Desk review in Year 3 (2022) focused on programme documentation/data and supporting literature to assess the implementation of recommendations, especially where the findings from the surveys were insufficient to conclude on the effectiveness. This documentation included:

- Academic Foundation Programme (AFP) applications and uptake; (TBC awaiting figures)
- Foundation Priority Programme data; (TBC awaiting figures)
- Interim Foundation Year One (FiY1) and preparedness for foundation year 1: A national survey of UK foundation doctors (Moore *et al*. 2022);
- Internship specification as shared by the HEE;
- Forms and Guidance for Pre-Allocation applications - UK Foundation Programme;
- "Supporting Inclusion and equity in foundation education and training (accessed via Leaning Hub);
- HEE Recommendations Progress Reports (2020, 2021, 2022);
- Meeting notes (from the AFP working group); and
- Web analytics:
  - Foundation Doctor Quality Charter
  - Beyond Foundation
  - Learning Hub
  - Self-Development Time case studies

2.2 Foundation Trainee Panel Survey

In 2020, our team set up a panel of trainees across FY1 and FY2 to be surveyed annually to provide longitudinal data on the impact and perceptions of the Foundation Programme. The panel was comprised of 559 trainees, representative across gender, training stage and region, with Academic Foundation Programme (AFP), Less Than Full Time (LTFT), Foundation Priority Programme (FPP) and pre-allocated trainees oversampled as these groups of trainees are too small to report on otherwise. Our panel completed surveys in Year 1 (October/November 2020) and Year 2 (July/August 2021) – the response rates were 68% and 40% respectively.

In spring 2022, the panel was resampled in to incorporate new FY1 trainees. The trainee survey was disseminated to a panel of 704 trainees in early May and the response rate was 53%. Where relevant, questions from the preceding surveys were included, so that responses change could be tracked over time. There were also two new sections in the survey exploring the recommendations that have only been recently implemented (Recommendations 2&3 and Recommendation 10).

2.3 Foundation Faculty Panel Survey

In 2020, RSM also set up a panel of occupational faculty members (eg. educational/named-clinical supervisors). As with the trainee panel, the panel was recruited through HEE - Foundation School Directors (FSDs) contacted faculty members to request their participation and asked interested faculty members to respond to a short demographic questionnaire. We developed a sampling framework designed to ensure adequate representation across regions. Despite targeted reminder emails, some regions were unable to recruit a fully representative sample, with Thames Valley and the West Midlands being underrepresented. The 100 faculty members selected for the panel completed the initial faculty survey in Year 1 (2020). The plan was to survey the faculty panel again in May 2021 (Year 2), however, in agreement with HEE, the survey was cancelled due to the pressures of Covid-19 on the healthcare system and staff. The faculty panel was surveyed again in May 2022 to understand the longitudinal impact of the recommendations and how perceptions change as the subsequent changes embed. The response rates in Year 1 (2020) and Year 3 (2022) were 62% and 45% respectively.

2.4 Foundation Trainee Interviews

In Year 3 (2022), RSM organised 45-minute telephone interviews using an agreed semi-structured discussion guide in order to gain a deeper understanding of the perceptions and experiences of certain aspects of the FP, relating to the HEE FPR recommendations. Nine trainees were interviewed during late June and early July 2022. A sampling framework was developed and used to recruit trainees from different years and regions, and various experiences of the FP based on their survey responses.

2.5 Process Evaluation

In order to assess the effectiveness of the review itself, and in agreement with HEE, a process evaluation survey was conducted. In December 2021, this survey was disseminated to working group participants who were involved in the review. A series of questions were asked relating to the understanding of the changes made, the review process experience and any suggestions or improvement for any similar pieces of work in the future.

2.6 Reporting

This final report follows on from a Preliminary report (in September 2021) and an Interim report (in February 2022). It will be followed by a presentation of summary results to the Foundation Assurance Board (FAB) in September 2022.

2.7 Limitations

This review has been carried out in a period effected by COVID-19 and plans and timelines for fieldwork have been adjusted to adapt to this. The pandemic will have also impacted on staff experiences and perceptions throughout the review – particularly as a result of pressures on the NHS and the impact on training and development time. Where possibly we have sought to separate out these impacts through our initial sampling of trainees to provide longitudinal data, and in our survey and interview questions and interpretations.

There are also some limitations in the timeframe regarding the extent we can assess the recommendations where actions are still emerging and developing. This particularly includes Recommendation 16 (Academic Foundation Programme) available for trainees starting in September 2022 and therefore we have been unable to obtain views directly from trainees in this cohort. Recommendation 15 (Devolved Nations) was paused following initial exploration and therefore has not progressed, and we have used desk research and information from key stakeholders to provide a view of current status.

3. Survey Findings

3.1 Overview

Two surveys were conducted as part of this evaluation. Firstly, a trainee panel survey was held on an annual basis (in Years 1, 2 and 3), and secondly, a faculty survey was held in Years 1 and 3. This section analyses the responses to both surveys by recommendation, and notes any changes in response over the three years of the evaluation.

3.1.1 Trainee Panel Survey

This survey was conducted with Foundation Programme trainees, to gather their perceptions of changes resulting from the FPR.

The survey examined the following areas:

- Overall experience of the Foundation Programme
- Recommendation 1: Shadowing & Assistantships
- Recommendation 2 & 3: Pre-allocation & Widening Participation
- Recommendation 4: Foundation Doctor Quality Charter
- Recommendation 5: Beyond Foundation
- Recommendation 6: Early Years Careers Support Framework
- Recommendation 8: Foundation Priority Programme
- Recommendation 10: Enhanced In-Programme Support
- Recommendation 11: Less Than Full Time
- Recommendation 13: Near-Peer Support
- Recommendation 14: Self-Development Time
- Recommendation 16: Academic Foundation Programme

This survey ran from 4th May to 25th May 2022 and was issued to our panel of 704 trainees via email.

A total of 375 respondents (53% of the panel) completed the survey. Demographic information of the respondents can be broken down as follows:

Table 1: Trainee survey demographics in Year 3 (2022) vs Year 1 (2020) and Year 2 (2021)

Feature	Response	Comparisons with Year 1 (2020) and Year 2 (2021)
Gender	63% female and 37% male	This is in line with Years 1 and 2.
Ethnicity	55% White British, 13% other, 13% Indian, 3% Pakistani, 6% Chinese, 5% Other White and 5% African.	This is in line with Years 1 and 2.
Training stage	41% FY1 and 59% FY2	There was a slightly higher response rate from FY1 trainees in Year 1

		(2020) (46%). In contrast, in Year 2, there was a lower response rate from FY1 trainees in Year 2 (2021) (39%).
Region	Response rates were highest from London (18%), North West (15%) and East of England (12%). Trainees from Wessex made up 1% of the total response rate. Full breakdown of regions in Year 3 (2022) can be found in Appendix 6.1.	Overall, this is in line with Years 1 and 2. Responses from London and the North West remain constant over the evaluation period. In Year 1 (2020), West Midlands had the third largest response rate (11%).

3.1.2 Faculty Panel Survey

This survey was conducted with the Foundation Programme faculty to understand their perceptions/experiences of changes made to date in light of the FPR. The survey examined the following areas:

- Overall experience of educational/clinical supervisors
- Recommendation 4: Foundation Doctor Quality Charter
- Recommendation 5: Beyond Foundation
- Recommendation 10: Enhanced In-Programme Support
- Recommendation 12: Supervision
- Recommendation 14: Self-Development Time

This survey also ran from 4th May to 10th June 2022 and was issued to our panel of 100 Foundation Programme supervisors via email, with two reminders sent.

A total of 45 respondents completed the survey, comprising of (45%) of the panel. This is slightly lower than Year 1 (2020), in which 62 responses were received. Demographic information of the respondents can be broken down as follows:

Table 2: Faculty survey demographics in Year 3 (2022) vs Year 1 (2020)

Feature	Response	Comparison to Year 1 (2020)
Role	37 named-clinical supervisors, 38 educational supervisors, 6 TPDs and one “other”. Please note that there were several respondents with more than one role – 37 named-clinical supervisors were also educational supervisors.	This is broadly in line with Year 1: 50 named-clinical supervisors, 53 educational supervisors, six TPDs and three who identified as “other”. 40 named-clinical supervisors also held an educational supervisor role.
Time in position	49% of respondents had been in at least one of their roles for at least six years. 16% of respondents were in the first or second year of the role(s).	There was a slightly higher response rate from those in post for more than five years in Year 1 (52%). Full breakdown can be found in Appendix 6.3.
Region	Responses were highest from London (17%), North West	There were no responses from the faculty in Thames Valley in Year 1 (2020) and West

	(15%) and East Midlands (12%).	Midlands in Year 1 (2020) or Year 3 (2022). Responses from Yorkshire and the Humber were higher in Year 1 (2020) at 12%, compared to 9% in Year 3 (2022). Areas that experienced the largest change in response rate were North East (increased from 6% to 13%) and Yorkshire and the Humber (decreased from 12% to 9%). Full breakdown can be found in Appendix 6.3.

3.2 Trainee experience within the Foundation Programme

Trainees were asked about their overall perceptions of the Foundation Programme (see Appendix 6.1 for the full responses). A summary of those responses are as follows:

- **Specialty exposure:** there has been a slight improvement on the number of trainees who agreed/ strongly agreed that the Foundation Programme provided them with enough speciality exposure to progress into any core/ specialty programme – from 56% (2021) to 60% (2022). However, this is still lower than the corresponding figure for 2020 (88%).
- **Flexibility:** a similar result was found for the number of trainees who agreed/ strongly agreed that the Foundation Programme offered a sufficient level of flexibility for those who need/ want it – from 27% (2021) to 35% (2022). Although, likewise, this remains less than the respective figure for 2020 (61%).
- **Mental Health Training:** 39% of trainees agreed/ strongly agreed that they had received a sufficient level of mental health training – this is a slight improvement from 32% in 2021 and 34% in 2020.
- **Good levels of safe transition:** There has been a moderate increase in the number of trainees who agreed/ strongly agreed that the Foundation Programme offered sufficient support to transition safely from student to doctor compared to previous years – from 39% in 2020 and 71% in 2021, to 78% in 2022. This has largely been driven in terms of those who strongly agree, increasing from 11% in 2021 to 19% in 2022.
- **Good level of skills development:** 86% of trainees agreed/ strongly agreed that the Foundation Programme helped them to develop sufficient levels of generic skills to provide holistic care. This reflects a slight increase in the number of trainees compared to 2021 (85%). However, it is worth noting that the number of respondents who strongly agreed has further increased from 15% to 26%.

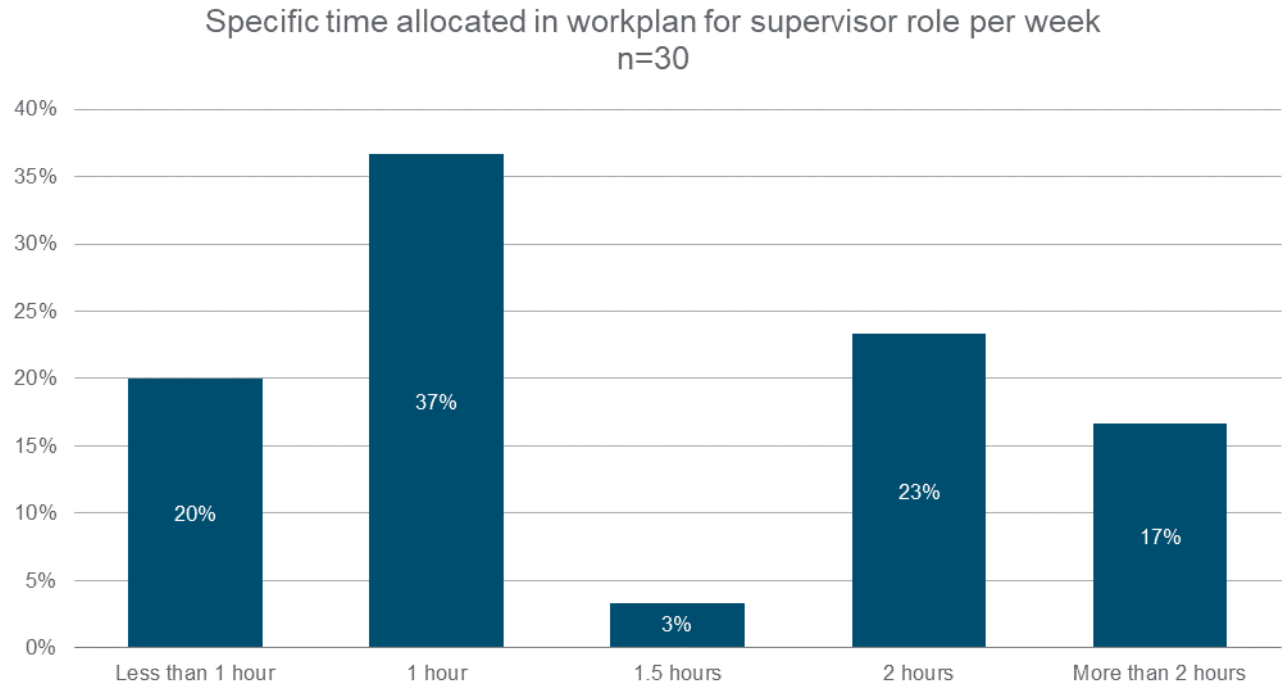
3.3 Faculty experience of supervising FP trainees

The following section presents the findings from the faculty survey where educational and clinical supervisors were asked to share their experiences of their role. In order to analyse whether supervisors of Foundation trainees have sufficient time for this role, a series of questions were posed.

To understand the experience of educational supervisors whilst participating in the Foundation Programme, respondents were asked the following question: **Do you have specific time allocated in your workplan for your supervisor role?** Out of the 44 respondents, 30 suggested 'Yes' (68%) and 14 suggested 'No' (32%). Indicating that most of the faculty have a specific amount of time assigned to their work plan for this specific role.

Those who had formal time allocated were asked to elaborate in more detail about: **How much time is officially allocated in your workplan to your supervisor role per week?**

Figure 2: Time allocated in workplan for supervisor role per week



As the figure above illustrates, 57% of the 30 respondents have 1 hour or less allocated to their workplan for their supervisor role, 3% were allocated 1.5 hours, and 40% are allocated 2 or more hours to their specific role. On average, the common timeframe of allocation is 1 hour or less.

Supervisors with a specific time allocation were then asked whether this was a sufficient amount of time for their role and responsibilities, with 42% of respondents saying "Yes". In addition, 13 respondents provided further comments on how much more time they would require to be officially allocated in their workplan. A diversity of comments was provided by respondents. A few respondents noted that, overall, they have enough time for the role of a supervisor; however, at times the workload increases significantly:

- *"Generally sufficient but if trainee in difficulty then [it] takes much longer"*
- *"It's ok when things are running smoothly, but where trainees face difficulties or in the approach to ARCP/end of placements, the demands of the supervisor role become very great. Need more time."*

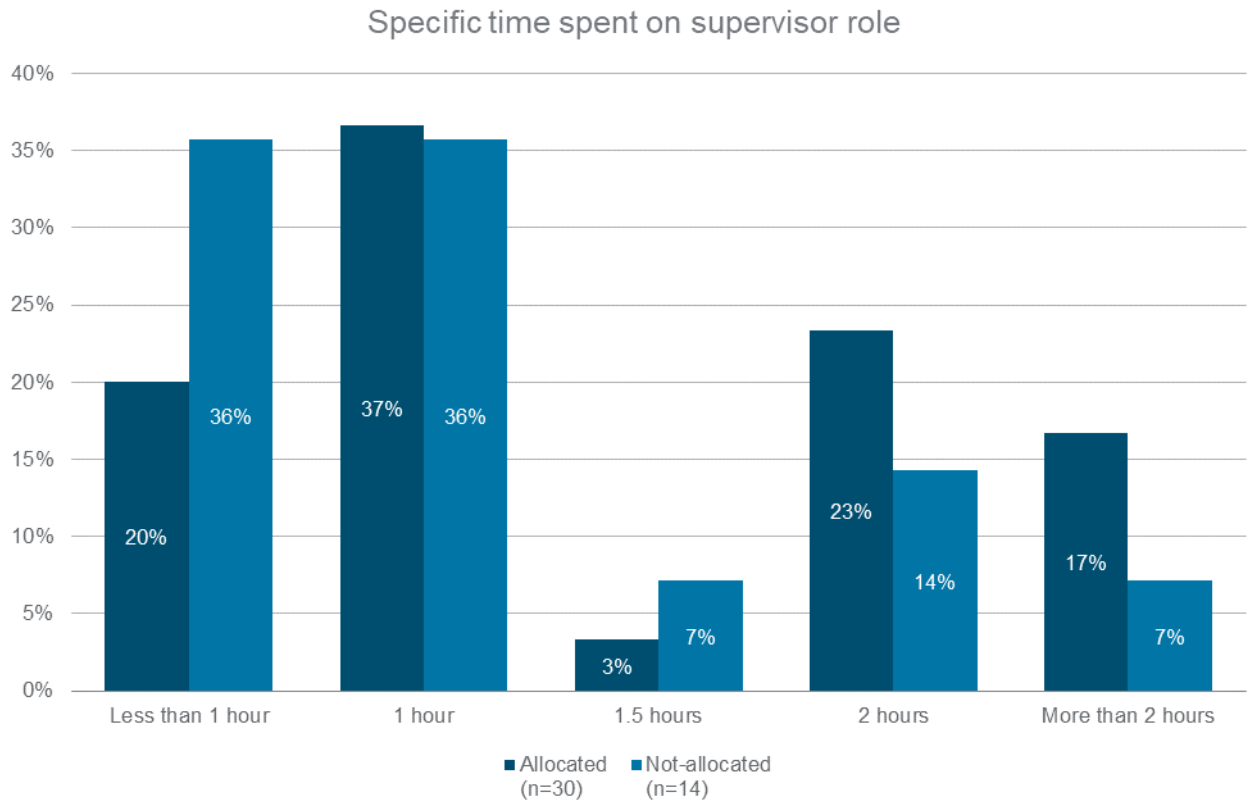
- *"There are weeks when the formal meetings are less than one hour and others where formal ES/CS time is more, particularly portfolio completion etc."*

Respondents also highlighted additional issues with the time allocation such as it being dependent on how many trainees are allocated per supervisor:

- *"There are two questions. One is the amount [of time] / trainee. And the other is the number of trainees / supervisor. And whether things like faculty meetings, PSG [Placement Supervision Group], SIM etc comes out of this or should have extra SPA [Supporting Professional Activity]."*
- *"I am educational supervisor to five foundation doctors and also am clinical supervisor to an additional three each rotation. For this I get 0.25PA. This is not really sufficient to do this properly."*

Moreover, supervisors were then asked: **On average, approximately how much time do you spend on your supervisor role each week?**

Figure 3: Time spent on supervisor role per week by allocation



In the figure illustrated above, of those faculty respondents who were not officially allocated time, 72% (n=10) spent 1 hour or less on their supervisor role, with only 21% spending at least two hours.

In comparison, 40% of respondents who were allocated time for their supervisor role were allocated at least two hours each week. This may suggest that supervisors who have

official time allocation are able to spend more time on their supervisor role compared to those who do not have any official allocation.

Those members of faculty who did not have official allocation of time were then asked: **Would it be beneficial if this time was officially allocated in your workplan?**

Almost two-thirds of respondents (64%, n=9) thought it would be beneficial to officially allocate these hours into the workplan. A few supervisors offered further details on this, including the following comments:

- *"Supervisor time for ES role is in my job plan, no specified time/day - allows flexibility. There is no CS time allocated in my job plan - this would be helpful as it is a significant commitment."*
- *"The work is done at random times without structure, consistency or regularity. Trainees get differential input. I cannot commit to anything with my job plan so am effectively an unpredictable supervisor in spite of best efforts."*
- *"Covered in job plan and time not absolutely defined but available and flexible. Happy with time allocated for supervision and role supported by team lead."*

These comments suggest that supervisors have different experiences of their role dependent on whether it is an educational or clinical role; hospital/ trust arrangements.

The following sections set out our findings for each recommendation from the desk review, trainee survey, faculty survey and trainee interviews.

3.4 Recommendation 1: Shadowing & Assistantships

The transition for, and preparation of, those entering Foundation training must be improved to better prepare foundation doctors for the next stages of their development.

A set of standards for Local Education Providers (LEPs) on the use of shadowing - to improve the quality and length of shadowing.

Desk review

HEE actions/decisions as per progress update reports:

- **2020**: A guide for medical schools was produced that covered improving the quality and standardising the length of assistantships. The Shadowing Standards Guide was produced for LEPs.
- **2021**: A working group has been set up to seek out good practise examples of assistantships.
- **2022**: Reports suggested FY1s starting in August 2021 would be at a disadvantage due to the pandemic impacting their final year of medical school and their clinical experience. As a one-off, HEE have agreed to fund an additional five days (totalling 10 days) shadowing, which are optional for trainees to undertake before their first placement in August 2021.

This recommendation comprises of shadowing period and assistantship. The shadowing period should be undertaken by all trainees prior to starting the FP. Assistantships are usually undertaken in the final year of the medical school and provide students with experience of working with F1s on the wards as part of a clinical team.

In light of the COVID-19 pandemic, a new role labelled **Interim Foundation Year 1 (FiY1)** was established to mitigate against the expected staff shortages that would ensue from extreme strain on the NHS. Current research (Moore et al., 2021) has found a greater level of preparedness for FiY1 cohorts over the standard FY1 cohorts[5]. Moreover, those who participated in the FiY1 programme have experienced significantly lower anxiety levels than those who have not (Moore et al., 2021).

As a result of the success from the FiY1 programme, HEE have since proposed the development of **an internship model** which supports medical graduates to undertake a six-month work experience prior to entering the FP. This would mean students would graduate from medical school six months early, followed by an immediate six-month internship supported by their medical school. The new internship programme would enable interns to gain first-hand experience of working in the NHS and better prepare them for their Foundation training.

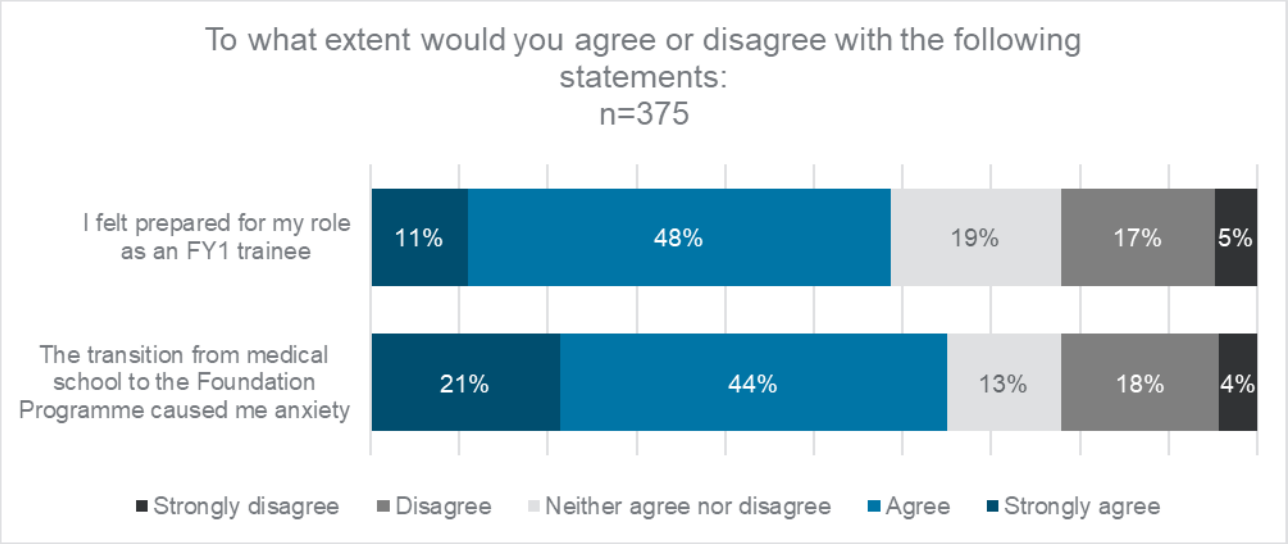
[5] Interim Foundation Year One (FiY1) and preparedness for foundation year 1: A national survey of UK foundation doctors — University of Bristol

It is important to note that throughout this report those who have undertaken assistantships includes both FY1 trainees who completed an assistantship and FiY1 trainees – as there is no identifier for which they have completed. During the interviews, FY2 trainees also struggled to differentiate between assistantship and interim period. Therefore, these caveats should be considered when reflecting on subsequent analyses.

Trainee panel survey

In Year 3 (2022), trainees were asked about their preparedness for the transition to the Foundation Programme. The responses are displayed in the figure below.

