

NHS

Careers

Join the team and
make a difference

**Welcome to the
medical team**







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The NHS wants to be the best employer. You've joined an organisation committed to developing and valuing its staff.

Your next two years, spent as a foundation trainee, will ensure you are fully equipped for your future career in medicine.

Welcome to the NHS.

Your employer

The National Health Service

Having successfully completed the first stage of your medical training, you're now part of an organisation that serves over 50 million people in England.

For the NHS, a typical day includes:

- over 835,000 people visiting their GP practice or practice nurse
- almost 50,000 people visiting accident and emergency departments
- 49,000 outpatient consultations
- 94,000 people admitted to hospital as an emergency admission
- 36,000 people in hospital for planned treatment
- 28,000 sight tests being carried out
- 18,000 calls to NHS Direct.

From day one of your NHS career you should be confident you are a crucial and valued part of the team. This brochure aims to give you more information about what it is like to work in the NHS and tell you where you can get extra support and advice.

The structure of the NHS

As a foundation doctor (F1), you are likely to be starting work at a hospital trust or foundation trust. Acute hospital trusts provide medical and surgical care and are run by a trust board. Mental health trusts and ambulance trusts have a similar structure but tend to cover wider areas. There are almost 300 hospital, mental health and ambulance trusts, and 152 primary care trusts (PCTs) in England.

All hospital and mental health trusts are dependent on PCTs commissioning services such as elective surgery, outpatient visits and other treatments from them. PCTs will pay trusts for these services, mostly at rates set out in a national tariff (Payment by Results). PCTs also commission or may run community-based hospitals and provide services such as district nursing and health promotion. They also organise the provision of general practice, dental, ophthalmic and pharmacy services. Although PCTs commission services under the patient choice initiative anyone needing elective hospital treatment will be offered a choice of where it is carried out, including

independent sector treatment centres (ISTCs) run by private companies. Strategic health authorities (SHAs) cover large areas, and are responsible

for overseeing organisations in their area and leading on issues such as workforce development and capacity.

Find out more

- Most NHS organisations have their own websites which are accessible through www.nhs.uk
- The UK Foundation Programme Office has produced a Rough Guide to the Foundation Programme which guides you through induction, placements, the curriculum, assessments, your study time, how to use your Foundation Learning Portfolio, as well as a host of other useful information: www.foundationprogramme.nhs.uk

CASE STUDY

In his first year as a junior doctor, Alex Jewkes worked at a large teaching hospital, rotating around several departments every few months, including general surgery and cardiothoracic.

“My first year in medicine was like going from 0 to 60mph in 2 seconds flat. No amount of hard work and perseverance in medical school could have prepared me for my first night on call.”

Alex studied medicine at Imperial College in London and worked at the Manchester Royal Infirmary. He says that putting theory into practice is no walk in the park but support is there. *“The experience I gained in those first few months from my peers and senior colleagues was more valuable than six years at medical school. I have learnt how to take the situations I read about at university and actually put them to use in the real world – that’s no easy thing.”*

He also has some advice for new junior doctors. *“Try not to worry. This job is daunting, but you really learn a lot in a short space of time.”*

Burnout prevention

Belief in yourself

Unconditional positive regard for others

Regular social support and exercise

Never lose your sense of humour

Outings – breaks and holidays

Understand and develop resilience

Time management

Your working life

What you are likely to be asked to do

A foundation trainee position is meant to be supervised on-the-job learning. It is a bridge between academic learning and the working world of the doctor. You can expect to get some teaching, both on the ward and in formal taught sessions, a lot of hands-on experience and the chance to enhance your diagnostic and treatment skills. Importantly, you will be assessed for both clinical and professional skills as set out in the Foundation Programme Curriculum. The programme is competence and experience based. Once you successfully complete your first foundation year and gain all the required competences, you will move to the second year of the Foundation Programme.