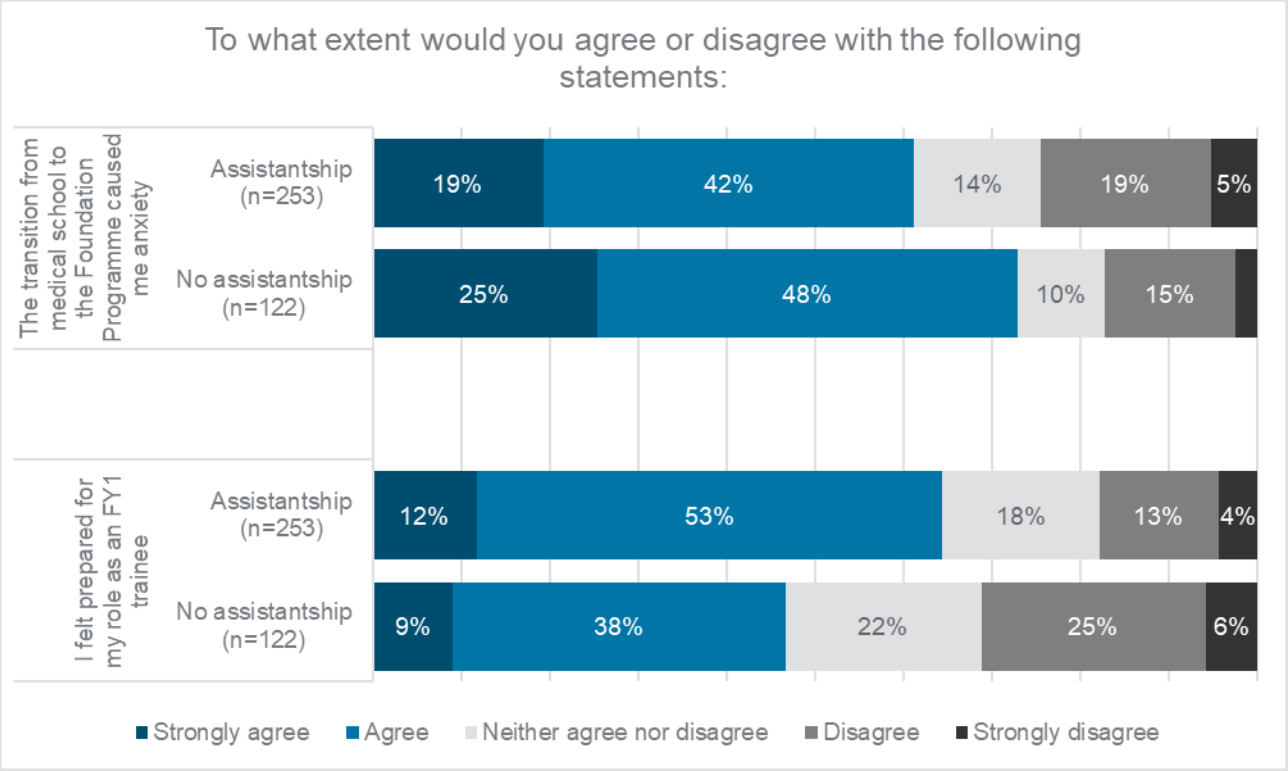
Figure 4: Trainee preparedness for Foundation Programme



The graph above demonstrates that almost two-thirds (65%) of trainees agreed or strongly agreed that they experienced anxiety due to their transition to the Foundation Programme. However, 59% of these trainees also agreed or strongly agreed that they felt prepared for their role as an FY1 trainee. A level of anxiety given the life changes involved in a move to becoming an FY1 trainee is to be expected, particularly given recent pandemic pressures – as the figures indicate, these trainees' feelings of anxiety may stem from other aspects that are perhaps unrelated to their feelings of preparedness for the programme.

To further understand these responses, trainees were asked if they had undertaken an assistantship before commencing the FP programme. From this, it is possible to compare the previous two questions for those who had undertaken an assistantship and those who had not. The figure below displays the two groups in terms of their responses.

Figure 5: Trainee preparedness by assistantship status

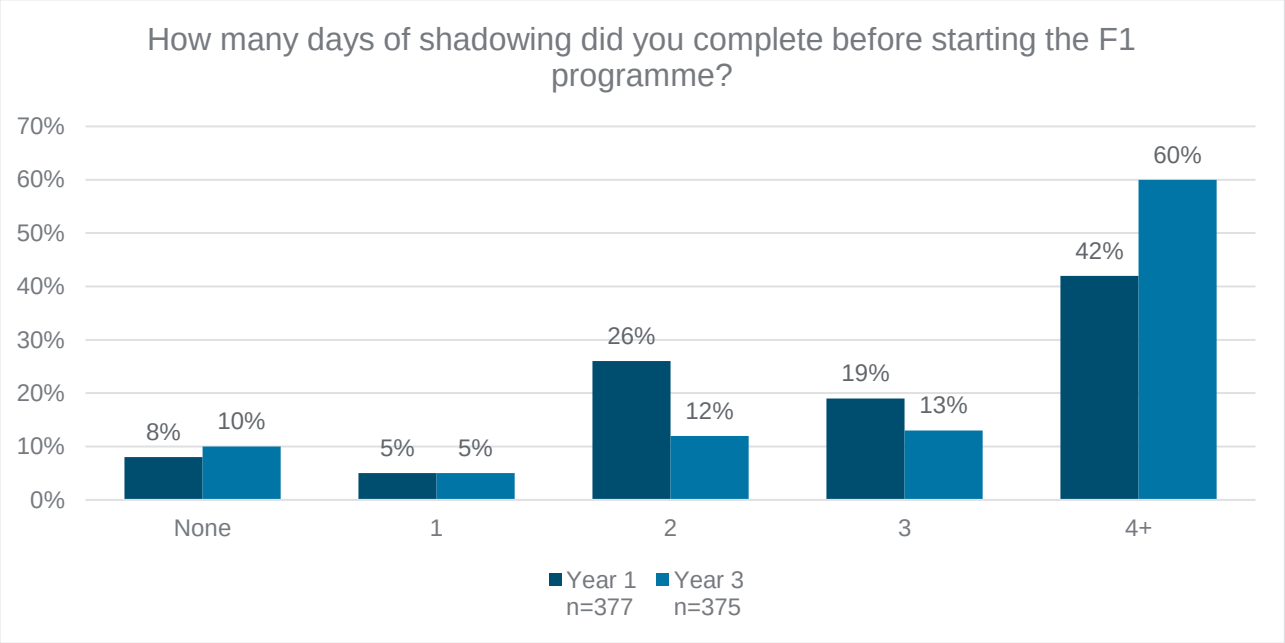


The findings shown in the graph above indicates that those who had undertaken an assistantship were less likely to report experiencing anxiety in their transition than those who did not (61% vs 73%). Moreover, they were more likely to feel prepared for their role as an FY1 trainee (65% vs 47%). It is worth noting that assistantships are a compulsory part of the medical school programme, hence the above results should be interpreted with caution as a proportion of trainees indicated they did not undertake one. During the interviews, some trainees indicated they were not sure what an assistantship entails.

Those trainees who had undertaken an assistantship were directly asked whether it helped them with their transition into the FP programme, specifically in terms of their level of preparedness. As a result, 80% of those trainees either agreed or strongly agreed that their assistantship had helped them feel more prepared. Whilst these results indicate a positive impact of assistantships on trainees' preparedness, it is important to acknowledge that the relationship between preparedness and assistantships is difficult to disentangle, and there could be other factors contributing to the level to which trainees felt prepared.

As in Year 1 (2020), trainees were asked about their experiences of shadowing. The figure below provides a breakdown of these responses alongside those found in Year 1.

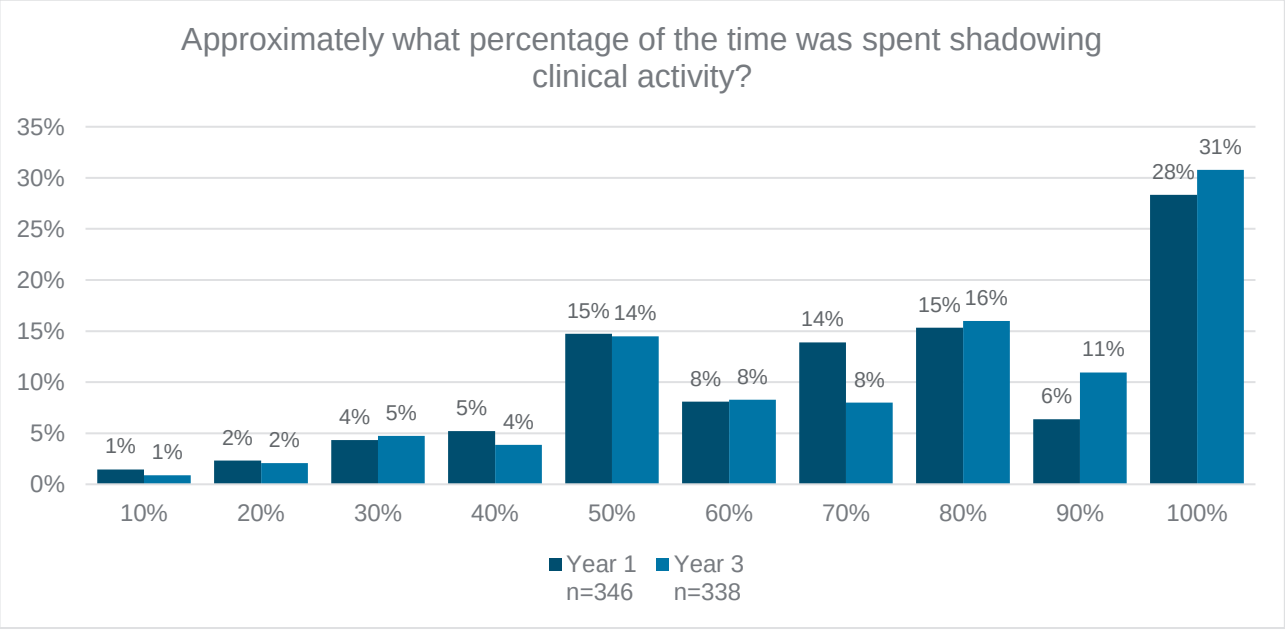
Figure 6: Days of shadowing prior to FY1 programme



The graph above indicates that the proportion of trainees who had more than four shadowing days prior to the FY1 programme has increased from 42% to 60%. Experience of the shadowing period for FY2s was impacted by the Covid-19 pandemic as some of the trainees finished medical school earlier and could have missed their shadowing due to FiY1 programme. Out of all FY1s surveyed, 80% of trainees had more than four days of shadowing indicating significant improvement in the length of the period as per the planned outcomes of Recommendation 1.

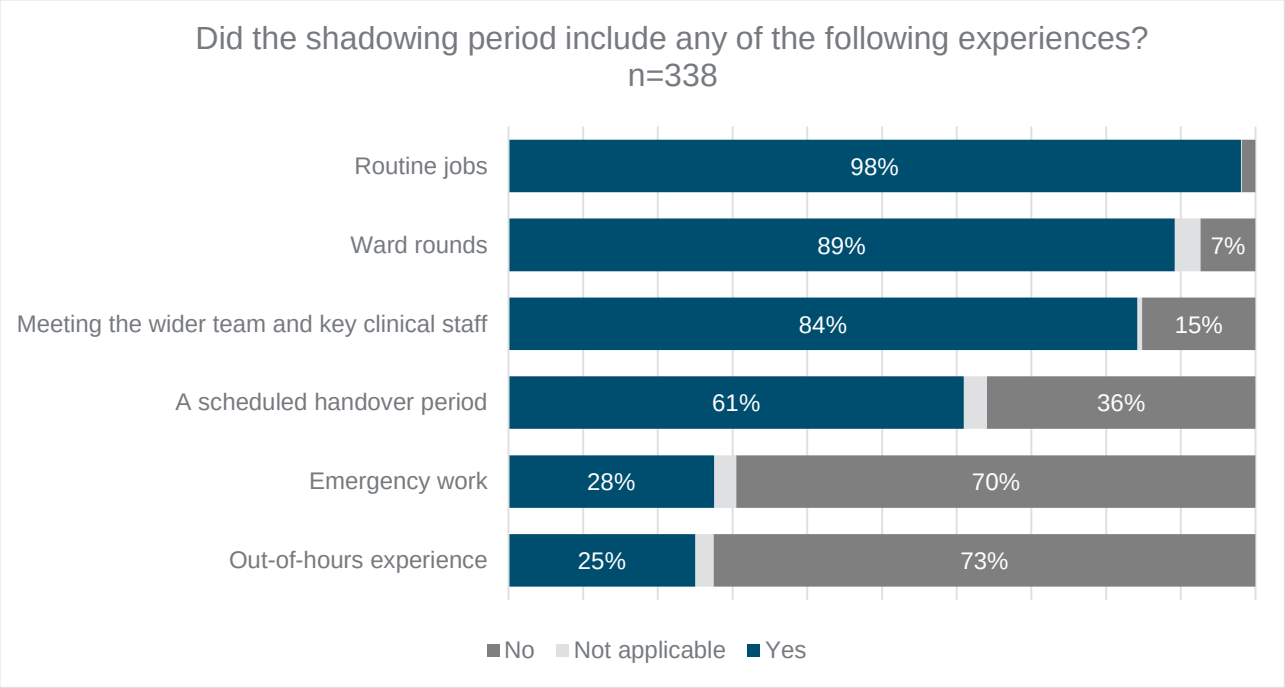
As the figure below illustrates, of those who had undertaken a shadowing period, **31% had spent 100% of their time shadowing clinical activity in Year 3 (2022)** - slightly increased from 28% in Year 1 (2020).

Figure 7: Percentage of trainee time spent shadowing clinical activity



The most frequent activities undertaken by trainees in Year 1 (2020) were meeting the wider team and key clinical staff (90% of trainees), ward rounds (80%) and routine jobs (78%). The graph below indicates that although the percentages for these experiences had changed, they still remain the most frequent activities in Year 3 (2022). Majority of respondents (98%) had done routine jobs during their shadowing period in Year 3 (2022).

Figure 8: Experiences undertaken during the shadowing period



Trainee interviews

Shadowing experience was consistent for all three FY1 trainees interviewed with trainees having completed at least one mandatory week of shadowing. Two trainees had completed additional week of shadowing which is consistent with the HEE offer of 10 paid days of shadowing (an extra five days were optional) for trainees starting their FPR in August 2021 to mitigate the impact of the pandemic on their medical school and clinical experience. Trainees shared they found this period quite useful as it allowed them to get familiar with the hospital systems and logins, and to meet the team. Those who completed two weeks of shadowing acknowledged that one week should be sufficient for its purposes: *"In fact, I would have said that it was probably 2 weeks was too long because you know [...] it takes like three or four days to pick up like the way things work for a new ward and stuff."*

In terms of the assistantship experience, trainees interviewed had variable experiences. For some, the assistantship was similar to their shadowing experience. One trainee explained that their assistantship covered a lot of the admin aspects of the job pertaining to a specific hospital. This was perceived as *"not really helpful"* as each hospital will have their own systems and admin procedures.

When asked about what could be improved about their shadowing experience, one trainee offered the following comment:

“So I think one of the things that would have been really useful is to do some on calls with people as well as doing the general day-to-day stuff, cause you when you're on ward round and you're with the consultant and you're doing your day to day thing, you're not really acting that autonomously. And so the first time that you get the bleep and you're completely on your own and there's nobody to ask anything and know what to do, that can be really, really daunting. So I think maybe even just if it was just like one shift just to be with a doctor to know how to triage your bleep, cause you're gonna be really busy and how to know what things to ask on the phone to.”

The interview findings suggest that trainees’ experience of the shadowing period is more uniform compared to the assistantships. It is important to note that this could be due to the fact that for all FY2s interviewed, their experience of assistantship may had been impacted by the Covid-19 pandemic as they graduated earlier and completed the FYi1 programme.

3.5 Recommendation 2&3: Pre-allocation & Widening Participation

HEE will consult with stakeholders to define the principles which should govern an expansion in the use of pre-allocation due to 'special circumstances' to make it accessible to a broader range of students.

HEE will develop and consult on policy options to support Widening Participation initiatives for graduates entering the Foundation Programme.

New/expanded categories will be available to those who apply in August 2021 to be in post in August 2022.

Desk review

HEE actions/decisions as per progress update reports:

- **2020**: HEE has developed a paper outlining a potential model to support special circumstances individuals into practise and beyond once they have been identified including proposals such as renaming special circumstances to 'pre-allocation' and adding new criteria. A working group convened to discuss this further.
- **2021**: Three new criteria (2(b), 5(a) and 5(b)) have been added to the existing four: financial hardship, significant (but not primary) caring responsibilities and ongoing educational support.
- **2022:** Trainee who had an option to apply via the new criteria will be in post after August 2022.

The process previously known as Special Circumstances is now known as Pre-allocation based on Personal Circumstances for recruitment to the UK Foundation Programme from August 2022[6]. To be considered for pre-allocation to a Foundation School based on personal circumstances, applicants must meet one of the following criteria:

- **Criterion 1:** The applicant is a parent or legal guardian of a child or children under the age of 18 who reside primarily with them and for whom they have significant caring responsibilities.
- **Criterion 2(a):** The applicant is the primary carer for someone who is disabled (as defined by the Equality Act 2010).
- **Criterion 2(b):** The applicant has significant caring responsibilities for a family member, partner or friend.
- **Criterion 3:** The applicant has a medical condition or disability for which ongoing follow up for the condition in the specified location is an absolute requirement.
- **Criterion 4:** Unique Circumstances.
- **Criterion 5(a):** The applicant has educational circumstances that require them to be pre-allocated to the specified location.

[6] Forms and Guidance - UK Foundation Programme

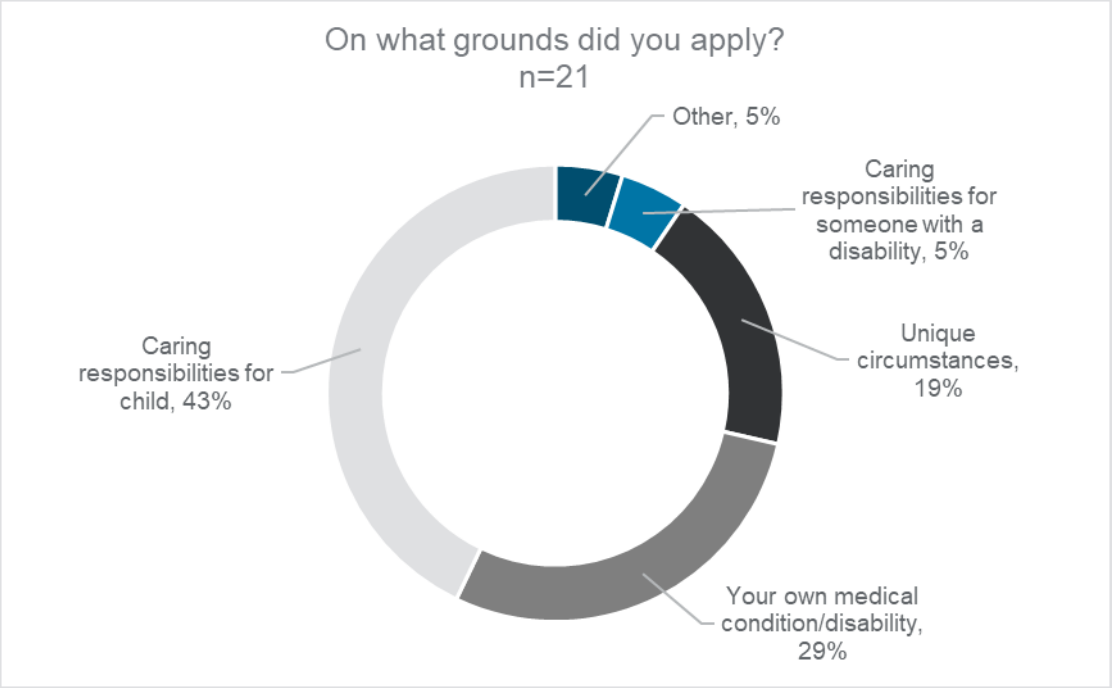
- **Criterion 5(b):** The applicant entered medical school through a Widening Participation initiative.

Note: the implementation of the pre-allocation recommendation cannot be properly assessed yet as trainees who applied via the new criteria will only be in post from August 2022 and were included in the Year 3 survey. The survey collected some baseline data that can be used for future evaluation of this recommendation.

Trainee survey

Around 6% of respondents (n=21) applied for pre-allocation based on personal circumstances, which is consistent with national HEE figures (note HEE to share figures). For the majority of applicants (90%), their application was successful. The pie chart below illustrates the personal circumstances based on which respondents applied for pre-allocation.

Figure 9: Criteria for applying for pre-allocation



As shown in the figure above, the majority of applicants applied as primary carers for a child (43%), followed by own medical condition/disability (29%) and unique circumstances (19%). The majority of these respondents (81%) who applied were female. Under half of respondents who applied for pre-allocation were from London (24%) and Kent, Surrey and Sussex (19%) regions. Two-thirds of those who applied on the grounds of caring responsibilities for child (67%) were female.

Trainees were asked if anything could be improved about the application process and/or criteria for pre-allocation and 10 trainees provided their comments. One of the main areas for improvement was **a choice for hospitals for those with caring responsibilities**:

- *"Being pre-allocated to a region is a bit ridiculous. My region is extremely large, and having children in school means I wanted to be close to where I lived at the time.*

But within the region you could be hours away from where you live so it adds little benefit really. Pre-allocation should be trust specific."

- *"Wider criteria, more choices of hospitals. Especially for individuals with caring responsibilities"*
- *"There was a long time during the applications process where there remained uncertainty over where I would be placed within the deanery and which jobs I would get. I found that stressful but was grateful to be allowed to request pre allocation to area to keep my family together and so was happy to go with necessary processes."*
- *"I got my Deanery but was then placed in a hospital at the far end from where my kids go to school, which completely defeated the point. I found I was commuting 18 hours a week and on appealing my placement was told it was acceptable. It really wasn't. I can't understand why this commute wasn't taken into account, given it hugely impacted on my reason for special circumstances."*

Another common area for improvements was around the **application process and communications received:**

- *"The process was reasonable, although the form was a bit glitchy, so my GP struggled to provide the confirmation that was needed."*
- *"Better information about the local process would be useful. I knew I would be allocated to the Foundation School but had no idea that I would be pre-allocated a set of jobs until I received an email informing me of the jobs I was given. I'm not sure on what basis those jobs were allocated, but they were unsuitable to my personal circumstances, so I had to then spend time enquiring about declining them and take my chances through the ranking system."*
- *"Such an awful process. Supposed to hear by 12 and heard past 10PM at night. Felt anxiety the entire day on GP placement. Felt a fight to be heard and listened to. Should be supporting Doctor's with health needs."*
- *"Clear communication on outcome of transfer. I had to follow up a lot"*

Trainee interviews

Only one trainee interviewed had applied for pre-allocation based on Criterion 1 (caring responsibilities for a child) and their application was successful. Overall, the interviewee shared that the process went well, was really straightforward and simple. They had no suggestions for improvements.

3.6 Recommendation 4: Foundation Doctor Quality Charter

HEE work with NHS Employers to develop a Foundation Doctor Charter defining how LEPs will support Foundation training, including best practice and minimum standards.

Development and dissemination of the Foundation Charter supported by the HEE Quality Framework.

Desk review

HEE actions/decisions as per progress update reports:

- **2020**: A Foundation Charter supported by the HEE Quality Framework was published in 2020.
- **2021**: The HEE Quality Team have agreed to embed the charter within their monitoring procedures.
- **2022**: Promotion of the charter has taken place with promotional resources and details of the charter available on the HEE webpage.

HEE have taken further steps to improve awareness of the Foundation Doctor Quality Charter since its publication in 2020. For example, in November 2021, a video detailing the Foundation Charter was uploaded on YouTube, which has since received 317 views.[7]

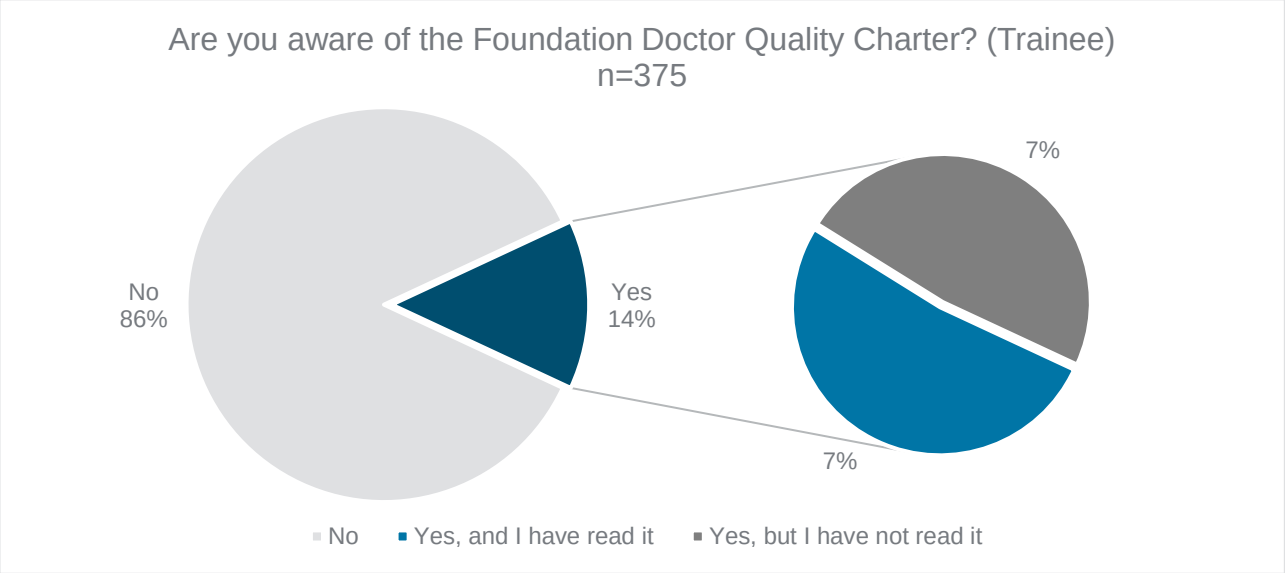
It is also worth considering website analytics from the Foundation Programme webpage[8], including the Foundation Charter. Between the period 21st May 2021 – 22nd May 2022, the Foundation Charter page had 540 unique page views[9] with an average bounce rate[10] of 64%, whilst the document containing the Charter had 257 downloads. This suggests that the Charter webpage is being engaged with by more people compared to Year 2 figures, and the bounce rate has increased marginally on average, indicating that interactions have become somewhat more meaningful.