You should not be left to do anything you don't feel capable of and help should always be available. Your consultant, educational supervisor, clinical tutor and foundation programme training director are likely to be important figures throughout both years of the programme. Obviously, the day-to-day details of how you spend your time will vary according to the hospital you are

working in and the rotation you are on. Whatever your rotation, there will be learning objectives to measure competence in areas such as:

- taking a patient's medical history
- making a differential diagnosis, organising appropriate tests and prescribing the correct treatment
- 'clerking in' patients on admission and writing discharge letters
- tasks such as putting in IV lines and interpreting ECG read-outs on a cardiology team
- writing up patients' notes and drugs charts and organising tests for patients
- assisting in theatre and pre-operative assessment clinics – you may be asked to do minor procedures such as suturing wounds under supervision
- taking part in an audit
- seeing patients both with a GP and on your own – with another doctor available to consult with – in general practice.

You should also be honing other skills – such as communicating with other staff, patients and their

families, for example, explaining available treatment or being able to deliver bad news. You are likely to work closely with nurses and other healthcare workers, as well as other junior doctors and senior medical colleagues within your specialty teams. You may find that working alongside experienced nurses is a good way of enhancing your knowledge. You are likely to have regular discussions with both clinical and non-clinical colleagues.

Looking after your well-being

Stress and stress-related illness can be a serious problem for some doctors and can jeopardise safe medical practice. But there's now more open recognition of these conditions, efforts to minimise some of the main causes of stress, and better channels of support and advice for staff. It is important to treat yourself as well as you treat your patients. If you are not registered with a GP, you should do so and avoid 'corridor consultations' with colleagues, self-diagnosis and self-treatment. There are also several national organisations offering advice and support to doctors when they become ill. You need to bear in mind the General Medical Council's (GMC)

requirement that you act quickly to protect patients if you believe you are no longer fit to practise. The GMC suggests that if you know your judgement or performance could be significantly affected by a condition or illness, you speak to an occupational health doctor or another colleague.

Find out more

- Your trust's occupational health department, local staff counselling service or postgraduate deanery will be able to help you access advice and support.
- NHS Employers carried out a major campaign to support employers to manage stress: www.nhsemployers.org/stress

The right work–life balance

Many doctors plan to work part time at some point in their careers and ongoing reductions in junior doctors' hours have had a considerable effect on their work–life balance. The days of the 80+ hour week with a lengthy

on-call have long gone. Almost all doctors are now working or moving towards the maximum 48-hour working week. But medicine can still be a demanding and stressful career. There have, however, been other changes in the NHS which can help doctors deal with some of the factors that affect this.

Find out more

- Improving Working Lives: www.nhsemployers.org/iwl
- BMA members have access to a 24-hour counselling service which covers personal, emotional and work-related problems, and also a support organisation, Doctors for Doctors.
- The Doctors' Support Network offers self-help for doctors with mental health problems such as stress and burnout: www.dsn.org.uk or **0870 321 0642**.
- Doctors who are addicted to drink or drugs can contact the Sick Doctors Trust on **0870 444 5163** or www.sick-doctors-trust.co.uk
- If you have a mentor within a trust, they may be an appropriate person to talk to if you feel stressed or unwell.

Improving Working Lives

The NHS is committed to maintaining a healthy work-life balance for all NHS staff. The key areas below continue to be maintained and developed within the NHS:

- flexible working and flexible retirement
- childcare provision and support for carers in the workplace
- creating a healthier work environment
- training and development
- tackling discrimination, bullying and harassment
- investing in diversity
- staff involvement and communication.

Your local employer will have policies and initiatives in place covering all of these areas. You will be able to find out more about these from your human resources department.



Flexible careers and training

For all sorts of reasons, you may want to work or train flexibly at some stage in your career. Flexible working is often associated with women with young children, but an increasing number of other doctors are expressing well-founded reasons for wanting it. Childcare responsibilities are not the only reason for wanting to work less than full time. For

example, many doctors may have elderly relatives who need care, or may want to become involved in medical politics or national bodies, or pursue a sport or voluntary activity.