Trainee and faculty surveys

We asked trainees about whether they were aware of the Foundation Doctor Quality Charter, results are presented in figure below.

[7] https://www.youtube.com/watch?v=UKawc4eML4k
[8] https://www.hee.nhs.uk/out-work/foundation-medical-training
[9] There were 672 page views in total (including multiple visits by the same individual)
[10] The average percentage of all views in which users viewed only a single page and triggered only a single request to the server.

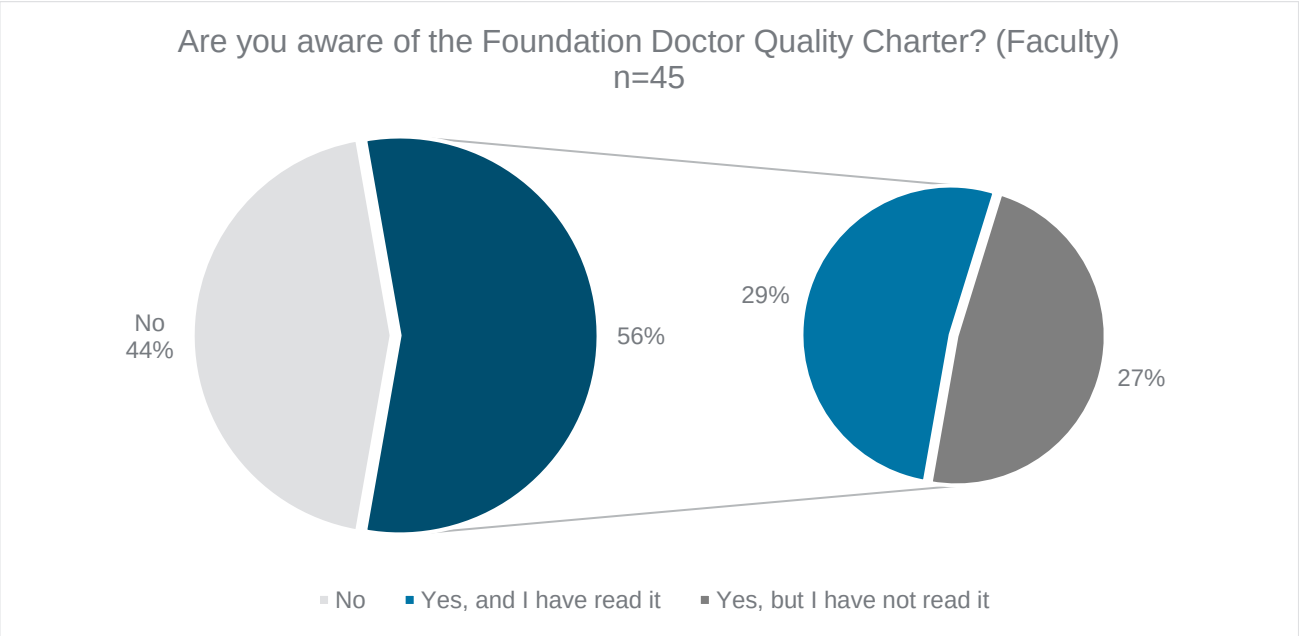
Figure 10: Trainee awareness of the Charter



The pie chart above shows the majority of trainees (86%) in Year 3 (2022) were unaware of the Charter, this is 3% more compared to 2021 (83%) but 7% less compared to 2020 (93%). On the other hand, just over half of respondents who were aware of the Charter had read it, which is larger than the corresponding proportion found in 2021 (29%) – although note that this is likely a consequence of small sample size. Moreover, of those who accessed the Charter (n=27), the vast majority (93%) had done so via the HEE website – the remaining 7% were unsure of their method of access.

Awareness was considerably higher amongst supervisors with only 44% of respondents stating they were unaware of the Quality Charter. Nevertheless, the proportion of aware respondents who read it is similar to the trainees, with just over half having read the Charter.

Figure 11: Faculty awareness of the Charter



We asked the 26 trainees who were aware of the Charter, but did not read it, to provide reasons for not accessing it:

- 65% did not know how to access it (12% reduction compared to 2021);
- 12% said it did not seem relevant (7% reduction compared to 2021); and
- other (23%) responses covered a variety of reasons, such as lack of time/length of Charter, as well as confidence that the organisation was implementing the Charter and not knowing it was in document form.

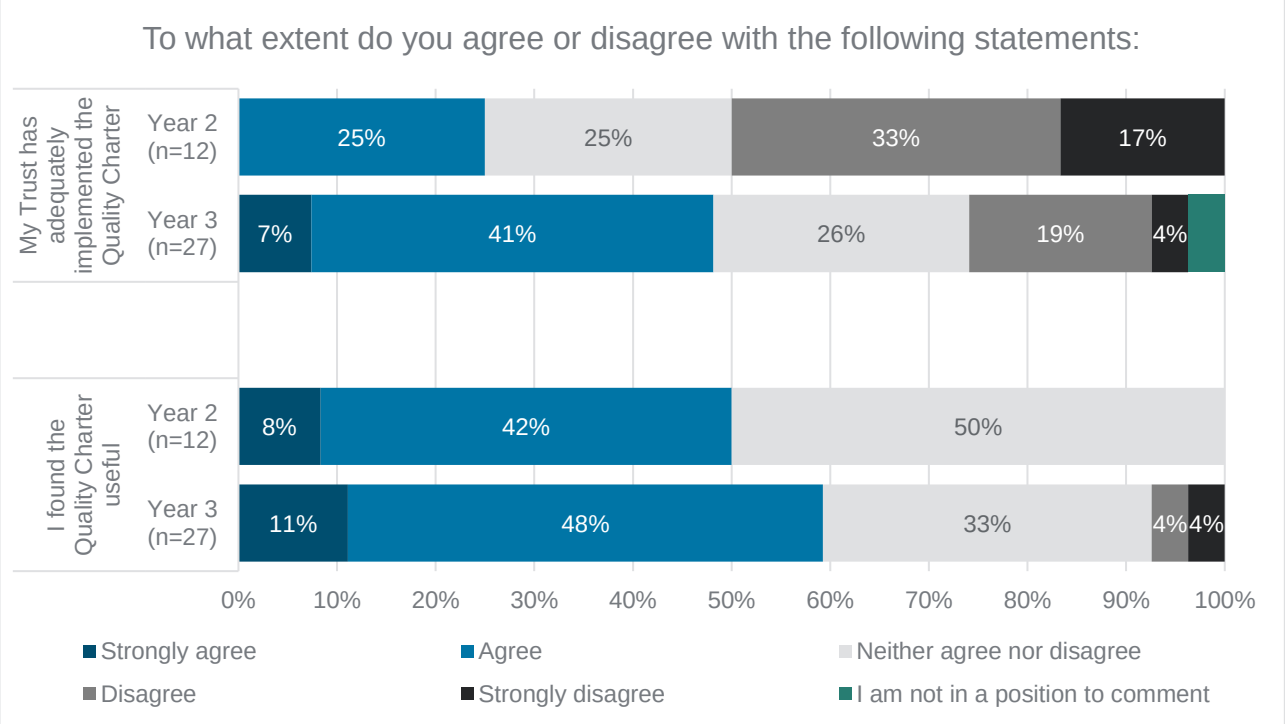
Posing the same question to the respective 25 supervisors demonstrated:

- 92% did not know how to access it; and
- the remaining 8% did not access it due to time constraints.

Of those who had read the charter, 54% had informed their trainees about it in a face-to-face meeting, whilst only 23% had not informed their trainees at all.

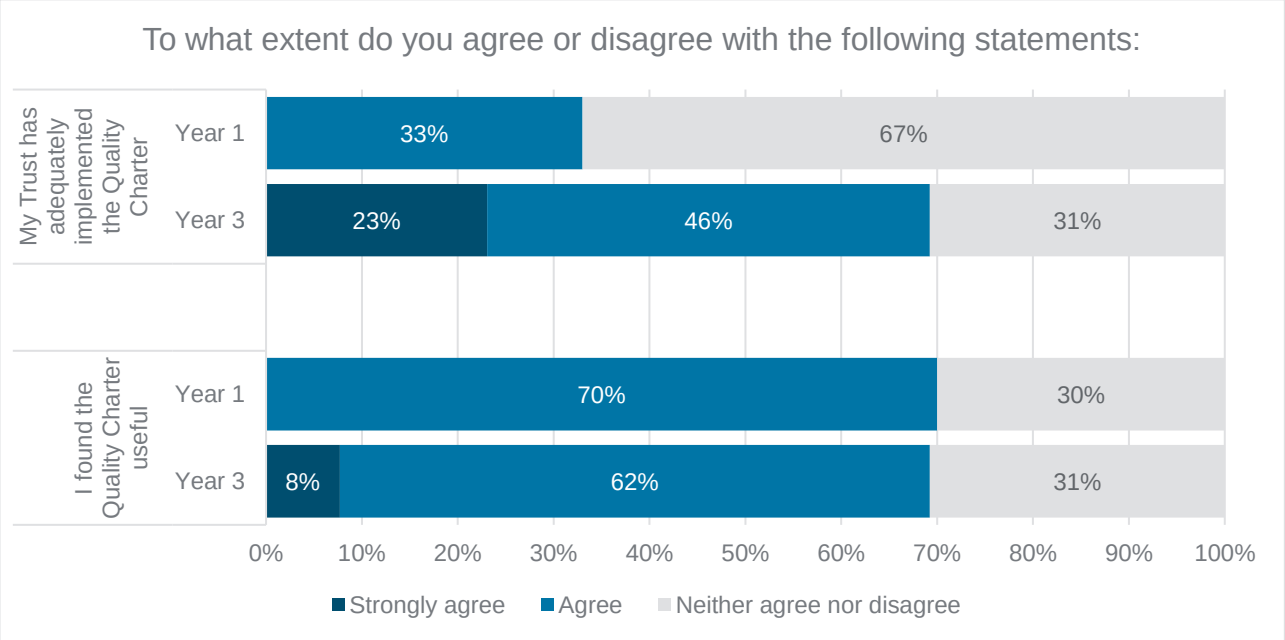
We also asked the 27 trainees who had read the charter to what extent they agreed or disagreed with the questions shown in the graph below. The figure below illustrates that almost 60% of trainees in Year 3 (2022) who read the Charter found it useful – this is almost a 10% increase on the previous year. Moreover, almost half of respondents felt that their Trust had adequately implemented the Charter, compared to 25% in Year 2 (2021).

Figure 12: Trainee perspectives on the Quality Charter



Posing the same question to supervisors showed similar results, with 69% of those who read the Charter found it useful (similar to Year 1, 2020) – and 69% said their Trust had adequately implemented it (up from 33% in Year 1, 2020).

Figure 13: Faculty perspectives on the Quality Charter



Trainee interviews

Insights from the interview found very low awareness of the Foundation Charter, where only two interviewees had heard about it – though neither had read the document comprehensively: *"I think I briefly read it at the start, but not much more besides that."*

These findings indicate that awareness of the Charter still remains the main obstacle for trainees. However, the Charter itself is perceived as more useful and adequately implemented. Several recommendations have been made in the past to increase awareness and access, including wider publicity and a short summary. Although steps have been taken to better publicise this work, it is clear that more dramatic steps are required further to increase awareness and understanding on the Charter.

3.7 Recommendation 5: Beyond Foundation

Doctors who do not progress to training directly from FY2 will be able to access on-going support via their Foundation School and return to training support initiatives will be encouraged for those who have spent time away from NHS practice.

To create a website were individuals can find information applicable to everyone with links to local supported return to training initiative/website – the Beyond Foundation webpage.

Desk review

HEE actions/decisions as per progress update reports:

- **2020**: A single website named 'Beyond Foundation' that individuals could find generic information applicable to everyone which would also contain links to each local supported return to training initiative/website.
- **2021**: It was agreed at the FAB that it is essential that information on the webpage is kept up to date on a regular basis to ensure that content was relevant to trainees and weblinks continue to work.
- **2022**: The webpage has been promoted via HEE channels. Ownership and management the webpage content will be under the MDRS Careers Group.

The Beyond Foundation webpage on the HEE website[11] provides trainees with a variety of resources to support them through their training. This includes information on career planning, such as an interactive specialty explorer, as well as links to the HEE specialty training webpage, and career planning/ development e-learning courses. The webpage also offers advice on those seeking a pause in their training, such as from stress, and signposting to other supportive resources. It also provides a detailed FAQ section on revalidation to inform trainees (especially those who are considering not going into further training) about the process of revalidating their medical licence.

Moreover, it is worth considering web analytics from the Beyond Foundation webpage between September 2021 – May 2022. The webpage averaged 58 unique visitors per month over the period, with a low of 17 visitors in September and a high of 79 in October 2021. The bounce rate for the webpage has been consistently high, with an average of 78% over the period. The bounce rate was highest in April 2022, at 91%, and lowest in October 2021 at 67%.

Trainee and faculty surveys

We asked trainees about their awareness of the Beyond Foundation webpage. Three out of four (75%) trainees surveyed reported that they are considering taking time out between foundation and specialty training – up from 68% the previous year. In terms of supervisors,

[11] https://www.hee.nhs.uk/our-work/foundation-medical-training/beyond-foundation

67% responded that their trainees were either taking time out (or planning to take time out) after the Foundation Programme. Of those trainees considering taking time out:

- 94% were unaware of the webpage (up from 84% in Year 2, 2021);
- 6% were aware of the webpage but had not accessed it; and
- less than 1% had accessed the Beyond Foundation webpage.

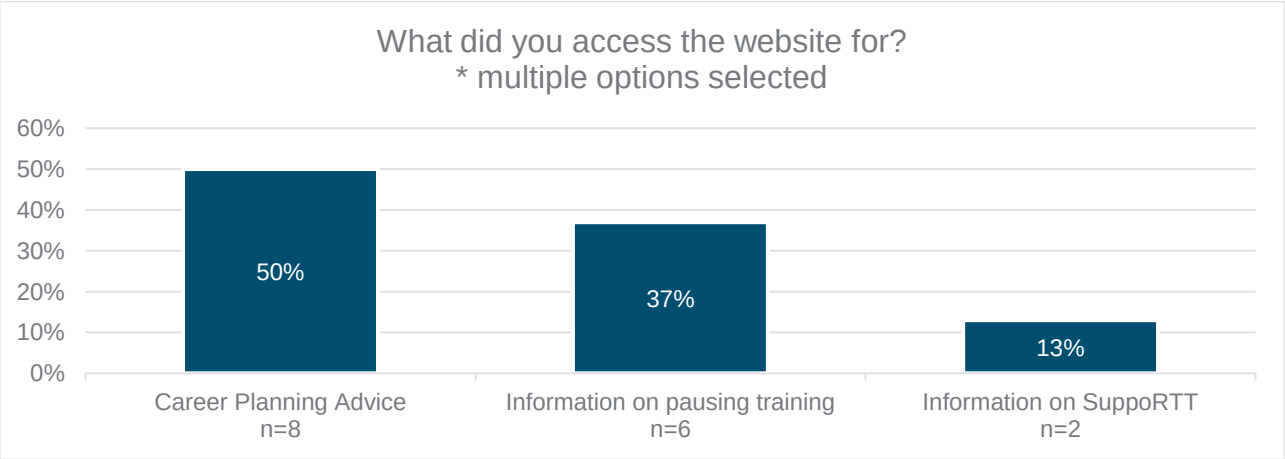
Overall, including those who are not considering taking time out, awareness has decreased on the previous year from 16% in 2021 to 7% in 2022. Moreover, the proportion of those accessing the Beyond Foundation webpage has reduced from 3% in 2021 to less than 1% in 2022.

Awareness is slightly better on the faculty side, where 69% were unaware of the Beyond Foundation website. Of the remaining 31% who were aware, almost two-thirds (64%) were signposting trainees to the website.

Trainees who were aware of the webpage but had not accessed it (n=23) generally indicated that they either did not feel the need to access it or had time constraints meaning that they could not properly explore it – this has also been the case in previous years.

Trainees who accessed the website (n=8) indicated the reasons as shown in the graph below. Half of these trainees accessed the website for career planning advice and just over a third (37%) accessed the general information on taking a pause – these proportions were reversed in 2021. In contrast to previous years, no respondents accessed the website for information specific to their local office, compared to 25% of respondents in the previous year.

Figure 14: Reasons for accessing the website

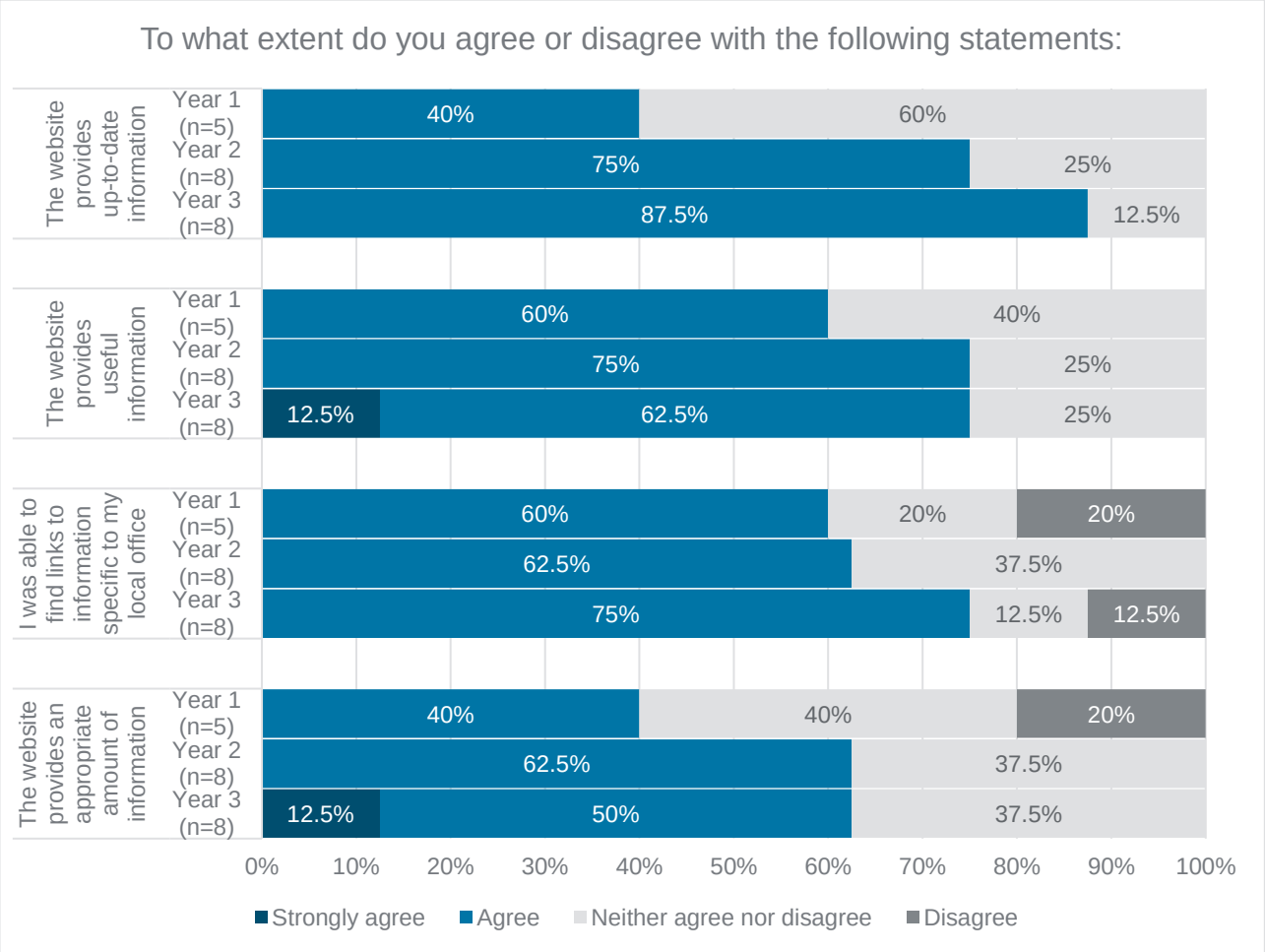


Trainees were then asked about their perception of the website usefulness which is presented in the graph below. Only eight trainees provided their responses to this question and, as such, generalisation of these findings may be limited. Nevertheless, comparing these results with those found for previous years shows an increase in agreeableness that the website provides useful and up-to-date information; 87.5% and 75%, respectively, compared to 40% and 60% two years ago. Moreover, a greater proportion of respondents

agreed that they were able to find links to information specific to their local office (75% in Year 3 vs. 62.5% in Year 2 and 60% in Year 1).

Trainees and supervisors were both asked if there was anything that could be improved about Beyond Foundation. There were no trainees who provided examples of improvement, however a couple of faculty members suggested 'out of hours working' and 'training and research opportunities in the biomedical industry'.

Figure 15: Beyond Foundation website perceptions



Trainee interviews

Responses from interviews with trainees broadly align with those found from the survey results. Five of the 10 interviewees were planning on taking time out of the training after the Foundation Programme. Three interviewees were aware of the Beyond Foundation webpage. Only one of those interviewees had in fact used the webpage, but they noted that they found it useful. In particular, the interviewee commented on the comprehensiveness of the website: *"I think it's pretty useful because I think it's tricky because so many different people want to do so many different things in time-out-of-training. And I think having a website where you try and cover everything…"* When asked whether there were any improvements could be made, they responded: *"… [It] would just be [it is] too big and too clunky, but I think it's a really good website that just covers a lot of like the main points."*

3.8 Recommendation 6: Early Years Careers Support Framework

HEE will establish a common framework for early years careers support, in line with NHS People Plan, to better align the expectations of doctors in training with the changing needs of the NHS in England.

Provision of careers advice for Foundation doctors, consistent across all regions.

Desk review

HEE actions/decisions as per progress update reports:

- **2020**: HEE created a 'minimum offer' for careers support document which builds on the Medical and Dental Recruitment and Selection (MDRS) Careers Strategy and proposals developed by the Northeast as a part of the review. Due to the pressures of the Covid-19 pandemic, this recommendation was put on hold.
- **2021:** Professional Support Standard Operating Procedure (SOP) (4.2.2) covers the provision of careers advice for foundation doctors. It was agreed that the MDRS Career Strategy Group will be leading this work going forward.
- **2022:** FSDs will work with local quality teams to ensure trainees are utilising the resources.

Under the Professional Support SOP 4.2.2, the following career advice should be available to all Foundation Doctors:

- Career sessions for FY1s either as part of 'core teaching sessions' at each LEP or delivered at Foundation School level.
- Career sessions for FY2s either as part of 'core teaching sessions' at each LEP or delivered at Foundation School level.
- 1:1 sessions with a careers specialist for the small numbers of trainees who are particularly struggling with career choices or have differing needs.
- 1:1 sessions with a careers specialist for the small numbers of foundation trainees who receive an Annual Review of Competency Progression (ARCP) outcome 4.

Trainee survey

Trainees were asked whether they had attended any career sessions hosted by their LEP or Foundation School. Just under half of respondents (45%) had undertaken career sessions in Year 3 (2022), a slight decrease from 51% of respondents in Year 2 (2021) who had undertaken the sessions.

More female trainees attended career sessions than male trainees (63% vs 37%). In terms of the ethnicity of those who attended, the majority were White British (56%), followed by Indian (12%), Chinese (7%) and African (6%). Participation was highest in the North East (17%). Two thirds of those who attended (66%) were in FY2.

Of those who had undertaken career sessions, 77% agreed/strongly agreed in Year 3 (2022) that these were useful. This represents a decrease from Year 2 (2021), in which 84% found these sessions useful. When asked what they found useful about the session:

- 51% of respondents indicated that **information on specialties** was useful;
- 31% suggested **application advice;**
- 14% found **other's experiences** useful; and
- 4% found the sessions **detailed.**

In open text comments, trainees suggested that discussion of portfolio requirements, the application process and more information about specialties were the most useful features of these sessions. Trainees were also asked what they felt, if anything, could be improved about the sessions. The most common responses were:

- **Greater career planning:** *"Give more information, dates and details into further work outside of a hospital medicine/GP route*".
- **More focus on speciality/specific training:** *"Receive more data and inform trainees about niche work and the specific training to perform these roles".*
- **Greater provision of individual sessions:** *"The opportunity to have one on one training sessions to help improve their career hosted sessions".*

7% of respondents had one-to-one sessions with a career specialist. Of this group, 82% agreed/ strongly agreed that these sessions were useful (in line with the Year 2 (2021) findings). Feedback in open text comments suggested that these sessions provided:

- *"Personalised advice and support"*
- *"Reassurance in a time which is frightening when you don't know what your next steps will be"*
- *"Lots of insightful practical advice"*
- *"Independent and unbiased advice from someone who was very knowledgeable about every specialty"*

Only 1% of respondents had received an ARCP Outcome 3 (Inadequate progress - Additional training time required). This group received additional support in the form of verbal encouragement, follow ups with foundation tutors, guidance in the requirements to meet the training threshold and additional support whilst on a ward.

Trainee interviews

Less than half of the interviewees (four) had attended these sessions. Trainees highlighted the usefulness of "*general career talks and specific specialties talks".* Those who did not attend career sessions suggested that this was due to limited awareness *"I wasn't particularly aware that they were going on"* and clinical commitments *"if they [trainees] left the ward, no one would be attending to the patients…for the sake of not having a serious incident on their record [they did not attend]."*

Only one trainee had attended a one-to-one session with a career specialist, and reported that this was useful. Those who did not attend suggested this was again due to limited awareness.