The NHS is committed to supporting a good work-life balance for all NHS employees, including trainees. Today, flexible training is done through a variety of means, such as slot shares – sharing a training post. To train flexibly or in a slot share, a doctor

CASE STUDY

Not long into her first foundation year, Rachel Voller found out she was expecting her second child. As with the majority of mothers, she did not want to spend a lot of time away from her children, and thanks to flexible working she was able to combine her duties as a mother with her foundation training.

“Flexible training allowed me to spend time with my very young children while keeping my practical skills and knowledge base current.”

Rachel currently works 20 hours a week in general surgery at the Airedale General Hospital but has also worked in several medical specialties and in urology. For those considering training flexibly, she says organisation is really important.

“Try to arrange your timetable so you get some continuity and get most out of your rotation. Acute medicine can be done for one day and then ‘forgotten’ whereas your consultant’s patients and their families need you to be aware of their plans and progress.”

must meet certain requirements which may relate to health issues or a change in personal circumstances. It is usual for deaneries to prioritise flexible opportunities and slot shares based on need and local availability. You may not be able to take up flexible training or a slot share straight away. When a doctor is training flexibly or in a slot share, they will be able to access the necessary training that will enable them to complete their training usually on a pro-rata basis, as long as they meet the requirements of training. Flexible or slot share training offers an equivalent access to study leave and out-of-hours experience in order to meet demands of the Foundation Programme Curriculum and the same employment rights as a full-time trainee.

Taking a break from training

You may need to take a break from training for personal reasons but still want to keep up your clinical skills. In some areas, employers can make individual arrangements for members of staff who wish to continue or return to training on less than full-time hours. However, as working reduced hours may affect your progress through the training programme, these arrangements



must be formalised in advance between your employer and your local deanery. It is also advisable to discuss any proposal for a break in training as early as possible with your clinical tutor and employer.

Flexible working past the training grades

Many doctors in the NHS choose to work less than full-time and the opportunities to do so often expand once you have completed your training and moved into a career post, usually as a consultant, specialty doctor, or in general practice. You may also want to consider a career break.

It may be possible for you to take up a less-than-full-time post within your own trust, or to job share. There has also been a growing trend towards part-time GPs and there are also opportunities to work as a locum or for one of the out-of-hours providers. There may be opportunities for part-time working and career breaks and you will need to talk to your employer about the options that are available to you.

Find out more

- Flexible careers and returner schemes:
www.nhsemployers.org/flexible
- Doctors in training: contact your local postgraduate dean's office. Visit www.copmed.org.uk for local contact details.



Childcare

Many junior doctors find getting good, affordable childcare can be a problem, especially if they are working shifts. The NHS has invested heavily in childcare over the last few years and many hospitals now have an on-site nursery and may subsidise places for staff members' children. NHS employees should also have access to a childcare co-ordinator who can give information about a range of childcare options such as childminders, after-school clubs and holiday clubs for older children. Some NHS childcare co-ordinators are looking at childcare support to meet the specific needs of junior doctors, such as emergency childcare in the child's own home, emergency places in nurseries or arranging flexible child-minding services to cover shift working and on-call. A number of NHS organisations offer childcare vouchers in lieu of up to £55 per week of your salary. These can be cost effective for parents as you do not have to pay National Insurance contributions or tax on them. They can be used to pay for a wide range of childcare.

Find out more

- Your trust may have a local childcare co-ordinator who can help you plan your childcare provision. You can find details of childcare coordinators in your region at www.nhsemployers.org/childcare

Violence, harassment and bullying

Unfortunately, some NHS staff are assaulted or threatened by patients and their families, while other staff may feel harassed and bullied by fellow employees. You may spend your entire career without this happening to you but if it does happen, support is available. The NHS takes action against patients or their families who assault NHS staff, including refusing to treat them unless special measures are in place. All front-line NHS staff are offered a conflict resolution course to help them deal with potentially serious situations.