3.9 Recommendation 8: Foundation Priority Programme

During 2019/20 and 2020/21, HEE will introduce and evaluate a number of Foundation Priority Programmes, specifically designed to attract and retain trainees in: Remote, rural and coastal geographies, under doctored geographies and shortage specialties, aligned to the Long-Term Plan with Psychiatry as the initial priority.

Introducing the second cohort of FPP designed to attract trainees to understaffed areas and shortage specialties and evaluating the first cohort.

Desk review

HEE actions/decisions as per progress update reports:

- **2020:** HEE introduced its second cohort of FPP, specifically designed to attract and retain trainees in: remote, rural and coastal geographies, under doctored geographies and shortage specialties.
- **2021**: A paper which outlined preferred methodology and approach to distribution of posts was approved by HEE Deans in January 2021 and a subsequent paper taken to Directors of Education and Quality Senior Leadership Team to approve the distribution of posts. The FSDs have been sighted on the split of the additional posts and will be working with the Postgraduate Deans and Senior Business Managers in their regions to implement.
- **2022:** The regional teams will work through the implementation of the additional posts and ensure they are embedded into local Foundation schools.

[Note Official HEE figures for the FPP posts – awaiting from the HEE]

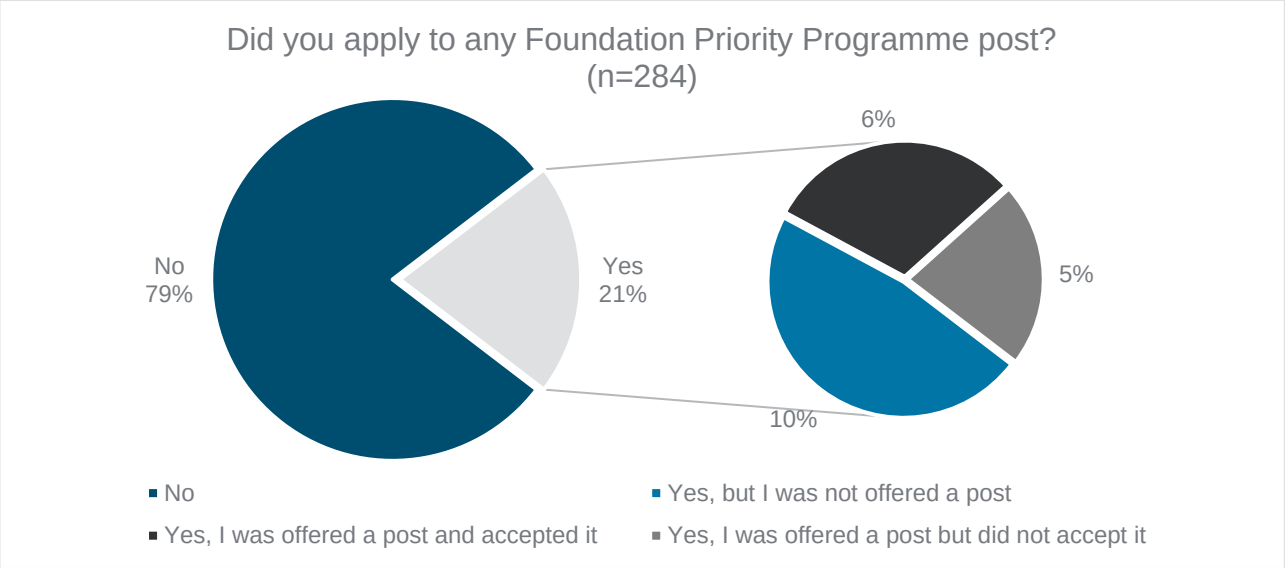
Trainee survey

Trainees were asked about their awareness and experience of applying to the Foundation Priority Programme. Most trainees were aware of the Foundation Priority Programme (76%) in Year 3 (2022), a significant increase from 48% in Year 1 (2020) – this increase is likely due to the Foundation Priority Programme only becoming widely available for posts starting in 2020.

58% of trainees in Year 3 (2022) agreed/strongly agreed that they had received clear communication around the Foundation Priority Programme and how to apply. This is an increase from 51% in Year 1 (2022). In interviews, the majority of trainees had found out about the Programme through presentations at medical school.

As illustrated in the graph below, 21% applied for a Foundation Priority Programme post in Year 3 (2022) – an increase from 11% in Year 1 (2020). Of those who did apply in Year 3 (2022), 10% were not offered a post, 6% were offered a post and accepted it, and 5% were offered a post but did not accept it. 89% of those who accepted a post were in FY1 and were in either the North East (61%), East of England (33%) or East Midlands (6%).

Figure 16: Applications to the Foundation Priority Programme



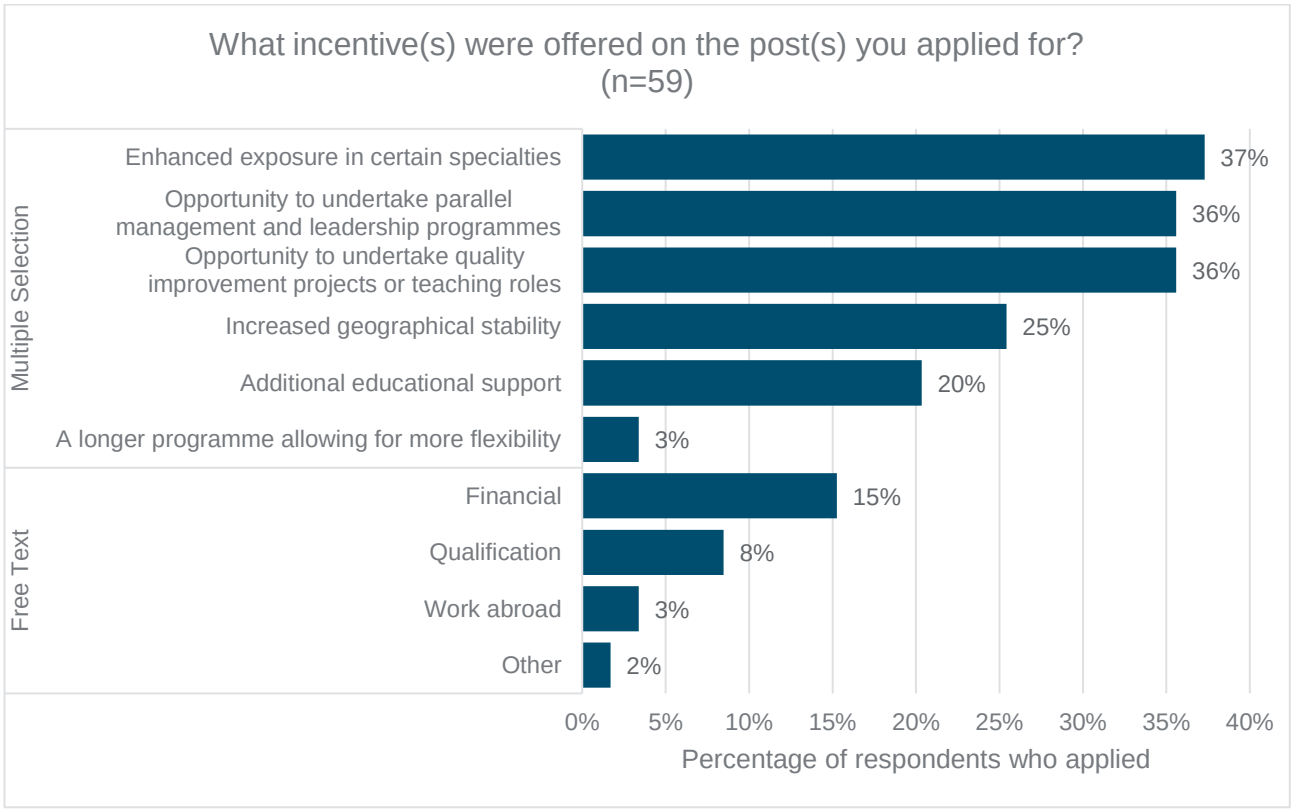
As illustrated in the graph below, incentives offered on the posts included:

- **Enhanced exposure in certain specialties** (37% offered in Y3 vs 46% in Y1)
- **Opportunities to undertake parallel management and leadership programmes** (36% in Y3 vs 49% in Y1)
- **Opportunities to undertake quality improvement projects or teaching roles** (36% in Y3 vs 35% in Y1)

When asked about the main reasons for applying to the Foundation Priority Programme posts, the main reasons cited were:

- **Location:** *"[the post offered] geographical stability… I wanted to be able to commute from my family home during training."*
- **The educational opportunities offered:** *"I wanted to do specific research and get training in research skills*" and the opportunity to do a *"leadership course".*
- **Financial incentives**: *"the lump sum financial support - for students like myself from lower socio-economic backgrounds this is absolutely invaluable".*

Figure 17: Incentives offered to trainees when applying to the Foundation Priority Programme



In open text comments, those who did not apply for any Foundation Priority Programme posts cited their location (*"all in areas nobody wants to live"*), the selection of specialities offered (*"I was not interested in the specialties offered"*) and a preference for the AFP (*"I wanted to apply for AFP roles instead"*) as dissuading factors. For those who applied but did not accept the Foundation Priority Post they were offered, location was the key deterrent: "*the location was not enticing"* and *"it was in an awful location…"*. When asked in open text comments if there was anything that could have been done to encourage those who declined a post to take up this post, a small number of trainees suggested that a wider choice of location (n=3), more choice over supervisors and rotations (n=2) and financial incentives (n=2) would have encouraged them to take the post.

Trainee interviews

Two trainees interviewed had applied for a Foundation Priority Programme. One trainee was attracted by the novel opportunity (*"a pre-hospital emergency medicine rotation, which was pretty unique"*) while another cited location as a factor *"it's great to be back close to the family"*. In addition, *"being back somewhere where cost of living is less"* was also cited as a motivating factor. Those who had not applied for a post cited the similar factors as survey respondents, including a preference to stay in their current location. Going forward, they suggested that a tax-free incentive or an increase in dedicated supervision may increase the uptake of these posts.

3.10 Recommendation 10: Enhanced In-Programme Support

HEE will work with Foundation Schools (FSs) to identify opportunities to enhance support to doctors with specific needs including wider use of supportive placements.

Ongoing support for Foundation doctors who entered medicine through widening access routes. Work has begun to collate the resources across all HEE Regional offices/FSs. These will be circulated, and where appropriate saved on the Learning Hub under a Foundation page.

Desk Review

HEE actions/decisions as per progress update reports:

- **2020**: Best practice guidance document on 'what support would look like' for pre-allocation trainees when they are in programme. A scoping exercise has been undertaken with FSDs to build understanding of how supportive placements are currently used.
- **2021**: A consistent policy across all schools (including the offer of a placement within a specific Foundation School) was made available from August 2021 via recommendation.
- **2022**: Resources have been stored on the Learning Hub from across the regions to provide additional support. Ownership and maintenance of the online learning page has been agreed by the FSD in East of England and FSD Chair.

According to the latest progress report (February 2022), enhanced in-programme support should be aimed at Foundation doctors who entered medicine through Widening Access routes. Moreover, the recommendation states that enhanced support can include wider use of supportive placements. These, however, are not defined and it is unclear what they entail.

Resources have been stored on the Learning Hub[12] from across the regions to provide additional support. There was an agreement that this should be routinely monitored and updated to ensure applicable support for the trainees who need it. However, since this document was posted in June 2020, it was accessed by only four people as indicated in the Learning Hub Stakeholder Dashboard shared by the HEE. This indicates a very low awareness/ uptake of this resource among the trainees.

Currently, the Learning Hub contains three resources, of which one, "Supporting Inclusion and equity in foundation education and training", is aimed to enhance support to doctors with specific needs.

This document outlines the ambition towards the inclusivity in the medical workforce. It emphasises that doctors from particular backgrounds can be disadvantaged because of systemic barriers and social inequity. This includes doctors with protected characteristics,

[12] https://learninghub.nhs.uk/catalogue/heefoundationprogramme

those who have entered medicine via widening participation, trainees from non-UK medical schools, and those undertaking LTFT training.

This document also sets out the expectation that all those supervising FP doctors must undergo the equality and diversity training and training that raises awareness of differential attainment in some groups of FP doctors. At present, no national training exists.

Additionally, the document set out the expectation for supervisors to actively seek to support these groups. The support should include:

- weekly or fortnightly informal chats, especially in the early weeks of FP;
- seeking peer or near-peer support for International Medical Graduates (IMG) trainees; and
- mid-point review to explore any difficulties.

Furthermore, this resource outlined some ongoing areas of research:

1. The UK Foundation Programme Office (UKFPO) to consider how to best identify supervisor demographics and any impacts this might have on Black, Asian and minority ethnic Foundation Doctors.
    a. LEPs and Deaneries should take steps to collect data on demographic data of their ESs and CSs.
2. Ongoing work with HEE MERP to review support for those entering medicine under widening participation initiatives and those working LTFT.
3. Work to consider the impact of moving to start foundation.

In terms of support for those entering medicine under Widening Participation, it is worth considering the work that has been done under Recommendation 9. Although it falls out of the scope for this evaluation, the outcomes of this recommendation may have spillover effects on the progression of this recommendation. Under Recommendation 9, the UKFPO and MDRS led the review into the recruitment algorithm for the Foundation Programme. It has been agreed to remove the additional educational achievements from the application process from 2023. This may have a positive impact on widening participation trainees entering the FP in 2023 as it might reduce the differential attainment. This, however, should be monitored further once the changes to the recruitment process have been implemented.

Regarding support for those working LTFT, Category 3 (personal/general wellbeing) was extended to FP trainees from the 2022/23 training year. This support is discussed in more detail in the next section 3.11 Recommendation 11: LTFT.

Trainee survey

Trainees were asked whether they entered medicine through widening access routes/Widening Participation and 9% of respondents said ‘Yes’. These trainees were then asked whether they have received any in-programme support. The majority of trainees who entered medicine through Widening Participation (88%) said ‘No’. Three trainees provided their comments about the in-programme support:

- *"Medicine is still predominantly filled with white middle class cohorts from relatively privileged backgrounds. Whilst admission statistics are slowly improving, there is still much work that needs to be done to make people such as myself from underachieving schools/areas feel welcomed once in medical school and as a doctor"*
- *"Additional support after failing exams"*
- *"Money"*

Additionally, Widening Participation trainees were asked whether they were aware of the Learning Hub portal. Out of 33 respondents, only two were aware of which only one trainee had accessed it. When asked whether the Hub met their needs, the trainee explained that it *"contain of up-to-date information requires [required] to support junior doctors in their daily work"*.

Faculty survey

The faculty survey asked supervisors whether they are aware of the widening participation initiative for graduates entering the FP. Around two-fifths of respondents (38%) said 'Yes'. Additionally, 16% of respondents acknowledged they are aware their trainees are being offered in-programme support. Five respondents shared that the support included:

- *"TPD [Training Programme Director] support, PSU [Professional Support Unit] / PHP [Practitioner Health Programme] support"*
- *"I agreed to support a supernumerary trainee in addition to usual trainee for a four month period. I was aware that they had in programme support, with regular meeting with their ES, foundation school support and at times lead"*
- *"A trainee in difficulty was supported by the PSU unit in our deanery, who were effective"*
- *"via PGMEC [Postgraduate Medical Education Centre] - I am not sure of the details"*
- *"One trainee on supernumerary placement with me after difficulties with illness in previous placement, ES knows more"*

Trainee interviews

Of nine trainees interviewed, only one trainee had officially applied to medicine through Widening Participation routes with another two saying they qualify under this category although have not officially applied through it.

When asked about any in-programme support provision, one trainee provided the following comment:

"I think the thing that I found most frustrating in medicine is that everything is really expensive, like we'll have to pay for courses all the time. And to do research, to get a publication, to go on a course you have to pay for it. And there's no study budget for F1s. It can be quite frustrating 'cause I've got friends who will be like "ohh, you know, I've passed this exam, or I've failed it three times". And I'm like, I really don't have the money to be failing an exam. If it were easier to access the study budget, I think that would be useful."

3.11 Recommendation 11: Less Than Full Time

Foundation Schools will support greater flexibility in foundation training, including expanding access to LTFT Training.

Renewed principles for LTFT training in foundation – LTFT trainees will have at least two percentages of Whole Time Equivalent (WTE).

Desk review

HEE actions/decisions as per progress update reports:

- **2020:** Renewed principles for LTFT training in foundation, meaning LTFT trainees will have a choice of at least 2 percentages of WTE.
- **2021**: The funding principles were agreed by each local office and signed off by the PGDs.
- **2022**: From April 2022, any percentage of LTFT over 50% will be available for all doctors in training, including Foundation.

In 2020 and 2021, LTFT Categories One and Two were open to Foundation trainees:

- **Category 1**: Disability or ill-health, Responsibility for children under 18 years of age, Directly caring for ill/disabled partner, relative or other dependent
- **Category 2**: Unique opportunities for personal/professional development, Service to the wider NHS and Other reasons

In 2022, Category 3 (a new category that allows trainees to apply for LTFT for personal/general wellbeing reasons) was extended to Foundation trainees. As a result, in the 2022/23 training year, Foundation trainees can apply to train at 0.8 FTE for a period of four months.

Trainee survey

Trainees were asked about their LTFT Training experiences. As the majority of respondents (95%) had not applied to undertake LTFT training, the findings on Recommendation 11 are based on the small sample size (n=18) of trainees who have undertaken LTFT training.

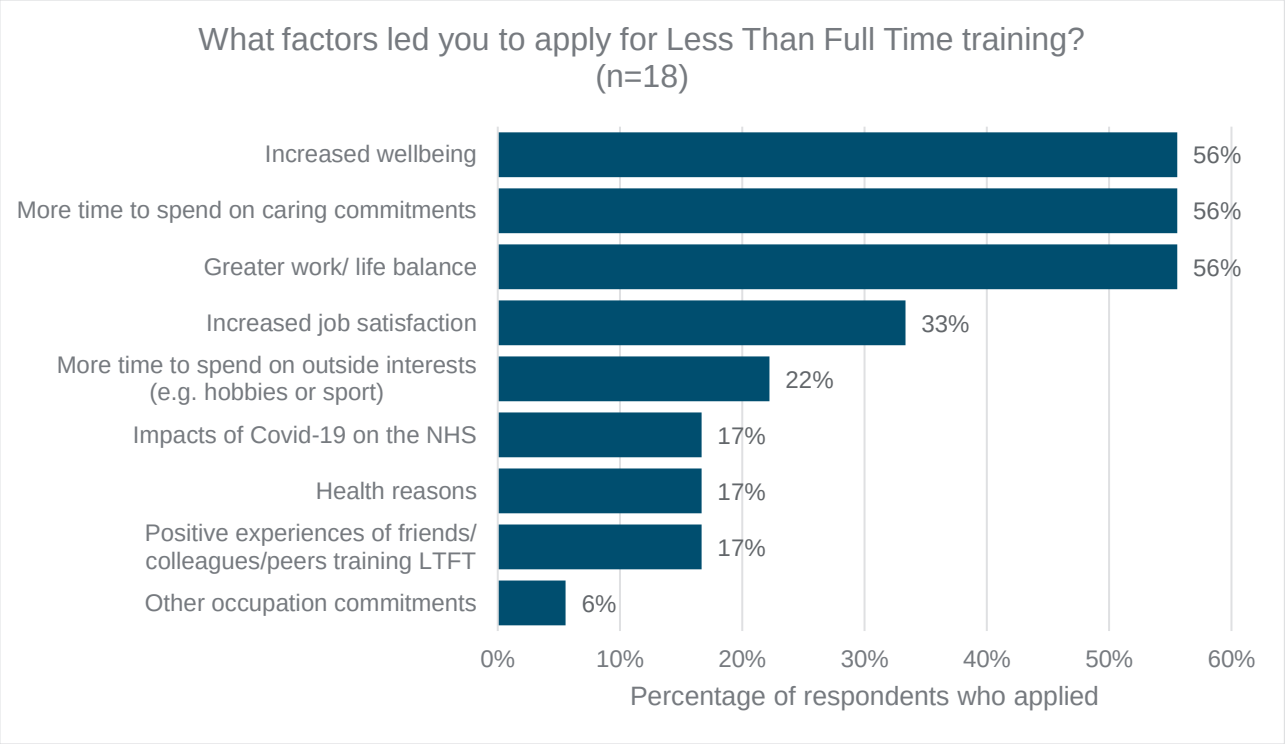
The majority of who were training LTFT were FY2 (n=11), female (n=14) and/or White British (n=15).

Rationale for applying for LTFT training

As illustrated in the graph below, those respondents who had experience of LTFT training (n=17) applied for LTFT training for the following reasons:

- Increased wellbeing (56%)
- More time to spend on caring commitments (56%)[13]
- Greater work/life balance (56%)
- Increased job satisfaction (33%)

Figure 18: Factors leading to trainees applying for LTFT



Female trainees were more likely to train LTFT due to caring commitments than male trainees.

These findings are in line with the findings of the HEE/RSM LTFT Category Three Initiative Evaluation, in which greater work/life balance (92%), increased wellbeing (86%), more time to spend on outside interests (60%) and increased job satisfaction (59%) were all cited as trainee objectives for applying for LTFT Cat 3.[14]

Experience of LTFT training

The majority of those trainees training LTFT were undertaking 0.8 WTE (n=9) or 0.6 WTE (n=6). Only one trainee slot shared (0.5 WTE).

When asked if their LTFT training post was as they had anticipated, 59% agreed and 41% disagreed. In open text comments, those who did not consider the post to be as they had anticipated stated that this was due to:

[13] As the survey did not indicate which category (one or two) of LTFT training trainees had applied for, the evaluation is unable to determine if this was a motivating factor for a number of categories.

[14] HEE LTFT Cat 3 Initiative Year 1 Report

- **Limited information about the programme**: *"Generally it is but there is no information or guidance about expected extensions of training".*
- **Issues with rotas:** *"I've never had a correct rota at the beginning of a post – therefore I've had to work either above or below what I was meant to, and could not request leave."*
- **Reduced opportunities for clinical experience:** *"I went in 2.5 days which didn't give me much time with the team or being able to invest in patient care".*
- **Issues with incorrect pay:** *"The main areas of difficulty include liaising with rota coordinators regarding the creation of a personalised work schedule and also payroll/finance to ensure correct pay".*

Eleven trainees either agreed or strongly agreed that they felt disadvantaged training LTFT (n=4 disagreed). This was due to:

- **Attitudes of colleagues:** *"you're treated differently by colleagues, [you're regarded as] a 'part timer'" and "there seems to be assumptions you could work more but just don't want to (especially when it comes to covering rota gaps)."*
- **Challenges forming working relationships with colleagues:** *"you struggle to form decent working relationships with your base ward and team."*
- **Reduced opportunities for clinical experience due to fewer on-call shifts and impacted relationships with colleagues**
- **Feeling disconnected from peers:** *"I don't feel part of the cohort because I'm out of sync".*
- **Challenges navigating rotas:** *"rotas are frequently distributed late which makes organising childcare difficult".*

This is significantly higher than findings from the HEE/RSM LTFT Category Three Initiative Evaluation, in which 41% of LTFT Cat 3 trainees neither agreed nor disagreed that the initiative had positively impacted upon their educational/academic experience.[15]This may suggest that those in higher stages of training may have had more previous opportunities for practicing clinical skills and developing relationships with colleagues.

Trainees provided the following **suggestions as to how the LTFT initiative could be improved:**

- Have a dedicated LTFT point of contact within each Trust (given that Champions of Flexible Training are available in each trust, this may involve greater promotion of this role amongst Foundation trainees.
- Record seminars and workshops so that if they occur on a non-working day, LTFT trainees can catch up at a later date.
- Consider ways in which to allocate rotas prior to placements commencing, and greater awareness of LTFT amongst rota coordinators: *"I'd like to see more education for clinical and clerical staff about LTFT."*

[15] HEE LTFT Cat 3 Initiative Year 1 Report It should be noted that this evaluation cohort were different from this trainee sample, as the LTFT Cat 3 initiative included those from ST1-7 in Obstetrics & gynaecology, emergency medicine and paediatrics.

- Greater information around impacts on career progression, training duration and the application process.

Trainee interviews

One trainee interviewed was currently training LTFT (0.8 WTE). This trainee suggested that they *"hadn't noticed a massively big difference in the quality of their training"*, as they were undertaking the same tasks as full-time trainees. They did note that they received less exposure to certain shifts (eg night shifts), which reduced their level of experience. Rotas were a challenge – *"it's all not very well coordinated, which is a headache to be honest"*, and they suggested that *"if you're doing like if you're doing less than full time because you want to spend less time at work thinking about work or for mental health reasons, you then don't want to have to be chasing all of this stuff outside of work."*

3.12 Recommendation 12: Supervision

LEPs must ensure that Foundation supervisors are valued and have appropriate training and skills and specific time allocated for their roles.

Good practice guidance outlining key requirements of supervising Foundation Trainees. Updated/refreshed eLearning for healthcare (e-LfH) modules for supervisors to be introduced in 2021.

Desk review

HEE actions/decisions as per progress update reports:

- **2020:** Good practice guidance outlining key requirements of supervising Foundation Trainees was published and e-LfH modules for supervisors were updated/refreshed.
- **2021**: 10 of the 12 revised supervisor modules went live on e-LfH.
- **2022**: Ownership and maintenance of the online learning packages fall under the responsibility of the Lead FSD.

Faculty survey

Faculty panel members were asked about their **experiences of the current e-LfH modules.** Overall, 64% of panel members had undertaken one or more e-LfH modules. This represents an increase from 55% in Year 1 (2020), suggesting that awareness of the modules has increased.