Trusts will have different policies on what to do if an incident occurs but all should offer you support. Ensure you fill in an incident reporting form if you are threatened or assaulted. This helps assess risk and safeguard your interests if there is further action. The trust has a statutory responsibility to protect you. If you find yourself being bullied, it is important to take steps to remedy the situation. Hospitals should have a policy in place for dealing with bullying and harassment in the

workplace and will be able to suggest suitable action and someone for you to talk to. In some cases, you will be able to speak to your manager. Some NHS organisations have a network of trained harassment advisers and/or mediators who are available to support you in dealing with incidents of harassment.

Find out more

- Initiatives to tackle violence, and other security management measures: www.cfsms.nhs.uk/security
- NHS Employers carried out a major campaign to raise awareness of and combat bullying in the workplace. It also provides information for employers on bullying and harassment: www.nhsemployers.org/bullying

Whistle-blowing

Occasionally, you may see something in the workplace which you regard as unacceptable or dangerous. This can be an ethical dilemma. Should you inform someone of what is happening? And if so, who? Or should you keep quiet out of loyalty to the organisation or your colleagues? If you inform, will there be repercussions for you and could your future career be affected?

All NHS employers should have in place effective policies to encourage whistle-blowing in appropriate circumstances. The NHS expects a climate of openness and dialogue which encourages all staff to feel able to raise concerns about healthcare matters in a reasonable and responsible way without fear of victimisation.

The National Patient Safety Agency, which collates reports of incidents across the country, emphasises the importance of a blame-free culture, where staff can report incidents or near misses without feeling they will be penalised. However, this does not rule out the risk of disciplinary or legal action in cases of criminal behaviour or negligence.

In the first instance you should report or discuss concerns with your manager. If you don't feel able to do so or are unhappy with the response you can report an issue to a more senior manager, such as the medical director. You should usually try and resolve issues internally.

In some cases, you may feel the need to 'whistle-blow' because a serious issue is not being dealt with. The Public Interest Disclosure Act 1998 gives significant statutory protection to employees who disclose information reasonably and responsibly in the public interest and are victimised as a result. If you want to seek advice before taking action, Public Concern at Work runs a helpline for NHS staff on **020 7404 6609** or at **helpline@pcaw.co.uk**

Find out more

- The National Patient Safety Agency: **www.npsa.nhs.uk**
- Public Concern at Work: **www.pcaw.co.uk**
- NHS Employers: **www.nhsemployers.org/whistle-blowing**

Welcoming diversity

The NHS puts equality at the core of everything it does: equality of access for patients and equality of opportunity for staff. Much legislation is already in place to protect staff from discrimination and unfair treatment on the basis of their age, race, gender, disability, sexual orientation, religion or belief – with new legislation (in the form of the Equality Bill) in the pipeline. There are also requirements for all NHS trusts to produce schemes and action plans on how they propose to meet their disability, race and gender

equality duties. NHS trusts embrace the principle that everyone is treated fairly, regardless of race, sexual orientation, disability, age, religion or gender. Every trust is required to achieve this as a minimum under the IWL standards, and as part of the Care Quality Commission's annual health check, to demonstrate that there are policies and practices in place which promote equality and value diversity.

Find out more

- See more on equality and diversity at www.nhsemployers.org/equality



Your working hours

As recently as the 1990s, some junior doctors could have been on duty for 70 or 80 hours a week, spending much of their time exhausted. This has now changed significantly and most work regular shift patterns. This change has been due to two separate but related developments:

- First the New Deal, a concordat between the BMA and the government, gradually reduced juniors' hours to no more than 56 hours of actual work a week.
- Second, the European Working Time Directive extends to all doctors from August 2009. This sets a maximum of an average 48 hours work a week, although individuals can 'opt-out' of this requirement should they wish and their employer agree. The Directive also establishes designated rest periods and maximum periods of duty. There is no 'opt-out' from these rest requirements.

Compared with a junior of ten years ago, you are far less likely to spend time on call or work overnights. You are more likely to work a full

shift system and you shouldn't be asked to work for very long stretches at a time – such as being on duty throughout a weekend.

Many trusts have adopted the 'Hospital at Night' approach where a team of doctors, including consultants and juniors, will cover several specialties or even a whole hospital rather than each specialty having its own team of juniors on duty. This has greatly reduced the number of juniors on duty overnight – although those who are there may find themselves kept busy!

Find out more

- Further information on the Working Time Directive and local solutions can be found at www.healthcareworkforce.nhs.uk
- Answers to frequently asked questions are at www.nhsemployers.org/ewtd

Your pay

As a full-time F1 doctor in 2009/10 you will be starting your career earning £22,190. In addition, there is a complex system of banding to reflect the intensity of the work you are asked to do and the hours you are expected to work. This can boost juniors' pay. If you work in the London area you will also get a London weighting.

Jobs are classed as Band 1 if they involve work between 40 and 48 hours a week, or Band 2 if they involve up to 56 hours a week. As August 2009 is the deadline for the implementation of the European Working Time Directive which limits the weekly hours to 48, posts should fall into Band 1.

In addition, bands are subdivided into A (high intensity of work, most unsocial time), B and C (less intensity, less unsocial hours). Bands attract additional weighting and are attached to each job so as you move through a rotation, your banding, and therefore your pay, may change.

Band 1C attracts a 20 per cent weighting, Band 1B 40 per cent, Bands 1A and 2B 50 per cent, and Band 2A 80 per cent. So, if you are

starting out as an F1 doctor in Band 1B, for example, you will be paid £31,066.

Your basic salary will rise as you progress through the grades.

Currently, as an F2 doctor, you will start on a basic salary of £27,523. Over time, this basic salary could rise to as much as £46,246 as you move into and through specialty training. There are several career avenues that could be pursued following training:

Specialty doctor posts attract a basic salary of between £36,443 and £67,959 and offer an attractive career for those that want to work in hospital medicine.

If you go on to become a consultant you will have a basic salary of between £74,504 and £100,446. In addition, you could be considered for a clinical excellence award which would considerably increase your salary.

You may consider a career in general practice and become a salaried general practitioner earning between £53,249 and £80,354. General practitioners can also become partners in general practices and take earnings roughly similar to those of consultants.

Pay is usually increased each year in line with the recommendations of the independent Doctors' and Dentists' Review Body.

Holidays

As a foundation doctor you will be entitled to five weeks holiday a year. This rises to six weeks as you go through your training. You can carry forward up to and including four days of leave between your different jobs.

Sick pay

If you are unlucky enough to become ill, the NHS does have a comprehensive and generous sick pay system. In your first year of service you will be entitled to one month off at full pay and, after you have completed four months service, you will be entitled to an additional two months at half pay. This rises in your second year of service to two months on full pay and two months on half pay, and continues to rise until after six years of service you will be entitled to six months at full pay and six months at half pay. You should check with your trust about the procedures for calling in sick and the need for sick notes.

Maternity and paternity pay

Junior doctors working in NHS trusts are entitled to 26 weeks 'ordinary' occupational maternity leave – during which they will receive some pay – and an additional 26 weeks which is unpaid except for statutory benefits. The amount of maternity pay you will get during the first 39 weeks is:

- eight weeks full pay, including any statutory maternity pay due, then
- eighteen weeks half pay plus any entitlement to statutory maternity pay, then
- thirteen weeks of statutory maternity pay, if you are eligible.

To qualify for the full package you will need to have worked for the NHS for a year by the beginning of the eleventh week before the baby is due. In general, 'dads-to-be' get two weeks' paid paternity leave, and these provisions usually apply to adoptions as well.