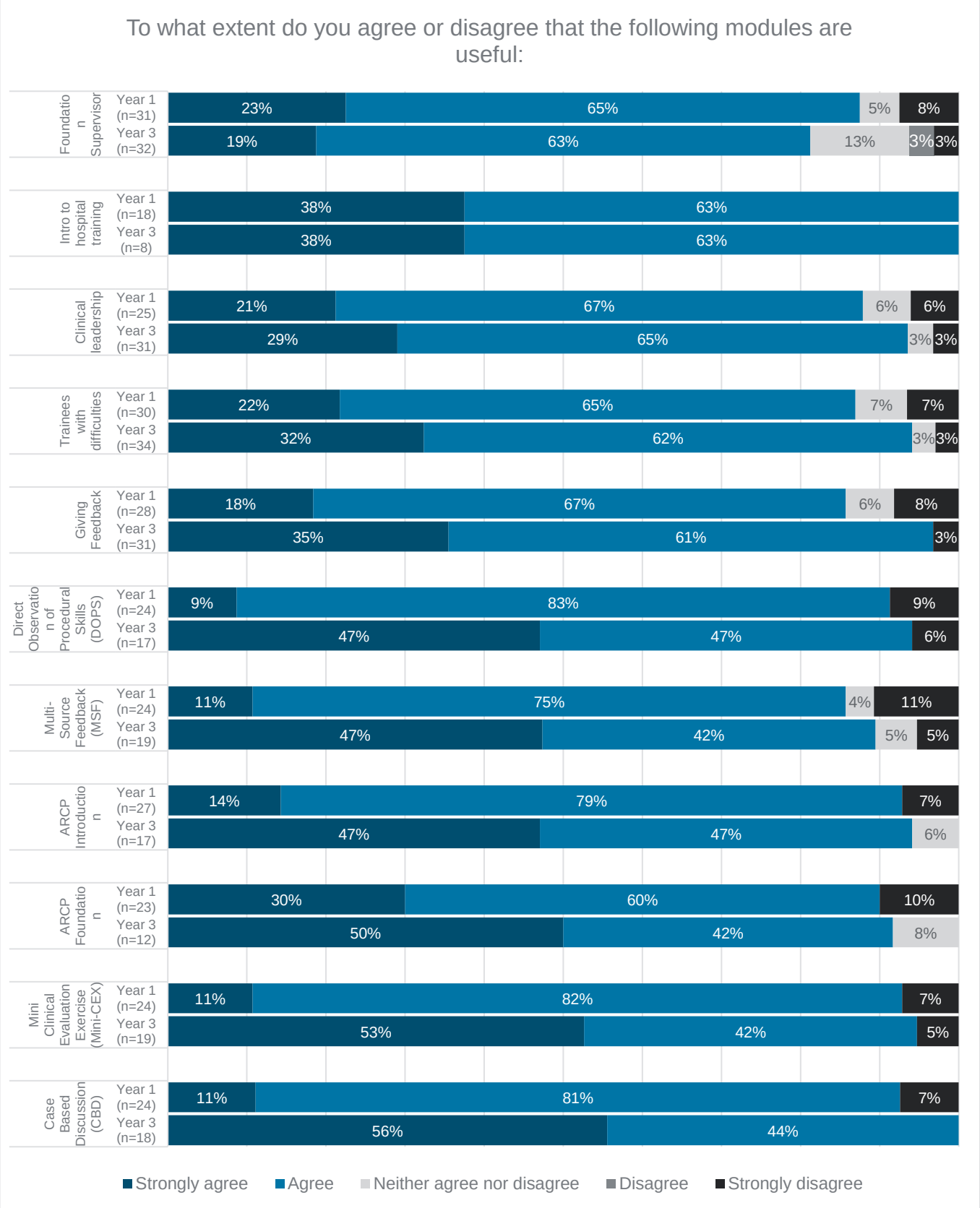
There was no discernible difference in uptake of e-LfH modules between clinical supervisors (64%), educational supervisors (66%) or TPDs (67%). Those that had undertaken the modules were more likely to have been in post for longer; 51% had been in post pre-2015/16. No 2021/22 panel members had undertaken the modules, and only 7% of those in post since 2020/21 had undertaken the modules.

When asked **which modules they found useful:**

- 80% of faculty panel members agreed/strongly agreed that the “trainees with difficulties” module was useful. In open text comments, one panel member suggested that this module was “*particularly useful during the pandemic”;*
- 80% agreed/strongly agreed that the “ARCP Foundation” module was useful; and
- 76% found the “Foundation Supervisor” module to be useful.

The graph below compares the findings on module usefulness from the Year One (2020) and Year 3 (2022) surveys. This indicates that there have been small increases in perceived usefulness of most modules between 2020 and 2022; however, there were small decreases in perceived usefulness of the multi-source feedback (75% agreed/strongly agreed that it was useful in Year 1 and 68% in Year 3) and clinical leadership (80% agreed/strongly agreed that it was useful in Year 1 and 74% in Year 3) modules.

Figure 19: Year 1 (2020) and Year 3 (2022) findings on the usefulness of the e-LfH modules



Faculty panel members in Year 3 (2022) were less likely to agree strongly/agree than in Year 1 (2020) that current e-LfH modules covered the topics they needed to carry out their

role as a foundation supervisor: 76% agreed in Year 3 compared to 89% in Year 1. In open text comments, panel members suggested that the following modules could be introduced:

- career progression and how to support those who were not progressing as anticipated;
- practical advice: *"eg how you meet trainees, build rapport, do initial assessments etc";*
- trainee mental health; and
- Longitudinal Integrated Foundation training.

However, panel members were more likely to agree/strongly agree over time that the e-LfH modules were more helpful than previous versions: 48% agreed/strongly agreed in Year 3 (2022) compared to 31% in Year 1 (2020).

There was no discernible difference in views on ease of access (61% agreed/strongly agreed in Year 1 that the modules were easy to find and access, compared to 59% in Year 3). In open text comments, panel members suggested that the modules were *"easy to navigate"* and *"easy to do".* To further increase uptake, members suggested that there should be additional promotion of the modules, and links to e-LfH should be re-issued periodically to all supervisors.

Panel members were asked in which areas **they had undertaken face-to-face training, and the perceived usefulness of these face-to-face training** (see Appendix 6.2). Benefits of face-to-face training included the ability to network with colleagues, greater opportunities for interaction and *"more lived experience from peers to be vocalised".* The training that received the most positive feedback included:

- 100% agreed/strongly agreed that the face-to-face Case Based Discussion training was useful (compared to 77% who found the case-based discussion e-LfH module useful);
- 100% agreed/strongly agreed that Intro to Hospital training was useful (compared to 63% who found the intro to hospital-LfH module useful); and
- 96% agreed/strongly agreed that the Giving Feedback training was useful (compared to 77% who found the case-based discussion e-LfH module useful).

However, the number of panel members who had undertaken face-to-face training was less than the number who had undertaken the e-LfH modules. For example, only eight members had undertaken the Intro to Hospital Training, compared to 29 members who had undertaken the corresponding e-LfH module.[16] This suggests that there is a need for a combination of both e-LfH modules and face-to-face training.

[16] This n=29 is based on responses to the question 'to what extent was the Intro to Hospital e-LfH module useful', as a question regarding completion was not posed explicitly to panel members.

3.13 Recommendation 13: Near-Peer Support

Attracting more senior trainees to take on the role of mentor.

Trusts should develop this based on successful local 'good practice' schemes. Looking into how this role could be incorporated as a training opportunity for senior trainees.

Desk review

HEE actions/decisions as per progress update reports:

- **2020**: Mentorship guides and information regarding 'activities of the facilitative mentor' were included within the June 'pack'[17].
- **2021**: Academy of Medical Royal Colleges (AoMRC) have gathered examples of existing mentoring schemes run by Colleges and Faculties, especially where these relate to trainees, and they have convened a working group.
- **2022**: The Near-Peer Support information has been shared with FSDs and is available via the UKFPO and AoMRC websites. The UKFPO are to review the success of the programme.

Trainee survey

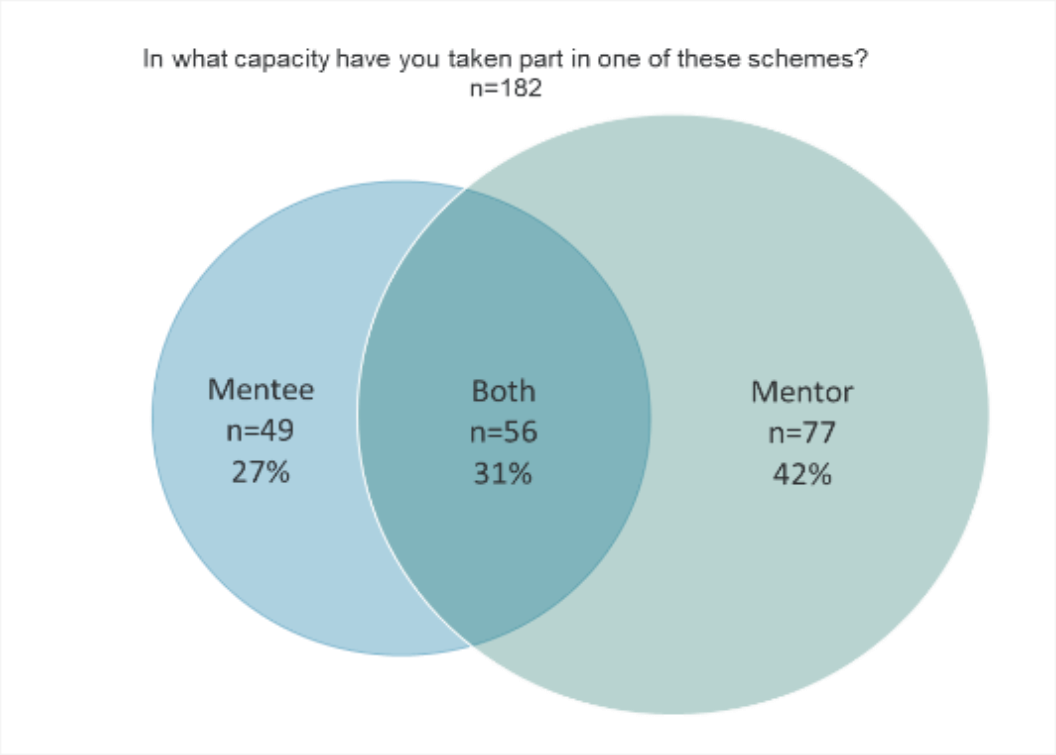
As in previous years, trainees were asked about their experience in peer-to-peer mentoring or buddy programmes. It is important to note that these questions were largely aimed at mentees. Responses indicated, however, that a number of FY2s have predominantly taken part in these programmes as mentors. We have attempted to identify potential systematic differences between FY1s and FY2s where possible, but in some cases it was not possible to discern between the two groups.

Trainees were asked whether they had taken part in near-peer support, mentoring or buddying scheme and 41% responded 'Yes' – a 3% increase on Year 2 (2021) from 38%. The figure below depicts the distribution of mentors and mentee in the scheme.

- 31% said they took part both as a mentor and a mentee;
- 42% said they took part only as a mentor; and
- 27% said they took part only as a mentee.

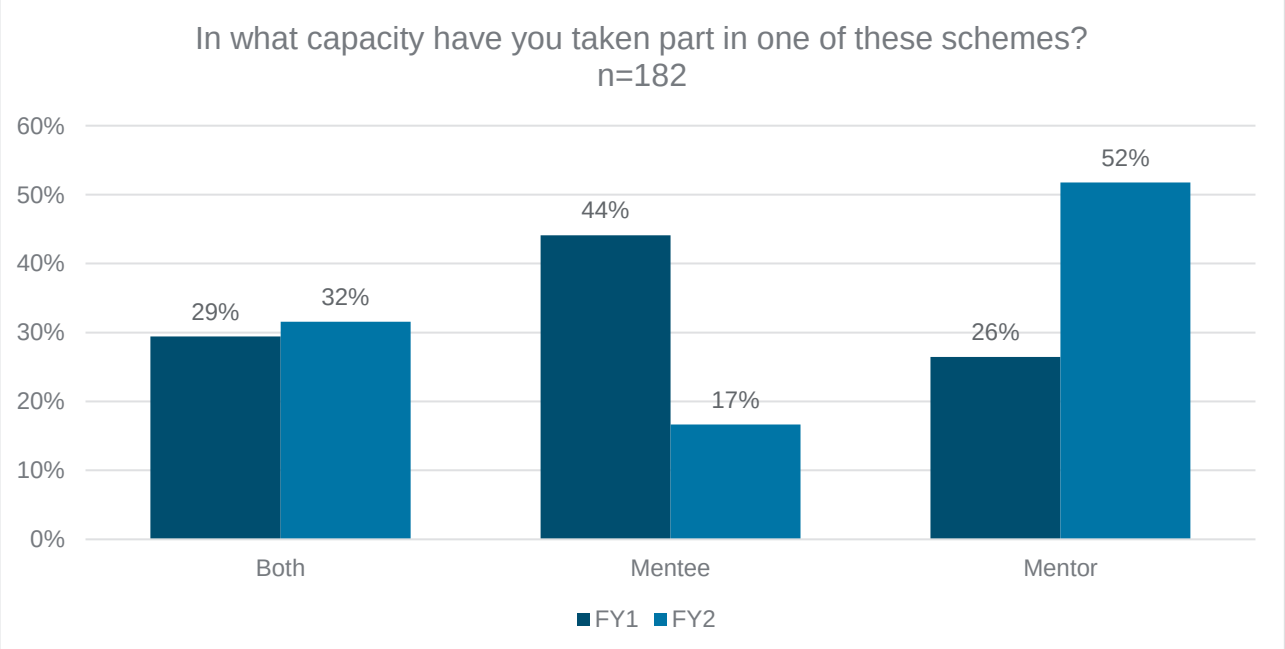
[17] https://www.hee.nhs.uk/news-blogs-events/news/hee-launches-new-resource-pack-help-doctors-foundation-training

Figure 20: Distribution of mentors and mentees in near-peer support scheme



Disaggregating this by FY status showed that FY1s were largely involved in the scheme as a mentee, whereas FY2s mostly took part in the scheme as a mentor. This is depicted in the figure below:

Figure 21: Distribution of mentors and mentees by FY status



177 respondents answered the following question: **How likely would you be to recommend taking part in this programme to a friend/colleague?** The results are illustrated in the figure below.

Figure 22: Likelihood of recommending the programme

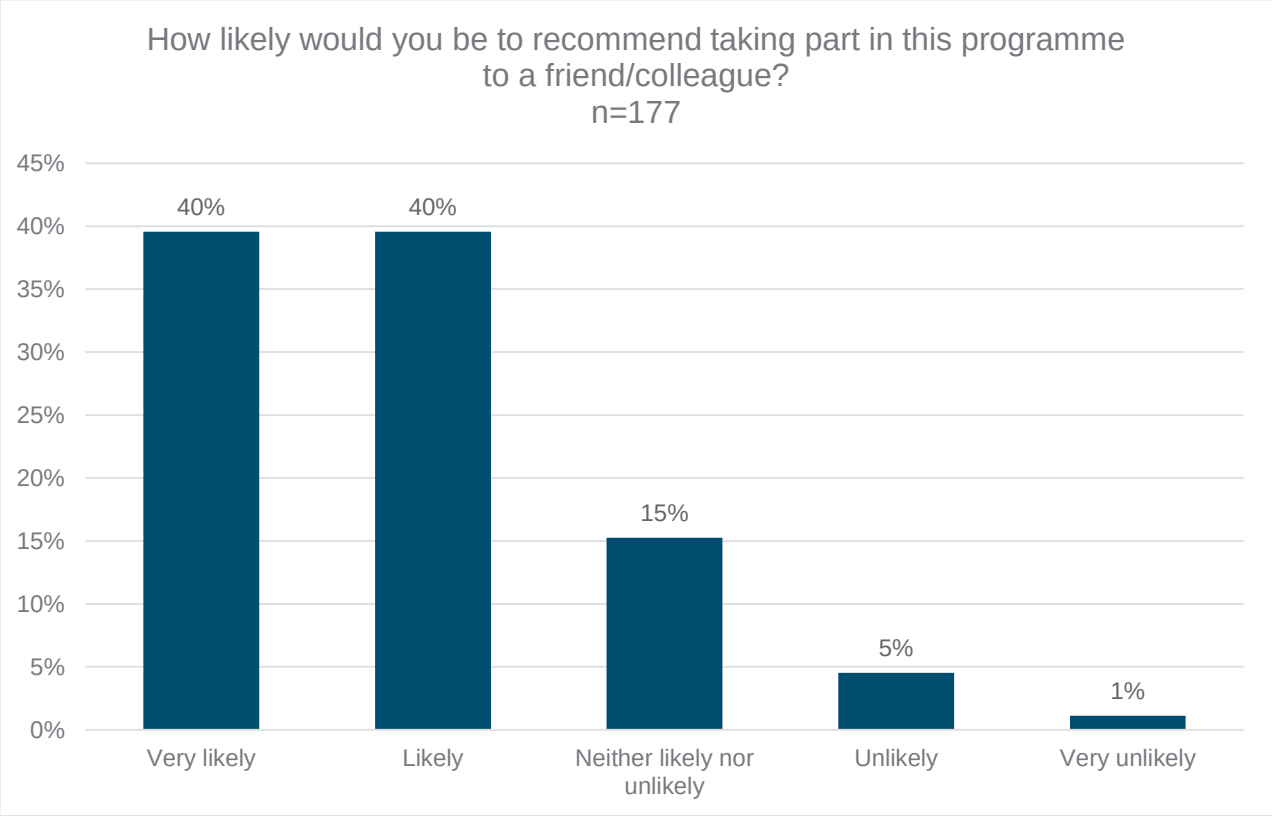
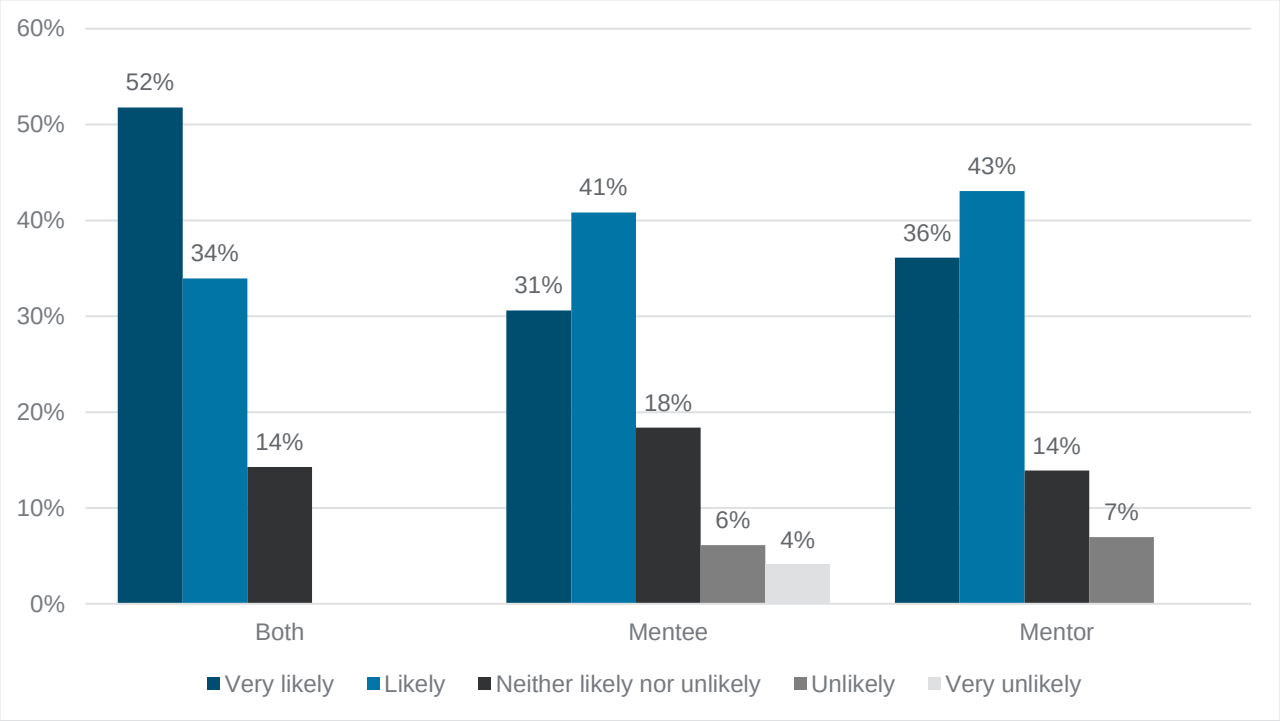


Figure above shows that 80% of respondents reported that they would be likely or very likely to recommend the programme to a friend or colleague – this has gradually increased from 69% in 2020 and 73% in 2021. Only 6% of respondents reported they would be unlikely or very unlikely to recommend the programme to a friend or colleague, with this also having decreased slightly from 8% in 2020 and 12% in 2021.

As with the previous year, respondents were asked to formally identify their status (mentor/ mentee/ both), which helped to analyse whether the likelihood of recommending the programme can be associated with the programme status.

The figure below illustrates that 79% of mentors are likely to recommend this programme compared to 72% of mentees. Those who had both mentor and mentee experience are also more likely (86%) to recommend this programme that those who had experience with only one programme status. These results indicate that the near-peer support programme is more likely to perceived better by those who had experience with this programme as mentors and as both mentee and mentors than by those who participated only as a mentee.

Figure 23: Likelihood of recommending the programme by mentorship status



Those who responded to this question were invited to elaborate further on their answers and 89 trainees provided further comments. The most common reasons for recommending this programme were:

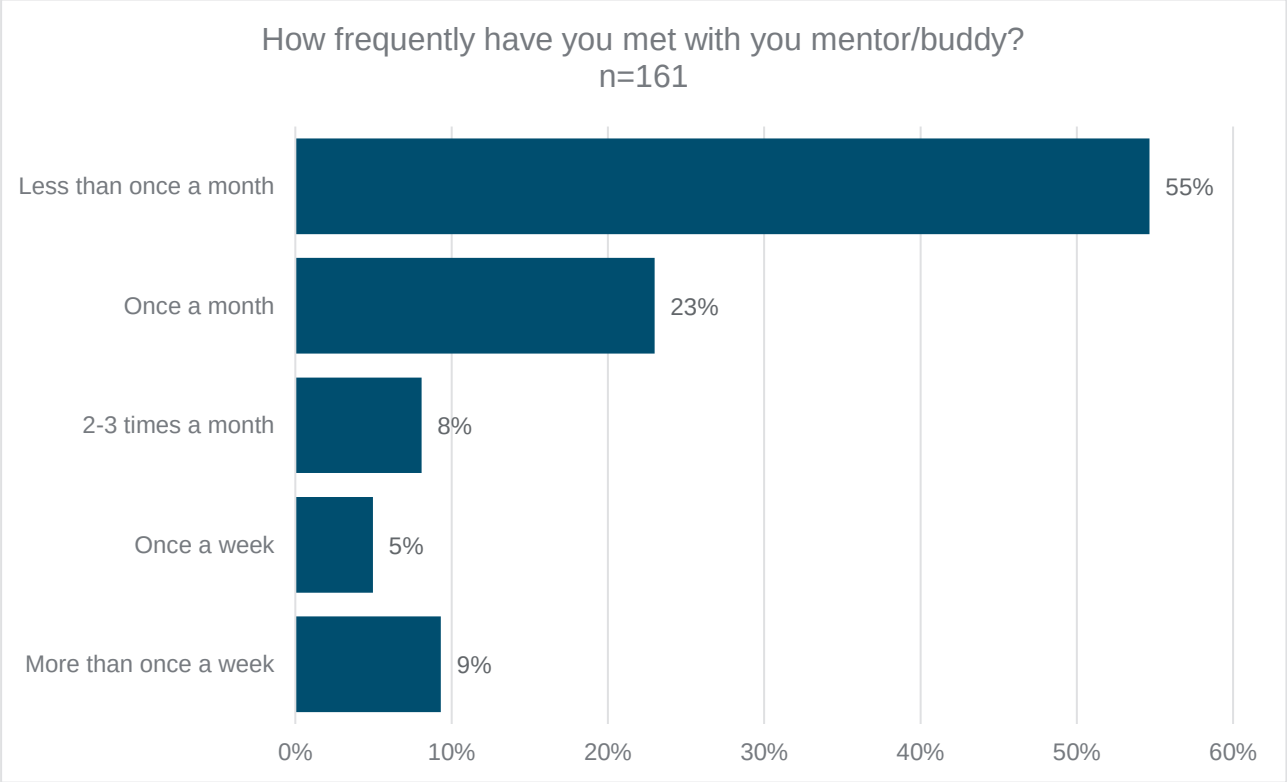
- **Career planning support:** *"My mentor was very helpful and helped me to progress with my career aspirations"*
- **Development of soft skills, such as teaching:** *"Really good experience of teaching medical students"*
- **Useful to know someone with previous experience:** *"Useful to have more experienced and knowledgeable peers that you can speak to regarding any difficult situations on the job or anything about the job that you are struggling with"*

Other respondents also provided reasons as to why they would not be likely to recommend this programme to their colleagues:

- **Lack of structure:** *"There is very little structure and support provided and mentees are often not very engaged."*
- **Infrequent contact with mentors:** *"I contacted my mentee, but we never met up. I was in the community, and she was in hospital, so it wasn't practical"* and *"No contact was made, or anything arranged by the mentors."*
- **Inability to meet:** *"I think because of all the stress around starting F1 I was actually too busy to meet with my F2 who was also very busy."* and *"… However, in practice it is almost impossible to arrange meetings due to conflicting timetables - this should be given protected time in induction week".*

Those who have taken part in a peer-to-peer mentoring or buddy programme were asked to indicate how frequently they meet with their mentor/buddy. The results are displayed in the figure below.