The NHS Pension Scheme

Even if a pension is not your top priority at the moment, it is important that you treat the idea seriously. You are eligible to join the NHS Pensions Scheme, which offers an excellent package of defined benefits in retirement, including retirement income based on your earnings, protected against price inflation.

The vast majority of NHS employees choose to join the NHS Pension Scheme, seeing it as a good way to save for retirement income and other benefits. The Scheme does not have an investment fund, but instead uses current member contributions to pay current pension liabilities while being guaranteed by the Government.

Employee contributions are on a sliding scale depending on your full time equivalent earnings. For current rates, see the NHS Pension Scheme website.

Members of the scheme enjoy a contribution from their employer of 14 per cent of their pensionable

earnings toward their pension benefit accrual. This is a significant part of the total reward of NHS Pension Scheme members.

If you join the NHS Pension Scheme for the first time on or after 1 April 2008, you will be a member of the 2008 Section of the Scheme. Some of the benefits include:

- A defined benefit scheme, based on your earnings
- A normal pension age of 65
- the ability to take part of your pension whilst still working, in the run-up to retirement
- a tax-free lump sum on retirement (you will be able to choose how much of your benefits you would like to take as a lump sum)
- a pension for your husband or wife or civil partner and dependent children if you die
- benefits if you have to retire because of ill-health, after a qualifying time

If you are in any doubt about whether to join the scheme, you should seek independent financial advice. The essential thing to remember is that you should make your pension arrangements as early as possible in your working life. Delay

will make it more expensive to ensure adequate arrangements for your retirement.

Find out more

- NHS Pension Scheme:
www.nhsbsa.nhs.uk/pensions





You are entering your postgraduate medical training years at an exciting time. Over the last few years, doctors' training has been radically redesigned to meet modern training and patient requirements. You will enter a two-year foundation programme which will prepare you for successful competitive entry into your chosen specialty.

Your career

Training

By September 2008, there were over 133,000 doctors practising in the NHS in England in either a primary or secondary setting. Nearly 50,000 were in the training grades:

- 6,050 F1 doctors
- 5,509 F2 doctors
- 35,042 in secondary care specialty training (excluding 'Trust Doctor' posts)
- 3,203 GP registrars.

Your postgraduate medical education (PGME) years

The Foundation Programme aims to deliver better, more effective patient care within the NHS and also to help the doctors of tomorrow receive a focused, relevant and high standard of training.

The first year of your foundation training will ensure that you can put into practice the knowledge, skills and attitudes learned as a student, and also gain new generic knowledge and

skills. You will typically spend at least three months in a surgical post and at least three months in a medical post, to provide a broad range of experience prior to full GMC registration. The emphasis is on acquiring specific competencies. In most cases, you will undertake three four-month rotations; medicine, surgery and another specialty which could be one in which you have a particular interest.

The second foundation year typically consists of a series of placements giving you the opportunity to try out a range of different specialties, including general practice, before making a decision about which specialty training programme you want to pursue. Inevitably, not everyone's placement preferences can be met but you should have a good chance of spending at least part of the time in a field which particularly interests you- although having completed a placement at foundation is not a requirement of any specialty. The main focus of hospital training will be the assessment and management of the acutely or chronically ill patient. Full details of the curriculum and

how to create your own foundation programme learning portfolio can be found on the Foundation Programme website at www.foundationprogramme.nhs.uk

If you successfully complete your second year you are likely to make a choice about where you want your career to go. You may wish to leave training and switch to a specialty, trust or other type of locally recruited post. If however, you wish to continue to train towards full qualification through the award of a CCT, you will need to apply through a competitive entry for training as a specialty registrar. Specialty training programmes now come in a variety of models, depending on your specialty. Many specialties offer run-through programmes where you will be recruited for the full duration of your specialty programme. Others, such as medicine or surgery, will begin with core training where core training lasts for two years, but in emergency medicine and psychiatry it runs for three years. Successful completion of core training can contribute, but will not lead directly, to the award of a CCT. Further information on these models can be found at www.mmc.nhs.uk.

Once you are in a run-through, specialty or GP training programme, you will have the opportunity to gain a CCT, subject to satisfactory progress. After you receive a CCT you are eligible for entry to the Specialist or GP Register and can apply for an appropriate senior medical appointment.

If you do not go through the traditional training route, but work instead as a specialty doctor, you may be able to apply to the Postgraduate Medical Education Training Board (PMETB) for a Certificate of Eligibility for the Specialist Register (CESR), citing your past training and experience. The specialty doctor contract was introduced in April 2008 and provides new developmental opportunities for doctors working in the NHS.

Find out more

- Visit www.foundationprogramme.nhs.uk for full details of the foundation programme curriculum, and other useful information.

- www.mmc.nhs.uk provides detailed information on recruitment to specialty training programmes and career progression as outlined in the MMC “Gold Guide”.
- www.nhsemployers.org/sas gives information about new staff and associate specialist contracts.
- Visit www.gmc-uk.org/education/postgraduate/regulation.asp for information on the new foundation training from the GMC.
- Your local postgraduate deanery will be able to give you more information on PGME, training options and will offer careers advice. Visit www.copmed.org.uk for local contact details.
- Visit www.pmetb.org.uk for information on curricula and award of the CCT and CESR.
- www.nccrcd.nhs.uk gives information about MMC integrated academic training programmes.

Other key bodies

The medical Royal Colleges develop specialist and general practice training programmes, which are quality assured through the PMETB. Once you make your career choice and concentrate on one specialty, you are likely to be in regular contact with the appropriate college.

The postgraduate medical deaneries are responsible for managing and delivering postgraduate medical education and ensuring standards are met. They oversee appointments to training programmes and provide direct support to you during your training via your clinical tutors, supported by postgraduate education managers. They are the representatives of the postgraduate deans within your trust. Clinical tutors are also a good source of careers advice throughout your training.

Find out more

- Academy of Medical Royal Colleges: www.aomrc.org.uk
- Conference of Postgraduate Medical Deans of the United Kingdom: www.copmed.org.uk
- National Association of Clinical Tutors: www.nact.org.uk

Appraisal and assessment

Regular appraisals have been introduced in the NHS for all staff, including doctors. The aim is to give you regular feedback on your performance and help you identify your training and development needs. As an integral part of foundation training you will be assessed on specific competencies throughout the two years you spend on rotations. Your appraisal will dovetail with the documentation and processes used to assess your progress. Your deanery and foundation school will have more information on your appraisal.

Occupational health smart cards

As a junior doctor, at many points in your career you are likely to be asked for details of your GMC registration status and proof that you have received occupational health clearance and have no relevant criminal convictions. These details, with the exception of your occupational health data, are stored on the Electronic Staff Record. Previously, your occupational health data has been stored on a secure

occupational health (OH) smart card, which you could take with you from job to job. This saves you producing evidence at every new job and should satisfy your employer that you are fit to practise safely in the NHS.

Under the current scheme the majority of doctors in training will receive their OH smart card on graduation from medical school. From the end of May 2009 the scheme will be migrating to a wholly ESR based scheme and from the end of October smart cards will cease to be used to provide occupational health data to new employers. Until the scheme goes live in October you should continue to use the smart card that you will be issued with.

Data on the card is covered under the Data Protection Act and is held securely and confidentially. You can at any time request a print-out of your data, but please be aware that some trusts may charge an administration fee for this service.

Find out more

- NHS Employers:
www.nhsemployers.org/ohsc

Key contacts

This section brings together contacts and links which you might find helpful as you get to grips with the NHS, its structures and the initiatives which will benefit you. Others will be more useful as your NHS career progresses.