Figure 24: Frequency of mentorship/ buddy meetings



The figure shows that more than half (55%) of respondents who took part in the programme had mentorship meetings less than once a month – although, this is a slight decrease from 2021 (61%). Approximately 9% of respondents met their mentor more than once a week compared to 6% last year. Overall, these findings are roughly consistent with last year's results.

Trainees were then asked the following question: **What have you liked about taking part in the programme?** To which 84 trainees responded, the most common theme in the comments where related to **support and advice**, particularly around career planning – cited by 33 trainees. Other relevant themes included the ability to develop teaching skills (n=13), which was largely mentioned by mentors, and simply having someone to talk to (n=17).

To analyse how this programme can be enhanced, we asked trainees what they think could be improved about this programme. In total, 52 respondents provided a comment to this question. There were three multiple themes in the responses:

- **Better structure/formalised contact** – 38% of those responded mentioned this as an issue: *"Formally organised peer support meetings through the year"*
- **Raise awareness:** *"More publicity to increase involvement"* and *"It would be quite useful to have knowledge of the scheme prior to starting work. For example, this*

could be briefly mentioned in a foundation program webinar or online teaching session during your final year of medical school."

- **More time/protected time:** *"Have protected time during the clinical week to meet up with mentors more often. At the moment, we only have sessions once every two or three months, which I do not feel is enough."*

There were several responses that suggested that the scheme should be implemented earlier on in the year: *"Start this earlier! Our programme was implemented end of Dec and we only met start of January due to Covid restrictions."* and *"Establishing it at the start of the year prior to the start of F1."*

Moreover, there were a number of calls to implement formal occasions for mentors and mentees to meet formally: *"Maybe have a fixed event where everyone meets their mentor? Otherwise, [it] can be difficult to arrange a time."* and *"Maybe a pre-organised meeting day as [it's] tricky to organise individually."*

Trainee interviews

Interview findings were largely consistent with those found in the survey – four of the 10 interviewees had taken part in a Near-peer support programme (note 41% had from survey). Two of these took part as a mentee and two took part as a mentor. In terms of frequency of meetings, interviewees had varying experiences. Some were meeting their mentor/mentee a couple of times a month or fortnightly, whereas another noted meeting their buddy every day for the duration of their placement. However, overall, organisation and structure of these meetings were seen as a key barrier to frequency: *"I think it definitely suited my needs, but having a specific time set away for it for both of us would be more helpful because we kind of just met, like, almost in the corridor and then started talking"* and *"Unfortunately, because of staffing issues, there was not an obvious time in the day when there was, sort of, a reduced level of workload as it were."*

In terms of the quality of the match, one interviewee noted that it was a good match for them. However, another noted variability in terms of the placement: *"We've done it a couple of times and when I moved, like, between different hospitals for placement, sometimes it's really great, but it's obviously variable depending on who does it and how much you bond and how much interest they have in doing it. So, I think it's a valuable system, but it's variable 'cause I think that some people they are doing it so they can get a certificate to side they talk part in without really wanting to have someone amend it so."*

Interviewees were asked if there was anything that they found particularly useful in their experiences. One interviewee (mentor) noted how it benefited their own learning and development: *"It was helpful to reinforce some of information I'd learned at medical school, helpful to reflect on at medical education…"* Asked if there was anything that could be improved about the programme, the need for better structure and organisation was highlighted. One interviewee mentioned: *"I think there needs to be a conscious planning process if mentoring is to happen at a particular time, there needs to be people to cover up or the person doing the mentoring."* Another interviewee highlighted: *"I guess just having specific time set out for it in our rota schedule…"*

3.14 Recommendation 14: Self-Development Time

HEE will engage with key stakeholders to assess how Foundation doctors can be given time in the working week for self-development time.

All foundation doctors to have time formally included in their work schedules for non-clinical professional activities (ie 'self-development time'). From August 2020, Trusts were required to include at least two hours per week of self-development time in FY2 workplans.

Desk Review

HEE actions/decisions as per progress update reports:

- **2020**: It has been agreed that all FY2s starting in August 2020 will have 2 hours of self-development time built into their working week and if possible, FY1s to have 1 hour. The provision of self-development time is included within the Foundation Charter (Recommendation 4) and within the June 'pack'[18] of documents.
- **2021**: Information has been shared with Trusts, trainees and educators to show the agreed principles for each foundation doctor to have two hours of self-development time each week. The principles allow for these to be amalgamated into blocks and taken fortnightly or monthly, depending on the needs of the service and trainees' development.
- **2022**: Social media campaigns are to continue periodically to provide awareness of the initiative.

As recommended in the previous report, principles for Foundation doctors self-development time have been shared with Trusts, trainees, and educators, which allow for the time to be amalgamated into blocks taken fortnightly or monthly. Social media campaigns have been run, with tweets being published on the HEE twitter account. There has also been the publishing of two self-development time case studies – The Royal Surrey NHS Trust[19] and Brighton and Sussex University Hospitals NHS Trust.[20] Within these case studies are useful details of self-development time and how it works in practice in these organisations. This includes information on the types of non-clinical activities undertaken, as well as factors that make the model work. Finally, they provide further reflections on aspects to consider for implementation in other Trusts.

Trainee Panel Survey

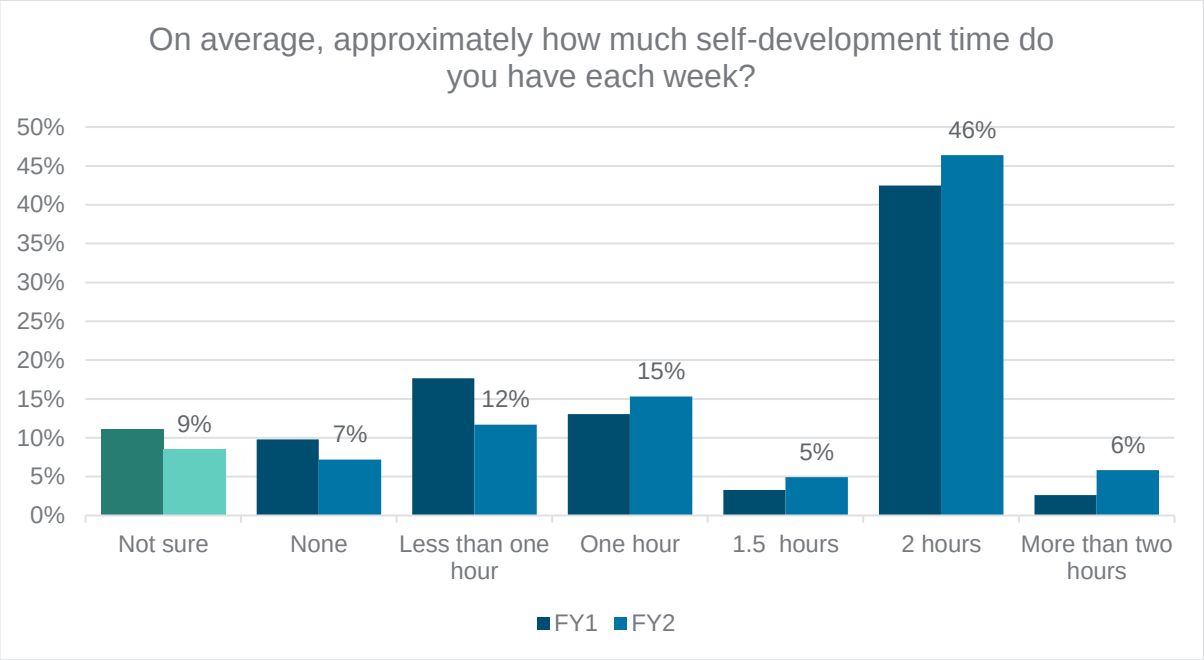
[18] https://www.hee.nhs.uk/news-blogs-events/news/hee-launches-new-resource-pack-help-doctors-foundation-training

[19] https://www.hee.nhs.uk/sites/default/files/documents/HEE%20SDT%20case%20study%20Royal%20Surrey%20NHS%20Trust.pdf

[20] https://www.hee.nhs.uk/sites/default/files/documents/HEE%20SDT%20case%20study%20BSUH.pdf

We asked trainees about their experiences relating to self-development time. The graph below shows how much self-development time the trainees reported to have each week.

Figure 25: Allocation of self-development time per week



Among the FY2 cohort, 52% of trainees reported that they were receiving at least the mandated two hours per week, which is a considerable improvement on the last year's response (39%). Approximately 7% of this cohort reported having no self-development time, with 12% reporting having less than one hour per week. This is another reduction on last year (19% with no self-development time and 20% with less than one hour).[21]

In terms of the FY1 cohort, there has also been a dramatic decrease in those reporting having no self-development time compared to last year – from 39% to 10%. Almost three-quarters (74%) of respondents reported having the suggested one hour or more of training this year, this has demonstrated a 19% increase compared to last year's figures (from 55%).

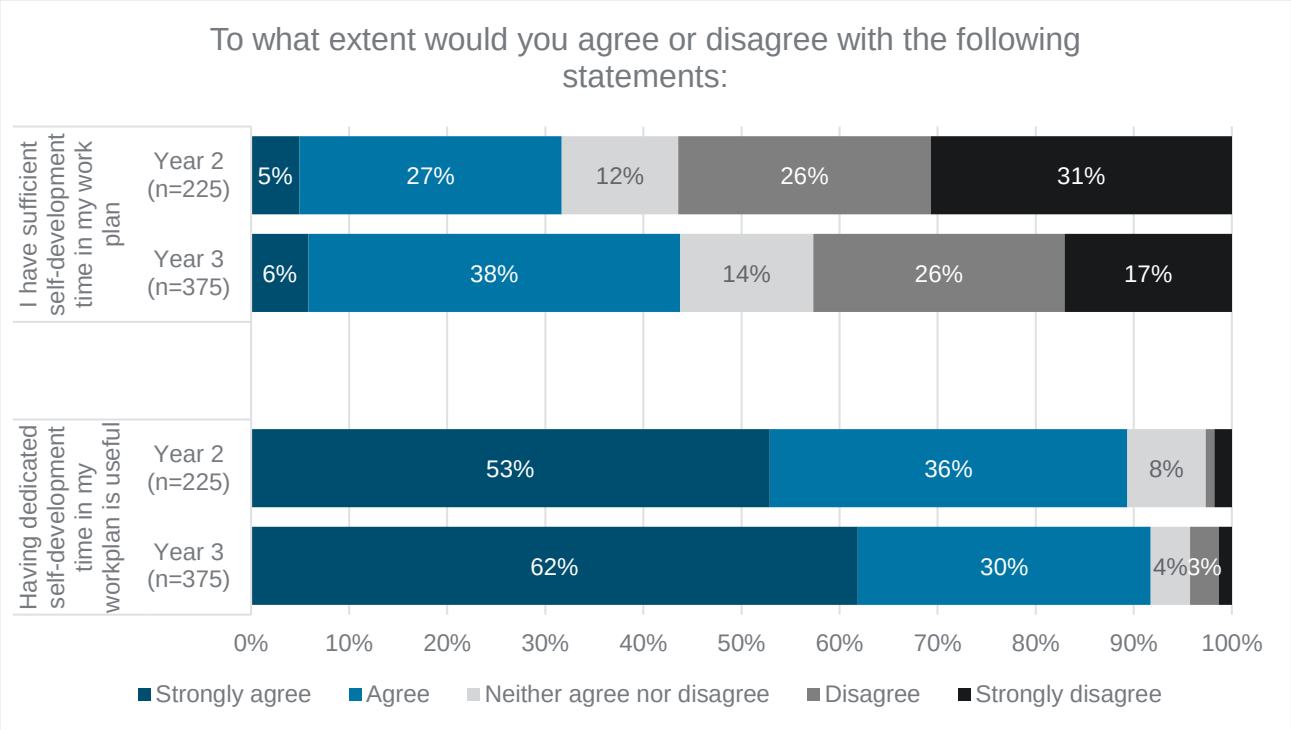
We also asked trainees how this self-development time was allocated to them – from all those who responded we found:

- Around two-thirds (66%) of trainees reported being allocated one day per month – an increase from 40% last year;
- Another 18% of trainees were allocated a half-day every fortnight – up from 11% last year; and
- The remaining 16% were allocated two hours weekly to self-development time.

[21] It should be noted, however, that last year's figures may have been driven by continuing demands of Covid-19 on medical staff causing FY2s to receive less self-development time.

We asked trainees about their perceptions and experiences of the introduction of self-development time and the extent they agreed with the two statements shown in the graph below - alongside last year's figures.

Figure 26: Self-development time perceptions

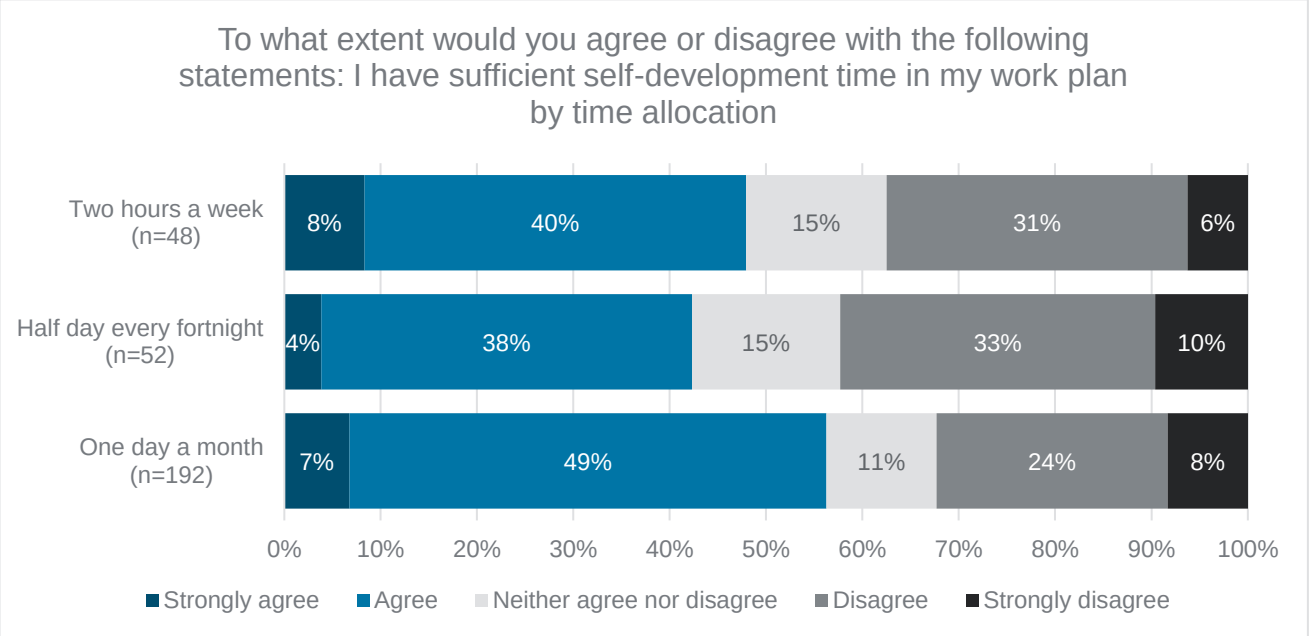


The figure above shows that the vast majority of trainees (92%) agreed or strongly agreed that having dedicated self-development time in their workplan is useful. This is a slight increase on the previous year (89%) and more respondents strongly agreed this year (from 53% to 62%). Moreover, the proportion of trainees who reported they disagreed or strongly disagreed that they had sufficient development time in their workplan has decreased from 57% last year to 43%. In fact, the proportion of trainees who agreed or strongly agreed has increased from 32% to 44%.

We compared the results of trainees who had their self-development time allocated in different ways. The figure below illustrates that the variation in how self-development time is allocated has a moderate impact on trainees' perception as to whether they had sufficient development time.

The figure shows that those trainees who indicate their time being allocated per month tend to agree more (56%) that they have sufficient time compared to trainees who time is allocated per week (48%). These results are consistent with previous years' findings. However, it is worth noting that the number (and ratio) of those who have their self-development time allocated monthly opposed to weekly is significantly greater than last year – from 44 to 192 (from 1:1 to 4:1).

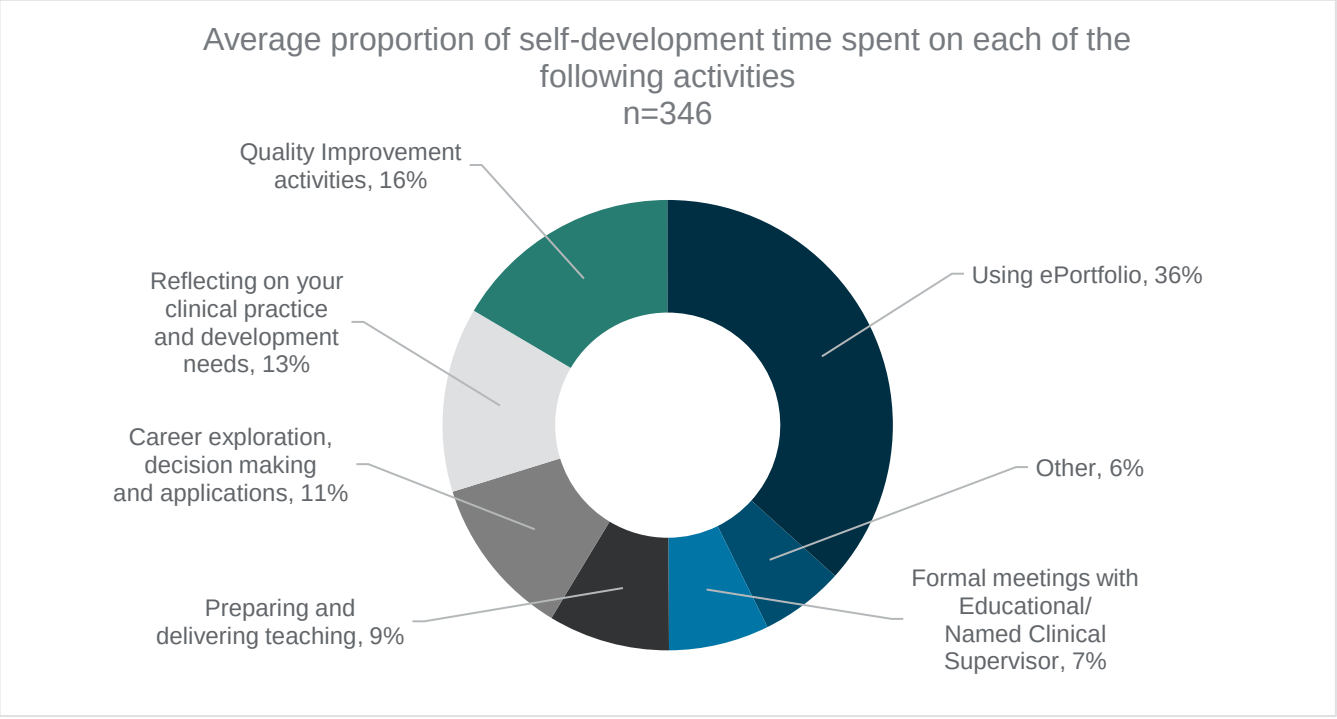
Figure 27: Self-development time perception by time allocation



The figure above shows that those trainees who indicate their time being allocated per month tend to agree more (56%) that they have sufficient time compared to trainees who time is allocated per week (48%). These results are consistent with previous years' findings. However, it is worth noting that the number (and ratio) of those who have their self-development time allocated monthly opposed to weekly is significantly greater than last year – from 44 to 192 (from 1:1 to 4:1).

The pie chart below shows the breakdown of self-development time by activity as reported by trainees.

Figure 28: Average trainee's self-development time by activity



On average, trainees spent just over a third (37%) of their self-development time on using the e-portfolio which is consistent with previous years.
On the faculty-side, 27% of supervisors (n=11) responded that their trainees had tried to use their self-development time to have formal meetings with them. This has reduced by 9% from the corresponding figures for 2020 (from 36%).

As with last year, trainees were asked why they were not able to consistently take self-development time. Of the 375 respondents, 45% (n=170) responded. Thematic analysis demonstrated that 92% (n=159) of trainees were unable to take self-development time due to **rota/ staff shortages** and **ward pressures**. Respondents largely indicated that staff are too overstretched to find cover for trainees to utilise self-development time. For example, one trainee noted: *"Wards [are] too busy and understaffed. Seniors called me in to work on self-development day. Other job factored it into my rota, but this didn't mean anything as we were staying late working anyway."* The remaining trainees (8%) were either unaware or not told about self-development time.

Moreover, almost a quarter (23%) of trainees mentioned there was in practice **no allocation** of self-development time. One trainee shared: *"The rota managers do not build it into the rota and to take it you need to discuss with your Educational Supervisor, who is often extremely difficult to reach or meet with."* Furthermore, although many organisations on the surface may allocate self-development time in rotas, this is either cancelled last-minute or simply not adhered to.

- *"Trust is either not building it into the rota or cancelling it/making it difficult to take — it is not respected."*
- *"Clinical pressures allowed the rota team to take this time away from me, not considered protected. [Often] given at times which will make rota compliant (eg. after nights)."*
- *"One department claimed my SDT was built into my rota during my leave and no specific time was provided".*

We also asked trainees whether they had any additional comments regarding their self-development time (comments found in **Appendix**). Although generally trainees are largely in favour of self-development time, several trainees displayed in-depth (negative) accounts of their frustrations with the programme.

Trainee Interviews

The survey comments are largely consistent with those observed in the trainee interviews. In terms of amount of self-development time on average, several interviewees noted having one or (usually) two hours per week. However, due to workload pressures, a number of trainees commented that the amount of self-development time allowed varies significantly: *"So development time is really variable depending on the department that you work in."*

In terms of what this time is used for, most interviewees remarked using it for ePortfolio, which consolidates the findings from the survey analysis. Additional purposes include

exam and assessment preparation, meeting with supervisors, online learning modules, taster days for specialties, and audits.

Overall, interviewees said that they found the self-development to be useful – especially for their portfolio work. When asked if there was anything that they thought could be improved, several touched on the unpredictability and variability in self-development time in practice:

- *"Yeah. It's so difficult with the way our we work to just get an hour off somewhere. You never guarantee it cause work is so unpredictable."*
- *"…I know a lot of my colleagues would have half of their self-development time rooted into their rota. But again, that raises the same problem that if they've got a fixed half day in one week, that doesn't necessarily mean they've got the flexibility to attend the course or the conference or whatever it is they need to do. So, I think actually having flexibility about it is one of the most useful things for it."*

Trainees were further asked if there was anything about the way their Trust implemented self-development time that should be shared with other Trusts. A couple of interviewees mentioned the need to have this time in the rota, but also be respected: *"So what I've appreciated, particularly in this rotation, is the person doing the rota recognizes that you can't just give everyone professional development days when they want it, because it means that people left on the wards are in a disaster with very low staffing levels. And so, I think it's good that there is a well-planned process of when a particular individual is going to be given a day off."* One trainee suggested changing the approach to self-development time entirely: *"Change professional days to annual leave and essentially give junior doctors more annual leave but make it clear that, within their annual leave, they are expected to perform a particular set of tasks, which I think would be easier to follow."*

3.15 Recommendation 15: Devolved Nations

HEE will work with the devolved administrations and the AoMRC to explore the need for a structure to support for the foundation programme and faculty.

An agreed set of centralised/nationalised processes that will sit with the UKFPO and an agreed set of menu options that will sit with the AoMRC.

Desk review

HEE actions/decisions as per progress update reports:

Recommendation 15 of the Foundation Programme Review (FPR) outlined that *HEE will work with the devolved administrations and the AoMRC to explore the need for a structure to support for the foundation programme and faculty.* The foundation programme, which provides generic training at the start of a doctor's career, does not link to a specific college-like structure although it has huge numbers of doctors in training at an important time in their career. This can limit the opportunities for a strategic focus on foundation training and result in uncertainty in the responsibility and accountability for specific decisions.

The option of trying to set up a College-like structure for the Foundation Programme was explored, but it was felt that a subscription-type model as used by medical Royal Colleges was inappropriate, and also that the UKFPO already fulfilled many of the functions carried out by Colleges such as recruitment and curriculum delivery.

As a result of the FPR recommendation 15, the following took place:

- Management of pre-allocation for special circumstances and the inter-Foundation School transfer process were centralised under the management of the UKFPO as part of allocations to the 2020, 2021 and 2022 programmes, ensuring greater equity and consistency of decision-making.
- Some aspects of the AFP selection process, such as such as setting up the vacancy, running offers, etc., were carried out centrally.
- An agreed set of membership and representation options that sit with the AoMRC (attached), so that foundation programme doctor representation now occurs on AoMRC committees.
- The two UKFPO Fellows are co-opted members of the Academy Trainee Doctors Group. The UKFPO Fellows are also part of the Senior Trainees as Mentors Working Group led by the Academy.
- Following a review of UKFPO governance and staffing, funding was identified to strengthen the UKFPO team.

Following exploration regarding the need for further structures across the devolved administrations to support the foundation programme and strategy, it was agreed that the activities and changes in 2020/21 summarised above complete the actions for this recommendation.

3.16 Recommendation 16: Academic Foundation Programme

The local Integrated Academic Training (IAT) lead should be involved in the design and running of research in AFP programmes to ensure good integration with the training and wider local research community, and links to National Institute for Health and Care Research.

Modifying and ensuring a consistent recruitment and selection process. It has been indicated to us by HEE that actions stemming from this recommendation include:

- Separating the programme into three Special Experience tracks: education, research and leadership.
- Recruitment as part of the national Oriel recruitment process.

Desk review

HEE actions/decisions as per progress update reports:

- **2020**: A set of centralised processes managed by the UKFPO was launched in August 2020 with a set of menu options managed by AoMRC launched in July 2020.
- **2021**: The term 'Academic Foundation Programme' was subsumed into a broader category of Special Experience tracks. This change in nomenclature is in place for August 2022 cohort start – the term adopted by the Recruitment Delivery Group of UKFPO was 'Specialised Foundation Programmes' rather than Special Experience. The educational achievement score has been removed as a factor in the Oriel recruitment processes for the 2023 cohort.
- **2022**: The UKFPO lead the management of the majority of this recommendation with input from the AoMRC. There is a working group established following the revised curriculum to assess the place of Specialised (ex-Academic) Foundation Programmes in the spectrum of IAT.

Specialised Foundation Programme include experiences such as clinical research, education or leadership. Each Foundation School with special experience (*research)* should have a research lead involved in the design and implementation, ensuring trainees have good involvement with the local research community. These links may be with NIHR in England or other local Higher Education Institution bodies as appropriate to the locality and to the aims of that programme.

UKFPO agreed to representations from Clinical Academic Training Forum and other academic bodies, who wished to keep the trainees' ability to hold two offers in different Schools during the new recruitment process. After the Oriel application stage, Schools retain complete control over their preferred methods for long-listing, short-listing and interviews.

Access to the AFP programme should be equitable for graduates from new UK medical schools, international medical graduates who have not previously been able to access research training and those from a widening participation background. At the end of June 2022, the working group met to discuss the main principles for the Academic Foundation Programme. The main purposes agreed were as a taster of research and innovation training to a diverse and inclusive cohort of early career doctors, and the transition from undergraduate experience of biomedical and health research into integrated academic training. An important next step is to gain clarity on the number of research and non-research-based posts currently established, to understand both numbers and local proportions (academic, leadership and education) and geographical distributions.

Current academic trainees identified several elements of the programme that they felt were particularly successful, these included offering valued programmes throughout FY1 and FY2 rather than an isolated four-month academic block. Trainees formalised networking events throughout the AFP and finally the integration with undergraduate training and the IAT Programme enhances the AFP. There is a clear consensus that these posts are valued by trainees, and felt to deliver an important, early experience in education and leadership for doctors.

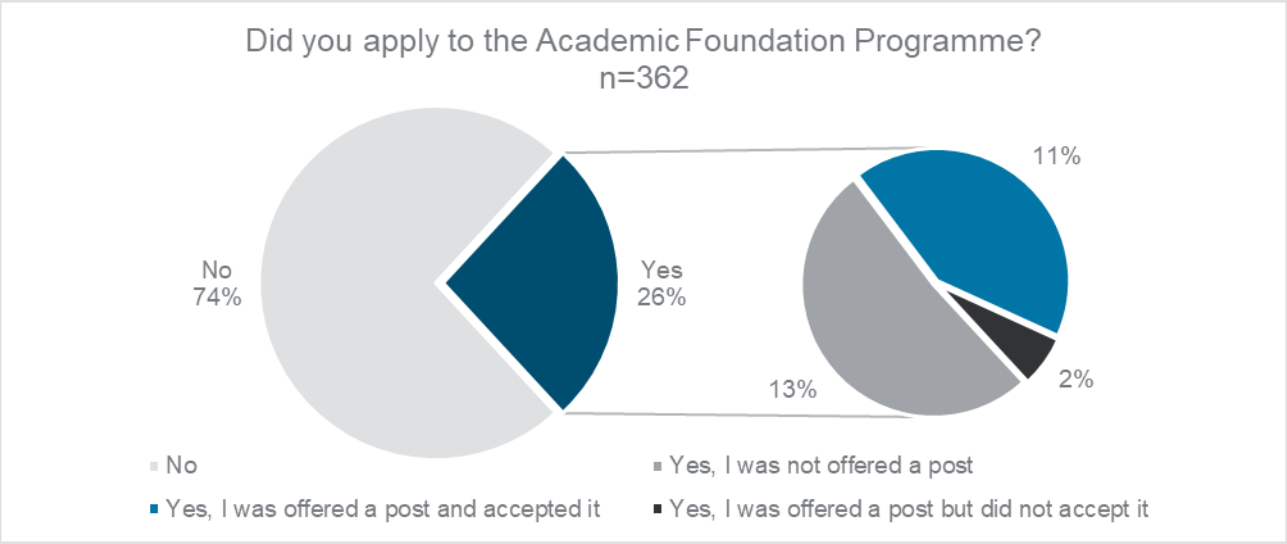
Trainee survey

Trainees were asked whether they were aware of the AFP, to which 97% responded that they were. Of those who were aware, almost a third (31%) had applied to an AFP post. Of these:

- 52% were not offered a post;
- 42% were offered a post and accepted it; and
- 6% were offered a post but did not accept it.

The pie chart below displays the breakdown of these responses.

Figure 29: Outcomes of trainee applications to the AFP

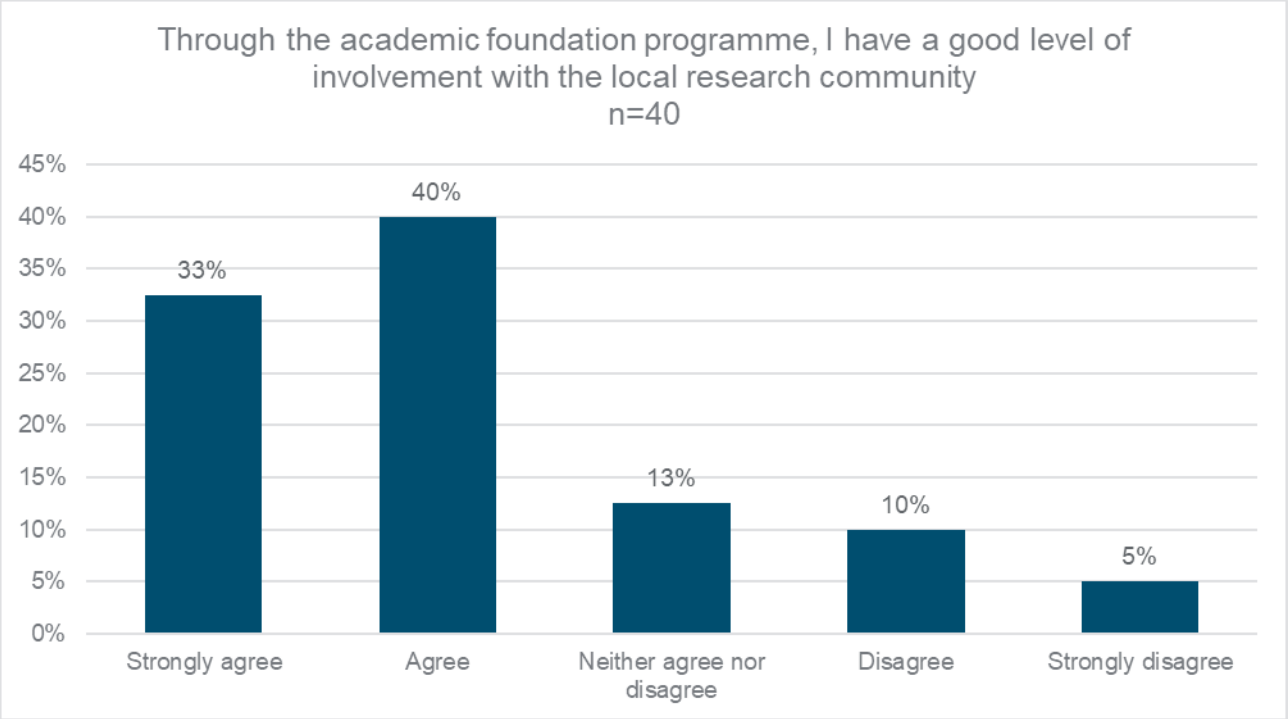


We also asked trainees whether they had intercalated during medical school or whether they had any other previous research experience.

- Of those who applied, 86% had intercalated or had such experience - compared to 67% of those asked (ie. those who were aware of the AFP).
- Only 11% respondents who had no previous research experience applied to the AFP, compared to 34% of those who had previous research experience.
- The largest disparity is evident in those who were accepted onto the programme – there was only one trainee accepted who had no previous research experience.[22]
- The success rate from those who had no previous research experience was 23%, compared to 52% for those who had previous experience.

We asked those currently on the AFP, to what extent they agreed or disagreed that they had a good level of involvement with the local research community through the AFP. The responses are displayed in the figure below:

Figure 30: Trainees' perceptions of local research involvement through AFP



The figure above shows that almost three-quarters of the respondents agreed or strongly agreed (73%) – a 15% increase on the previous year (58%). Only 15% of the respondents disagreed or strongly disagreed.

We asked AFP applicants what their main reason for applying to the AFP was. The most common themes cited include:

- Career goal as an academic;
- interest in research and having dedicated research time; and

[22] Note that two others were offered a post but did not accept it.

- experience – skills in research, teaching, and non-service activities.

For those who did not apply to the AFP, we asked what their reason was for not applying. The most common themes cited include:

- Not having an interest in research;
- not wanting to miss out on clinical experience; and
- the AFP being too competitive.

Trainee interviews

As part of the trainee interviews, participants were asked whether they had applied to the AFP, as well as the main factors influencing their decision to apply (or not apply). Out of the nine interviewees, three had applied to the AFP. The main catalysts identified were largely around an interest in academia and research, as well as the opportunity to teach and work in a teaching hospital: *"So I was interested in being an academic clinician and I was excited by the opportunity to work in the hospital such as Addenbrookes, which I had sort of done my clinical years at, and I wanted to pursue a direction of travel towards working in a teaching hospital."* One of the interviewees who did not apply to the AFP remarked that they were not fully aware of what it entailed: *"I was vaguely aware of it. I didn't quite understand what it meant. I knew a couple people that did it and it sounded like you got some extra time to do something extra, but I didn't quite understand what that meant."*

Those who had applied were further asked whether they took into consideration the amount of previous research experience they had. All three interviewees noted that they had relatively strong research experience from their medical school programmes, which provided them with more confidence when applying to the AFP: *"So I was fortunate that… I got a lot of research experience and could therefore apply with reasonably strong papers and publications… medical school had given me opportunities, so I was able to make a relatively informed application."*

Lastly, interviewees were asked if there was anything that could be improved about the application process as a whole. Overall, the responses were largely positive, and trainees valued the transparency around the scoring system towards their applications: *"I was grateful that they were very meritocratic and that they were clear as to how they would score each of the applications. And on reflection, that was very helpful because it brought me to get into the mindset of certainly how it worked with ophthalmology, where they state before you apply how they will score your application. So therefore, you've got a rough idea of what kind of points you're gonna be scoring."* Another trainee noted that the process seemed fair and commended the interview process: *"I think it was fair. The interview is helpful because it means that they can talk to you…They can see you as a person and see what skills you have, and you can justify that experience in context of it."*

4. Process Evaluation

4.1 Overview

In December 2021, this evaluation survey was disseminated to the working group participants who were involved in the review to assess its effectiveness. A series of questions were asked relating to the understanding of the changes made, the review process experience and any suggestions or improvement for any similar pieces of work in the future.

4.2 Findings

Roles and involvement with the Programme

Of the 11 survey respondents, just over half (n=6) were FSDs while the rest (n=5) listed other roles, including Postgraduate Dean, Deputy Postgraduate Dean and Foundation Program Administrator.

When asked which working groups they had participated in, these included:

1 Clarify the purpose (n=4)	4 Supporting and valuing individuals (n=2)
2 Time to choose (n=3)	5 Education support (n=3)
3 Workforce issues (n=2)	6 Four nation and policy (n=3)

In open text comments, those who had participated in a number of working groups suggested *"some groups were better run than others"*, however did not expand on reasons why.

Respondents outlined their involvement with the FPR. Types of involvement varied by role, and included:

- **Chairing groups** (Postgraduate and Deputy Postgraduate Deans)
- **Attendance at meetings** (eg working group meetings) (FSDs)
- **Stakeholder events** (eg conferences and workshops) (other roles)

Understanding of the Programme

Overall, respondents had a strong understanding of the purpose of FPR (n=11 agreed/strongly agreed) and why their input was requested (n=11 agreed/strongly agreed). All respondents agreed/strongly agreed that the right people were involved in the FPR; however, in open text comments, three respondents suggested that the programme may have benefited from greater trainee involvement and two from employer involvement.

Only one respondent neither agreed nor disagreed that their involvement was worthwhile. When asked about their experience with the FPR:

- N=11 would take part in a piece of work like the FPR again
- N=10 felt that the output of the review reflected their working groups' findings
- N=10 felt that they had sufficient communication about the FPR since their involvement

The table below illustrates the factors that respondents considered as working well and less well in the running of the FPR:

Table 3: What worked well/less well with FPR

What worked well?	What worked less well?
1. Involvement of a range of key stakeholders, and ongoing stakeholder engagement: *"[there was] good attention to capturing diverse views and distilling into the final report"*	1. Limited communication: *"not everyone knew what was happening we could have communicated better."*
2. Leadership demonstrated by Deans: *"Well led by PG Deans and a clear approach to governance…"*	2. Senior trainee representation of FP trainees: *"LTFTs were mainly represented by much more senior trainees who are not necessarily the best to offer a perspective of an F1/2."*
3. Effectiveness of the working groups: *"the working groups had well defined remits and a clear purpose."*	3. The structure of medical education is such that some ideas were unable to be enacted: *"It did not feel like really innovative ideas or changes to the foundation programme structure were really achievable - bounded by the statutory and GMC requirements rather than allowing true blue sky thinking".*

Communications post publication

In open text comments, respondents outlined the communication they had received since the publication of the FPR. Communications varied, and included:

- Updates from UKFPO
- Emails from the MERP team at HEE
- Updates at FSD meetings
- Updates from the FAB

4.3 Feedback for future reviews

Future improvements

In open text comments, respondents suggested improvements if HEE were to undertake a similar programme in future. These included:

- Greater involvement of employers in the process, to gain their buy-in
- Greater involvement of FY1/FY2 trainees at an earlier stage to *"explore the aspects that matter to them"*
- Project management updates, including a clear original problem statement, more regular communications and clearer remits for working groups
- Greater support from HEE post-publication, including timelines for implementation *"a commitment to implement the suggested changes, and then quality manage them"*
- Integrating the programme into wider reform work, eg statute or curriculum reviews

5. Recommendations and Conclusions

5.1 Recommendations and Ratings

Part of the remit of this evaluation is to provide an assessment of each recommendation within scope against the following outcomes:

- Partially effective and should be amended
- Effective and funding should be targeted to recommended areas
- Effective and should be continued
- Effective and should be expanded

These rating alongside our recommendations are set out below.

Recommendation 1: Shadowing & Assistantships

Rating: Effective and should be continued

The majority of FY1 trainees (over 80%) surveyed in Year 3 had at least four days of shadowing indicating the effective implementation of Recommendation 1 pertaining to Shadowing. Whilst most of the trainees surveyed agreed their assistantship made them feel more prepared, trainee interviews indicated there is still ongoing variability in the assistantship offering across the hospitals where medical students complete this experience. It is possible that this experience is still being impacted by the Covid-19 pandemic, although further monitoring is required before any conclusions could be reached.

Recommendations for HEE

- HEE should monitor the uptake of the shadowing period across regions and trust to maximise the number of trainees completing the mandatory four days of shadowing.
- HEE should work with closely with medical schools to analyse whether there are still any schools where the quality and the length of assistantships had not improved.

Recommendation 2 & 3: Pre-allocation & Widening Participation

Rating: Effective and should be expanded

Overall, HEE succeeded in expanding the criteria for pre-allocation under the 'personal circumstances' by implementing significant caring responsibilities (for those who are not a primary carer), educational circumstances and Widening Participation criteria for the August 2022 cohort. The success of its uptake is yet to be evaluated; however a few improvements could already be made to decrease the variability in the application process experience across the regions. The findings suggest there is a need to consider additional options for pre-allocation for specific hospitals in larger regions.

Recommendations for HEE

- HEE should take steps to raise awareness of the new criteria available among medical school students and continue monitoring its uptake – particularly amongst non-primary carers and those with unique educational circumstances.
- Ensure consistency in pre-allocation and potentially allow for more Trust-specific options instead of regional level – particularly for those who wish to locate in regions that are larger in size.
- HEE should put in place appropriate ongoing monitoring and evaluation of pre-allocation for each region to ensure the equity of opportunities across England.

Recommendation 4: Foundation Doctor Quality Charter

Rating: Effective and funding should be targeted to recommended areas

Trainee awareness of the Foundation Charter remains low, despite the steps by HEE to publicise it on social media - likely due to a low following of the HEE social media page by trainees. Although engagement with the Charter has improved, there are additional steps that can be taken. This could include directly emailing trainees and supervisors about it in the induction period to the FP.

Recommendations for HEE

- Trainees indicated they did not follow HEE on social media and were considerably more likely to discover the Charter via the HEE website. We recommend HEE to consider additional methods of both circulating and promoting the Charter, such as via direct email to trainees and supervisors – particularly around induction period.
- Consideration should be given to sharing information about the Charter during one of the induction sessions.

Recommendation 5: Beyond Foundation

Rating: Effective and funding should be targeted to recommended areas

As with the Foundation Charter, awareness of the Beyond Foundation webpage is low. HEE have taken sufficient steps to develop the resource and promote it and trainee perceptions of the website have improved considerably over the past couple of years, and the information provided is detailed. However, additional improvement could be made by inviting supervisors to promote the webpage to their trainees when discussing taking time out of training. Further recommendations are detailed below.

Recommendations for HEE

- HEE to continue taking steps to promote the Beyond Foundation webpage to build awareness amongst trainees, particularly amongst those who are

considering taking time out after F2 - this could be done by cascading information through supervisors and via direct email.
- Further work could be undertaken to make the webpage more engaging, and perhaps reducing the volume of information on the specific webpage by creating weblinks to additional pages that provide more specific and relevant information to trainees.

Recommendation 6: Early Years Careers Support Framework

Rating: Effective and funding should be targeted to recommended areas

Experiences of the Early Years Careers Support Framework amongst trainees has been largely positive, with many finding the sessions useful. However, due to work pressures and rota co-ordination, many trainees were unable to attend careers planning sessions – which has hindered uptake. Therefore, there are improvements that could be made by recording the sessions led by LEPs and Foundation schools and making them available online. HEE should work closely with the FSDs to minimise the variability of experience across Foundation Schools. Moreover, the sessions could include a Q&A to aid trainees' career planning – this could then be fed into an FAQ section included on the HEE website which answers the most common queries highlighted in these sessions. Additionally, the website could clarify the different career planning services available – such as 1:1 sessions with careers specialists - and what these entail.

Recommendations for HEE

- HEE should work closely with the FSDs to increase the number of trainees attending career sessions provided by LEPs and Foundation Schools. This could be done by recording these and making them available online.
- Consider creating FAQs on the HEE website answering the most common queries on career planning based on those asked during the sessions.
- Clarify the purpose of these career sessions to trainees, so that they are aware of what the different services entail.

Recommendation 8: Foundation Priority Programmes

Rating: [TBC once HEE figures received**]**

Recommendations for HEE

- Ensure that awareness of the Programme is raised as early as possible, as this will provide trainees with more time to consider moving to specific locations, which are often more rural and/or isolated.
- Consider creating national Programme champions, to share their experiences with prospective trainees and address any concerns.

Recommendation 10: Enhanced in-programme support

Rating: Partially effective and should be amended

There is limited evidence to support the effective implementation of this recommendation. Whilst there have been positive steps taken by HEE, such as removing the educational achievement score from the recruitment process and the expansion of LTFT, more structure is still required to publicise the support which is available among trainees more widely.

Recommendations for HEE

- Enhanced in-programme support and supportive placements should be defined further to clearly indicate what these entail and how trainees can apply for these.
- HEE should consider establishing a formal working group that will progress this recommendation further in accordance with the ongoing areas of research discussed in the desk review above.
- The owner of the Learning Hub should work with the working group to establish which material should be regularly posted on the portal.
- HEE should ensure that supervisors are aware of the "Supporting Inclusion and equity in foundation education and training" document on the Learning Hub.
- Continue to work alongside the UKFPO, LEPs and Deaneries to continue to best identify supervisor demographics, to ensure that they best represent trainee demographics.
- HEE should take steps to promote the Learning Hub among the intended audience, such as widening participation trainees and LTFT trainees.

Recommendation 11: Less Than Full Time

Rating: Effective and should be continued

Overall, this recommendation had successfully achieved its intended outcome – ensuring at least two percentages of WTE. Moreover, Category 3 (a new category that allows trainees to apply for LTFT for personal/general wellbeing reasons) was extended to Foundation trainees in addition to Categories 1 and 2. Whilst trainees feel positive about the opportunity to work LTFT, HEE should ensure the consistency of this experience across regions and trust so that the training and clinical opportunities are not hindered.

Recommendations for HEE

- Ensure that rota co-ordinators are provided with sufficient prior notice of new LTFT trainees, so that trainees can be issued with rotas as early as possible, and potential rota gaps can be minimised.
- Consider evaluating LTFT within the Foundation Programme to explore how the impacts on foundation trainees' confidence, competency and clinical knowledge
- Consider sharing positive trainee experiences of LTFT training to highlight the positive impacts on wellbeing and morale (particularly important following Covid-19 related pressures).

- Consider developing guidance on the application process, as well as webinars to discuss any trainee concerns (eg impacts on career progression).
- Ensure that foundation trainees are aware of the Champion of Flexible Training post within their Trust, and that this Champion can advise on LTFT matters

Recommendation 12: Supervision

Rating: Effective and should be continued

The online learning modules were viewed as more useful by the faculty in Year 3 than in Year 1 of evaluation indicating an improvement in the content of modules after they were refreshed in 2021. Only some minor changes, such as additional promotion and periodical re-issue, were suggested by the panel surveyed.

Recommendations for HEE

- HEE should periodically re-issue the links to e-LfH should to all supervisors.
- Consider ways in which to raise awareness of e-LfH modules amongst new supervisors (the group with the lowest uptake).
- Consider an annual review of existing modules to ensure that content is up-to-date and relevant.

Recommendation 13: Near-Peer Support

Rating: Partially effective and should be amended

Findings suggest that those with most experience and involvement (those who have taken part as both a mentor and mentee) with Near-Peer Support programmes typically find it most useful. As such, the programmes appear to be successful. However, trainees that have only taken part as mentees have particularly noted that there is inadequate structure and organisation. Many had little to no contact with their mentors. This could be improved by organising a cohort-wide meeting event for mentors and mentee at the beginning of the year – to enable discussions and relationships to form between mentors and mentees as soon as possible.

Recommendations for HEE

- HEE to share best practice of more structured programmes to near-peer support between areas – provide suite of resources for Trusts to draw from.
- Encourage near-peer support programmes to commence either at start or just before induction into the FP - this could take the form of a cohort-wide event where mentees meet with their mentors.
- HEE to improve awareness of near-peer support programmes, perhaps by including on the HEE website or sharing examples of good practice through social media or email.

Recommendation 14: Self-development time

Rating: Effective and should be expanded

Overall, trainees' perceptions of self-development time are extremely positive. Almost all trainees appreciate the incorporation of allocated time to their schedules to catch up on training and build their ePortfolio. However, due to the inconsistency of self-development time allocation across organisations, many trainees have not received their full allocation of time to this provision. Hence, there needs to be further measures in place to ensure its coherent application across all Trusts.

Recommendations for HEE

- HEE to take further steps to ensure more consistent allocation of self-development time and make sure this is allocated sufficiently in advance to trainees – and allow rota organisers to plan for potential staff shortages.
- Communication around self-development time to non-trainee staff should be improved, with more regular updates on trainee experiences of self-development time to monitor consistency across hospitals and departments. Best practice should be shared between Trusts which could be done by cascading the relevant information to the hospitals.

Recommendation 15: Devolved nations

Rating: Not applicable

Following the centralisation of the management of some functions and management of these through the UKFPO, it was agreed that there were no further required actions regarding the structures across the devolved administrations to support the foundation programme. There are no further recommendations for HEE in this area.

Recommendation 16: Academic Foundation Programme

Rating: Not applicable

Given that changes under this recommendation are only available for trainees starting in September 2022 onwards, trainees in this cohort were unable to comment. There has been progress from HEE in reaching this stage which can be developed further. The removal of the educational achievement as a factor in the Oriel recruitment processes will be in place for the 2023. This could enhance opportunities to take part in research for those without prior research experience as currently the majority of those who applied to the AFP had previous research experience.

Recommendations for HEE

- AFP needs to further inform medical students about academic training and career options, and provide further opportunities at undergraduate, and postgraduate levels, based on an understanding of numbers and local proportions of research posts established.

- HEE should monitor the numbers of trainees who intercalated in medical school/had previous research experience on the SFP programme (Research) from August 2023 to ensure equity of access. This should be monitored on an ongoing basis, and particular attention should be paid to IMGs and those from a Widening Participation background.

5.2 Conclusions

The review processes

Overall, those involved in the review understood its purpose of the and felt that the output of the review reflected their working groups' findings. Based on suggestions from stakeholders we would recommend that any future programme should include greater trainee and employer involvement, to further explore trainee-specific matters, and also ensure widespread buy in from employers.

Stakeholder engagement and communications

Our process review has illustrated that the majority of working group members involved in the review felt that communication was satisfactory throughout the process, and that they had received sufficient communication since their involvement via a number of channels, including updates from UKFPO, HEE MERP and the FAB.