Improving your working life

Improving Working Lives (IWL)
www.nhsemployers.org/IWL

NHS Security Management Service
www.nhsbsa.nhs.uk/security

Positively Diverse
www.nhsemployers.org/equality

Your wellbeing

Alcoholics Anonymous
www.alcoholics-anonymous.org.uk
 Tel: 0845 769 7555

BMA Counselling Service
www.bma.org.uk/doctorsfordoctors

Doctors' Support Line
 Anonymous, confidential peer support
www.dsn.org.uk
 Tel: 0870 321 0642

Royal College of Psychiatrists
 Information on depression and other mental health issues
www.rcpsych.ac.uk/mentalhealthinfoforall.aspx
 Tel: 020 7235 2351

Royal Medical Benevolent Fund
 Financial help for sick doctors
www.rmbf.org
 Tel: 020 8540 9194

The Samaritans
www.samaritans.org.uk
 Tel: 08457 90 90 90

Sick Doctors' Trust
www.sick-doctors-trust.co.uk
 Tel: 0870 444 5163

Personal development and careers advice

BMJ careers advice
www.careers.bmj.com/careers/welcome.html

NHS careers information
www.nhscareers.nhs.uk

Medical training and reform

GMC medical education
www.gmc-uk.org/education/index.asp

Modernising Medical Careers
www.mmc.nhs.uk

Training authorities

Academy of Medical Royal Colleges
www.aomrc.org.uk

Conference of Postgraduate Medical
Deans of the United Kingdom
www.copmed.org.uk

National Association of Clinical Tutors
www.nact.org.uk

UK Foundation Programme Office
www.foundationprogramme.nhs.uk

Your pension and pay

Agenda for Change
www.nhsemployers.org/agendaforchange

Junior Doctors Contract
www.nhsemployers.org/JuniorDoctors

NHS Pensions Agency
www.nhsbsa.nhs.uk/Pensions.aspx

Clinical support and quality of care

GMC guidance on good practice
www.gmc-uk.org/guidance

Care Quality Commission
www.cqc.org.uk

National Institute for Health and
Clinical Excellence (NICE)
www.nice.org.uk

National Patient Safety Agency
www.npsa.nhs.uk

NHS Clinical Governance Support
Team
www.appraisalsupport.nhs.uk

Professional bodies

British Medical Association
www.bma.org.uk

General Medical Council
www.gmc-uk.org

Publications on the web

Bandolier
www.medicine.ox.ac.uk/bandolier/index.html

BMJ Careers
www.bmjcareers.com

DoctorsNet
www.doctors.net.uk

Health Service Journal
www.hsj.co.uk

Hospital Doctor
www.hospitaldr.co.uk

The Lancet
www.thelancet.com

Student British Medical Journal
www.studentbmj.com

Glossary

A

AMRoC Academy of Medical Royal Colleges
ARCP Annual Review of Competence Progression

B

BMA British Medical Association
BDA British Dental Association

C

CCT Certificate of Completion of Training
CMO Chief Medical Officer
COGPEd Committee of General Practice Education Directors/Deans
COPMeD Conference of Postgraduate Medical Deans of the United Kingdom

D

DPH Director of Public Health
DH or **DoH** Department of Health

E

ESR Electronic Staff Record

F

F1/F2 Foundation Trainee

G

GMC General Medical Council
GPR General practice registrar

I

IWL Improving Working Lives

J

JCHMT Joint Committee of Higher Medical Training
JCHST Joint Committee on Higher Surgical Training

M

MMC Modernising Medical Careers
MSC Medical Schools Council

N

NCAA National Clinical Assessment Authority
NICE National Institute for Health and Clinical Excellence

P

PGME Postgraduate medical education
PGMDE Postgraduate medical and dental education
PMETB Postgraduate Medical Education and Training Board
PCT Primary care trust

S

SAC Specialty advisory committee
SHA Strategic health authority
SHO Senior house officer
SMS NHS Security Management Service
STC Specialty training committee
StR Specialty Registrar
SpR Specialist registrar

U

UKFPO UK Foundation Programme Office

V

VTC or **VT** Vocational Training Certificate

W

WTD or **EWTD** European Working Time Directive

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