Trainee feedback at a number of points has indicated that finding ways to increase communication and engagement with trainees would be beneficial. Overall awareness of the FPR among trainees has fallen from 21% in Year 1 (2020) to 12% in Year 2 (2022). Progress with individual recommendations has highlighted low awareness of initiatives such as the Foundation Doctor Quality Charter and the Beyond Foundation webpage amongst those that would benefit from them, as well as the potential for earlier or clearer communication concerning pre-allocation and the Foundation Priority Programme. When asked how they would like to receive general communication from HEE, just under three-quarters of trainees indicated a preference for emails (Appendix 6.1.2) – though such communication should be kept clear and brief, and we would recommend that this is as part of a wider refresh of communications and engagement plans to optimise engagement and be as responsive as possible to the needs of trainees workplaces, which may include ensuring that trainees have the time and space to engage with important communications within their job roles.

Faculty awareness of the review has risen (39% in Year 1 (2020) to 56% in Year 3 (2022)), though potential for improvements can be seen in specific recommendations (for example supervisor awareness of the widening participation initiative or Quality Charter). Based on faculty feedback we would recommend also integrating programme updates into wider reform work such as statute or curriculum reviews. This may be a beneficial communications channel for both trainee and faculty cohorts.

Progress of recommendations

The outputs for most of the recommendations have been implemented in the last two years. Across the 14 recommendations included in this report: [Note we will add rating for R8 FPP once data received]

- **Three were rated as effective and should be continued** (Recommendations 1,11 and 12)
- **Three were rated as effective and should be expanded** (Recommendations 2 & 3 and 14)
- **Three were rated as effective and funding should be targeted** (Recommendations 4,5 and 6)
- **Two were rated as partially effective and should be amended** (Recommendations 10 and 13)
- **Two were not rated and marked as not applicable** (Recommendations 15 and 16)

It should be recognised that each recommendation was implemented at a different stage, and implementation has been impacted by various factors, particularly the pressures of the Covid-19 pandemic on service provision have meant that some recommendations were deprioritised and/or put on hold. Hence, it is too early to say whether some of the recommendations have met the desired outcomes at this stage, as assessment will be ongoing.

We recommend that HEE should particularly focus on recommendations that are ‘effective and funding should be targeted’ (4,5, and 6) and ‘partially effective and should be amended’ (10 and 13). Further evaluation of Recommendation 16 is required, and we recommend that HEE progresses this next year, once trainees going through the new recruitment process are in post.

Overall, to improve implementation, HEE should continue to monitor the effectiveness of the recommendations - the variability of trainee experiences across the regions remains the main challenge and it should be acknowledged that HEE and/or Trusts require resources, such as time and staff, to reduce the variation of trainee experience and standardise experiences based on best practice.

6. Appendix

6.1 Trainee survey findings

Figure 1: Trainee respondents by region Year 3 (2022)

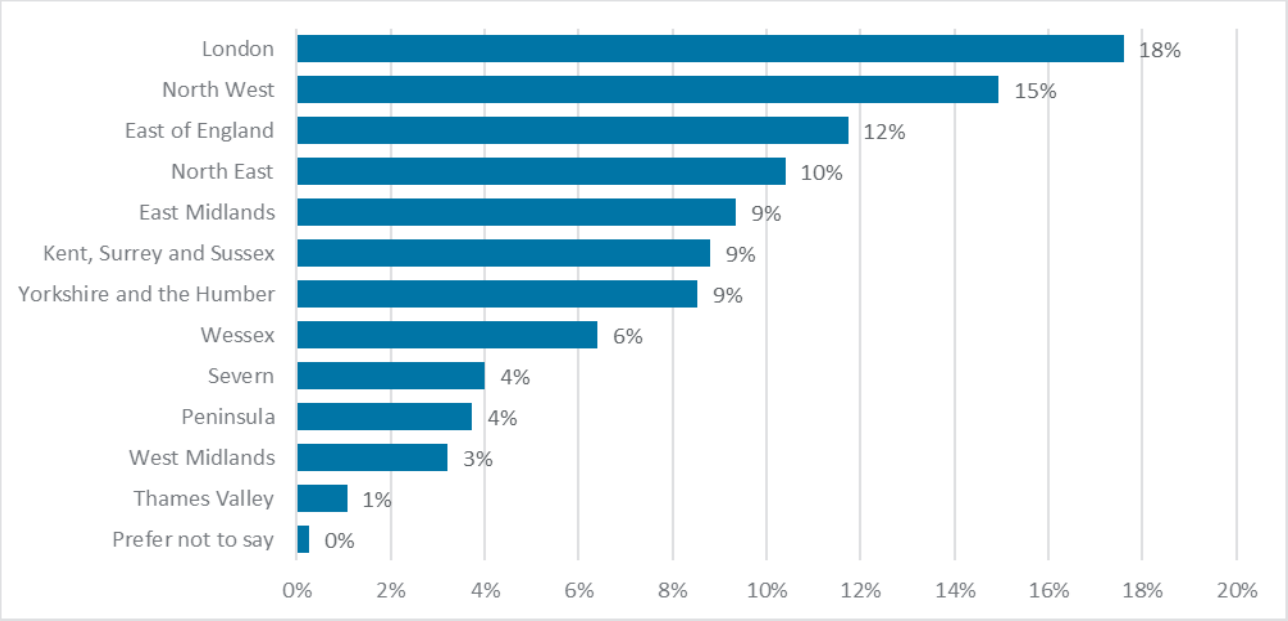
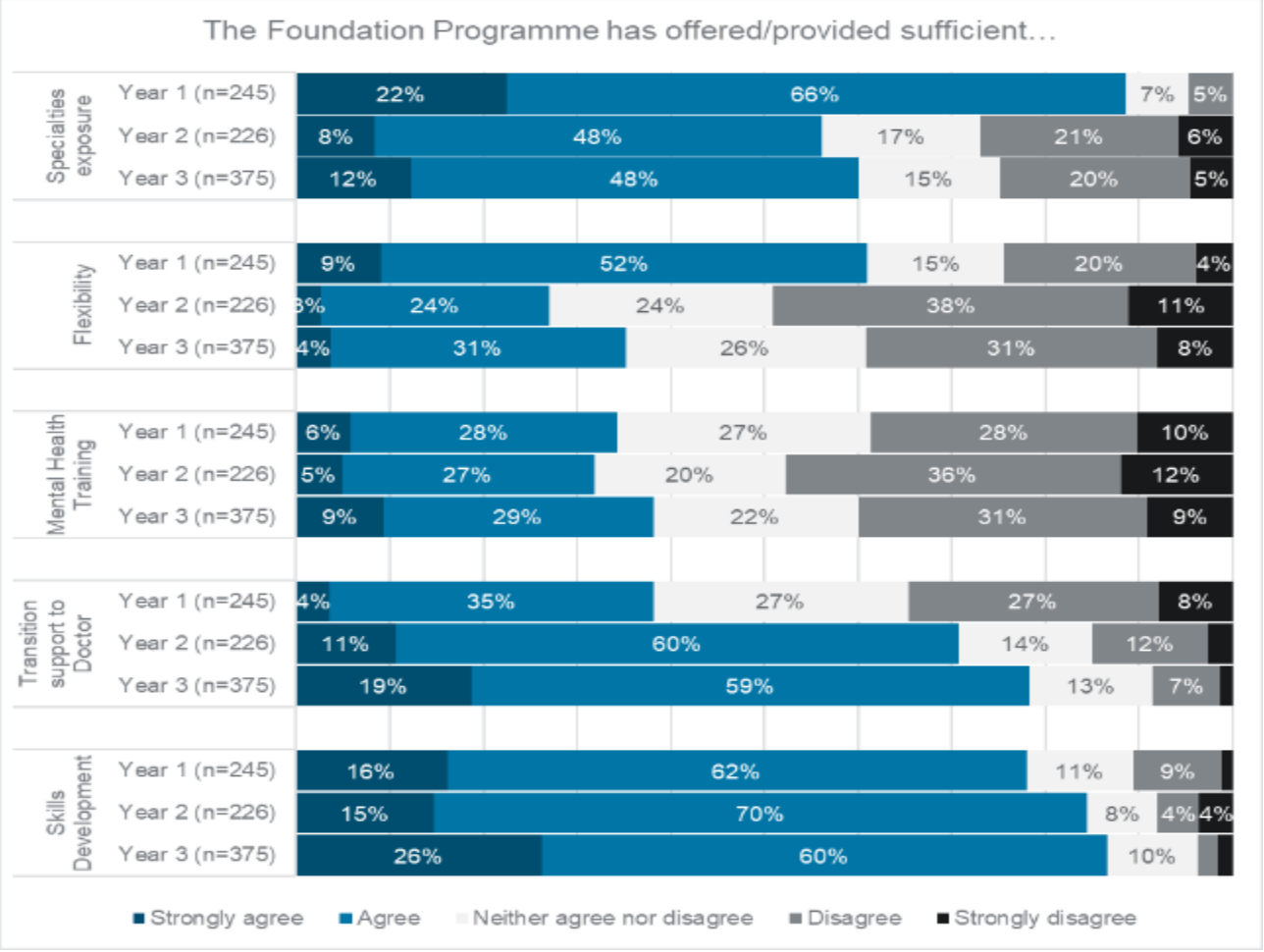


Figure 3 Trainee Foundation Programme experience



6.1.1 Trainee survey comments

Recommendation 14: Self-development Time:

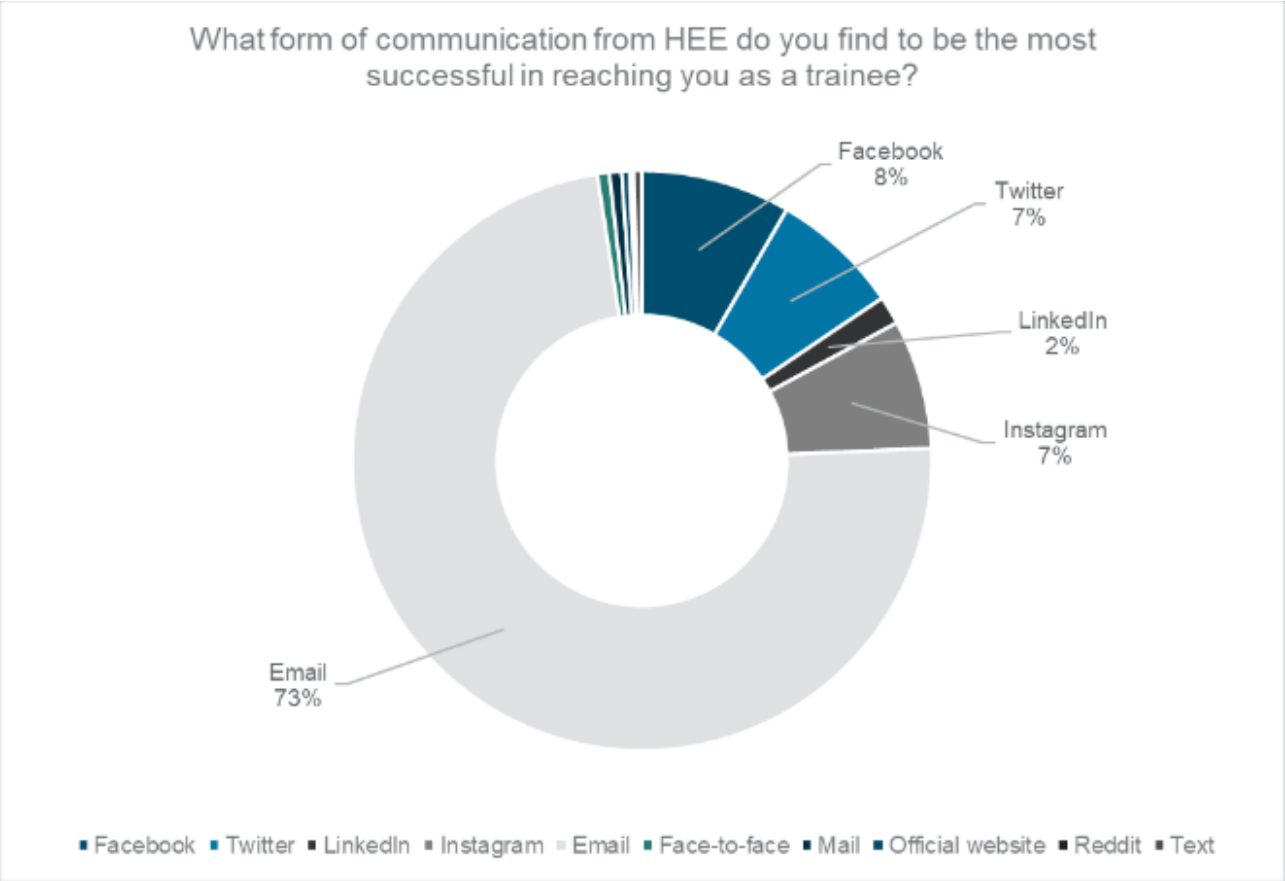
- *"… We were told staffing did not allow for allocated time… Additionally, we have no idea of what staffing levels will be on our day of choice that we select so far in advance, that if it comes to that day and it is not possible to take our SDT, the opportunity has gone. We would be admonished if we then asked to double up the two hours a week to make up for situations like this… We were also explicitly told that we must remain on site for our SDT, despite there being no appropriate areas in which to work. The process was so confrontational that it was easier to not take SDT."*
- *"Too many ward jobs to do because *of course* there aren't enough juniors and I'm always on the end of a bleep which regularly goes off. Good luck trying to convince a department that an F1 has to drop their bleep for two hours a day - who will prescribe all those IV fluids?!"*
- *"In my first placement it was left to us to see when there is enough staffing to take SDT. In my second placement they told us they were going to allocate, it wasn't, and many people had to exception report all of SDT time. I had to exception report 18 hours. In my last placement, all the time was automatically allocated from the beginning of the placement as half days."*
- *"My SDT time was cancelled because it had been scheduled on a day I wanted to go on holiday. I asked to take annual leave on that day and move the SDT to a different day, but I was told that I would lose it. This was honestly taking the mick because I was trying to be honest by not going on holiday during work time, but my honesty was punished."*
- *"Some rotations aren't aware/don't believe we have this within our contract, so I did not receive this time whilst on GP. When we addressed this, they then booked other tasks/expected us to complete our admin within the time and refused to let us leave the site."*
- *"Trust is either not building it into the rota or cancelling it/making it difficult to take — it is not respected."*
- *"Clinical pressures allowed the rota team to take this time away from me, not considered protected. [Often] given at times which will make rota compliant (eg. after nights)."*
- *"One department claimed my SDT was built into my rota during my leave and no specific time was provided".*

6.1.2 Other findings

Communications from HEE

Just under three-quarters (73%) of trainees would prefer email communication from HEE. 8% suggested that Facebook would be a successful way of reaching trainees, following by Twitter (7%) and Instagram (7%).

Figure 3: Successful forms of HEE communication with trainees



6.2 Other interview findings

In interviews, trainees suggested that:

- Service provision often encroached on training time, and more emphasis should be placed on safeguarding training opportunities: *"it's a training program and we're there to learn, not always to be service providers".* Some trainees suggested that this was more likely to occur in specialist rotations.
- Mentors would be helpful to provide guidance around specialties and applications
- Greater clarification around suitable ARCP evidence: *"people kept saying to me all you need is two to three robust pieces of evidence… I'm like, what do you mean by a robust piece of evidence? that's not helpful to me."*
- Greater amounts of study leave and funding for courses

6.3 Faculty survey findings

Figure 4: Faculty respondents by years of experience

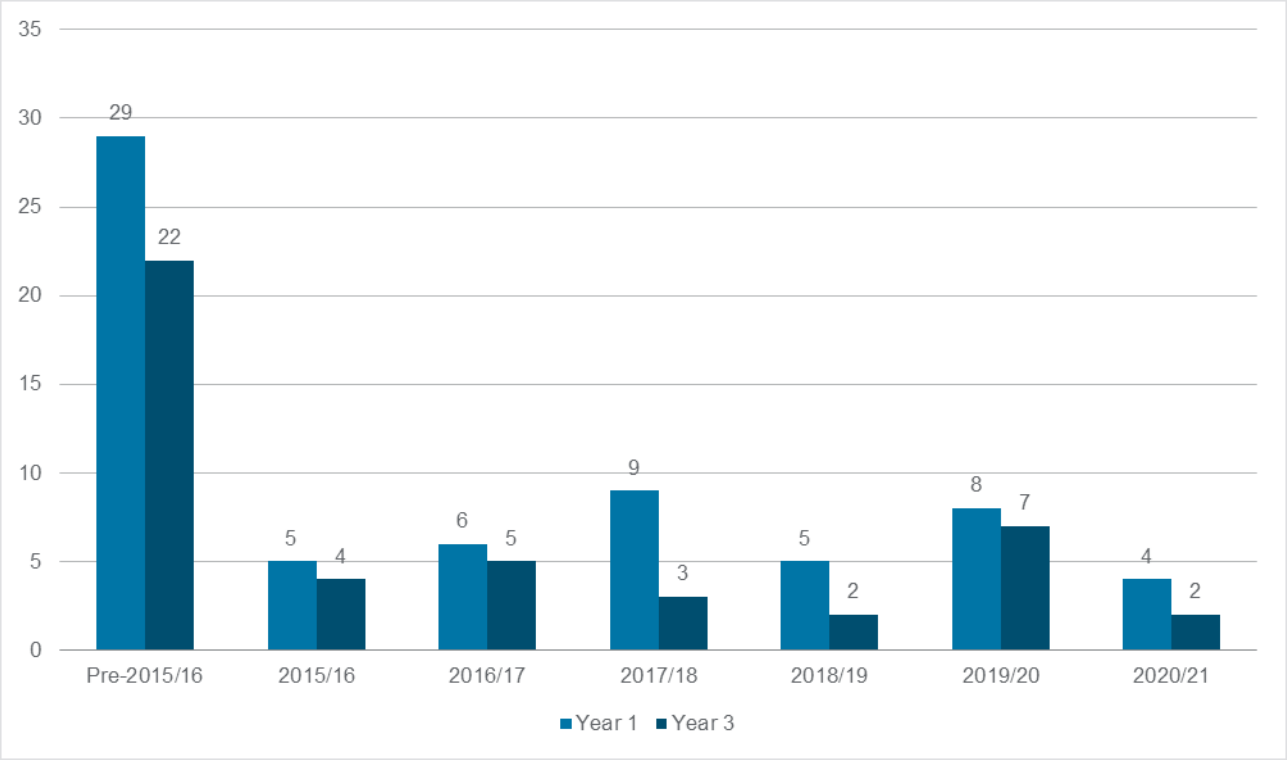


Figure 5: Faculty panel respondents by region

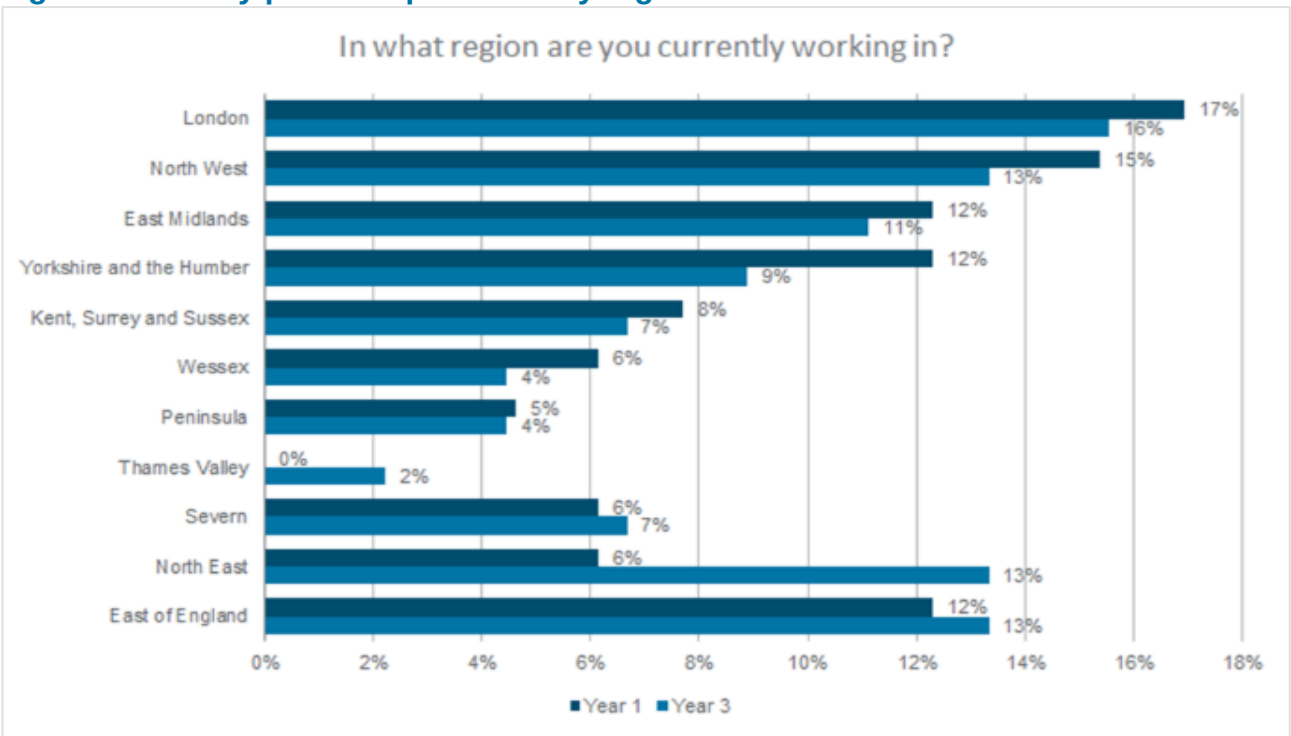
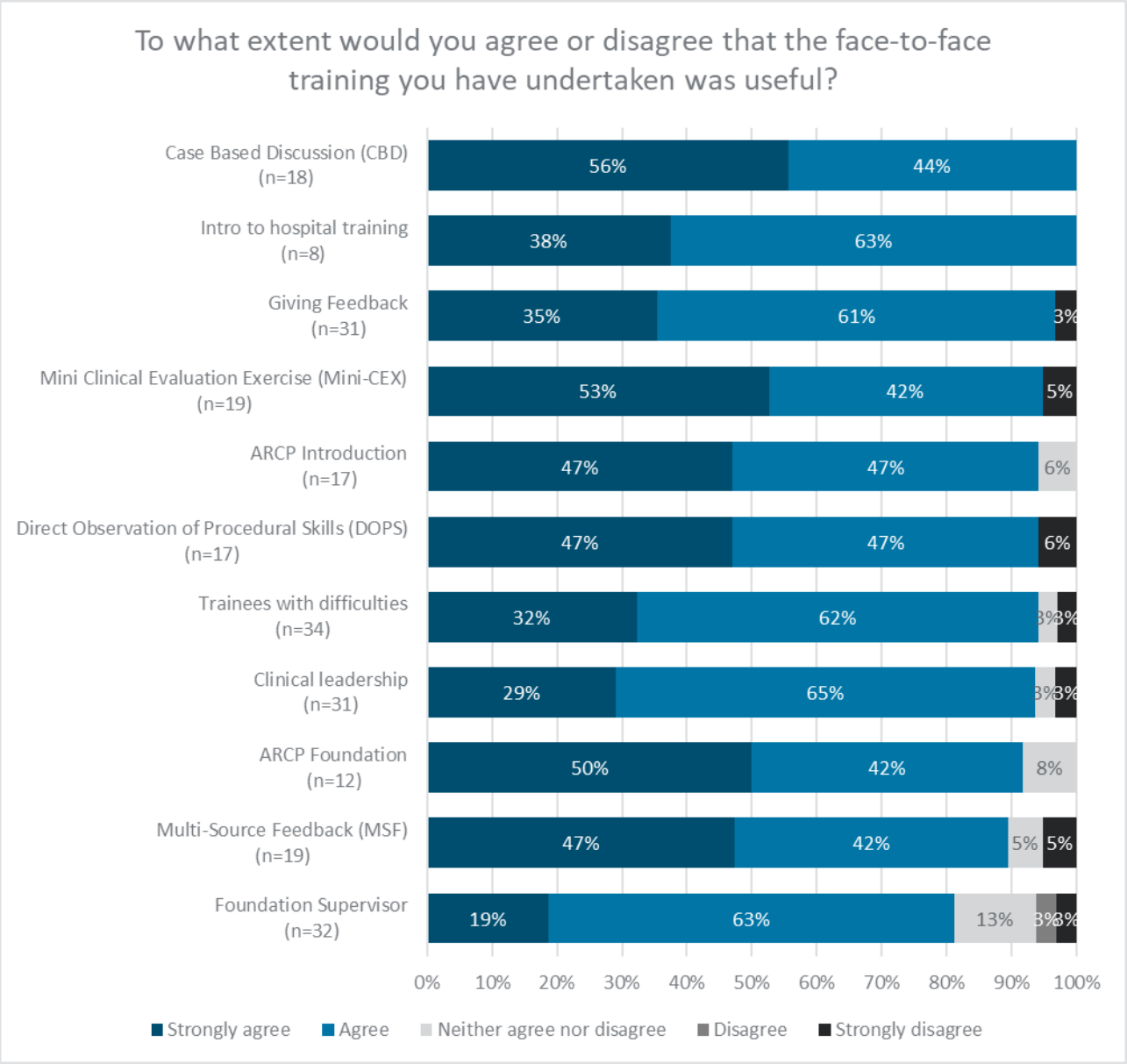


Figure 6: Usefulness of the face-to-face training



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