Welcome to the medical team

NHS Careers
Join the team and make a difference
Your trust will provide you with necessary contact details and information about your shifts and rotas, but this booklet contains all you need to know about the NHS Pension Scheme, appraisal, assessment and medical revalidation, and health and well-being at work. And there are useful case studies too.

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

Your next two years will be spent as a foundation doctor undertaking a national training curriculum to help you become fully equipped for a career in medicine.

Welcome to the NHS.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your employer</strong></td>
<td>2</td>
</tr>
<tr>
<td>The National Health Service</td>
<td>2</td>
</tr>
<tr>
<td>The structure of the NHS</td>
<td>2</td>
</tr>
<tr>
<td>NHS reforms</td>
<td>3</td>
</tr>
<tr>
<td><strong>Your working life</strong></td>
<td>5</td>
</tr>
<tr>
<td>Shadowing</td>
<td>5</td>
</tr>
<tr>
<td>Working as a foundation doctor</td>
<td>5</td>
</tr>
<tr>
<td>Health and well-being at work</td>
<td>6</td>
</tr>
<tr>
<td>Looking after your well-being</td>
<td>7</td>
</tr>
<tr>
<td>The right work-life balance</td>
<td>10</td>
</tr>
<tr>
<td>Less than full-time training</td>
<td>10</td>
</tr>
<tr>
<td>Childcare</td>
<td>12</td>
</tr>
<tr>
<td>Violence, bullying and harassment</td>
<td>13</td>
</tr>
<tr>
<td>Raising concerns in the workplace</td>
<td>13</td>
</tr>
<tr>
<td>Promoting equality and valuing diversity</td>
<td>14</td>
</tr>
<tr>
<td>Your working hours</td>
<td>15</td>
</tr>
<tr>
<td>Your pay</td>
<td>16</td>
</tr>
<tr>
<td>The NHS Pension Scheme</td>
<td>19</td>
</tr>
<tr>
<td><strong>Your career</strong></td>
<td>22</td>
</tr>
<tr>
<td>Training numbers</td>
<td>22</td>
</tr>
<tr>
<td>Your postgraduate medical education years</td>
<td>22</td>
</tr>
<tr>
<td>Other key bodies</td>
<td>26</td>
</tr>
<tr>
<td>Appraisal, assessment and medical revalidation</td>
<td>26</td>
</tr>
<tr>
<td>Declarations on your fitness to practise</td>
<td>27</td>
</tr>
<tr>
<td><strong>Key contacts</strong></td>
<td>28</td>
</tr>
<tr>
<td><strong>Glossary</strong></td>
<td>30</td>
</tr>
</tbody>
</table>
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 more than 52 million people in England.

For the NHS, a typical day includes:

• 820,000 consultations
• 192,000 outpatient appointments
• almost 60,000 people visiting accident and emergency departments
• 14,000 emergency admissions
• 21,000 elective admissions
• 108,500 patients receiving dental treatment.

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

The structure of the NHS

As a first year foundation doctor (F1), you are likely to be starting work at an NHS 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 currently over 260 hospital, mental health, community and ambulance trusts and 211 clinical commissioning groups or CCGs.

As healthcare providers, acute and mental health trusts are dependent upon commissioners paying them for provision of a range of services. CCGs are responsible for commissioning most NHS services, including:

• planned hospital care
• rehabilitative care
• urgent and emergency care (including out-of-hours)
• most community health services
• mental health and learning disability services.

Patients increasingly also have a choice of where their treatment is carried out, including independent sector treatment centres and the introduction of ‘any qualified provider’ across a range of services.
NHS reforms
The Government’s NHS reforms have been set in law through the Health and Social Care Act, which was passed in March 2012. They aim to:

• put patients at the centre of the NHS
• create a focus on quality and improving outcomes
• strengthen clinical leadership, particularly of commissioning
• create a shift from NHS provided to NHS-funded care
• provide greater plurality of provision and a competitive market place
• put the emphasis on local decision making
• focus on improving accountability of the NHS
• shift responsibility for public health to local authorities.

Primary care trusts have been replaced by CCGs and a new national body, NHS England, will authorise CCGs, hold them to account for health outcomes and their use of public resources, and commission both primary care and specialist services.

Since April 2013, local authorities are now responsible for public health budgets, overseen by a new body, Public Health England. Education and training is now led by Health Education England and local education and training boards (LETBs).

Find out more
• For more information about NHS England, visit www.england.nhs.uk
  For information about the wider NHS reforms, visit www.nhsconfed.org/priorities/NHS-reforms
• The Academy of Medical Royal Colleges (AoMRC) has produced the Foundation Programme Curriculum 2012 and the UK Foundation Programme Office has produced the Foundation Programme Reference Guide 2012 which guides you through induction, placements, the Curriculum, assessments, your study time, how to use your Foundation e-portfolio, as well as a host of other useful information www.foundationprogramme.nhs.uk
• Your NHS employer will have their own website, which can be found on the NHS Choices website www.nhs.uk
In his first year as a foundation doctor, Alex Jewkes worked at a large teaching hospital, rotating around several departments every four 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 shift.”

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 foundation doctors. “Try not to worry. This job is daunting, but you really learn a lot in a short space of time.”
Your working life

Being a foundation doctor means supervised on-the-job learning across a variety of settings. It is a bridge between academic learning as a student 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 2012 and meet the requirements of the Foundation Programme Reference Guide 2012

www.foundationprogramme.nhs.uk

Shadowing
Prior to starting your foundation training, it is mandatory to carry out a paid period of shadowing – usually around four days. During this period you will spend some time with a current first year foundation doctor, who will be working in the type of post you will move into. You will follow them throughout their shift, familiarising yourself with your clinical surroundings, the role of a foundation doctor and some of the systems and processes used by the trust and department.

You will also complete your induction with the medical HR team during this period. Shadowing aims to support your transition from being a medical student to becoming a foundation doctor.

Working as a foundation doctor
The Foundation Programme is based on clinical and professional skills in the workplace. Once you meet all of the required curriculum outcomes and have successfully completed your first foundation year (F1), you are eligible to apply for full GMC registration and move to the second year of the Foundation Programme (F2).

You should not be left to do anything you don’t feel capable of and help should always be available. Your clinical supervisor (consultant), educational supervisor and foundation training programme director/tutor will 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 or community practice you are working in and the placement you are on. Whatever your placement, 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
Welcome to the medical team

www.nhscareers.nhs.uk

- 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 preoperative assessment clinics – you may be asked to do minor procedures such as suturing wounds under supervision
- undertake and present a quality improvement project
- 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 key skills – such as, communicating with other staff, patients and their families, explaining available treatments, or being able occasionally to deliver bad news. You will work closely with nurses and other healthcare workers, as well as other trainees and senior medical colleagues, within your specialty teams. You may find that working alongside experienced healthcare professionals from all disciplines is a good way of enhancing your knowledge and strengthening your skills.

You will be required to keep a record of your development throughout the Foundation Programme using an e-portfolio.

You can find out more about curriculum requirements and your e-portfolio from your foundation school, or the UKFPO website www.foundationprogramme.nhs.uk

Health and well-being at work

The NHS is committed to maintaining a healthy work-life balance for all NHS staff. Staff whose well-being and health is well supported, deliver better care, are more resilient and more engaged with their role. At a time when the NHS is striving to make the most of its resources, prioritising health and well-being is crucial. There is a real focus on specific areas that are designed to make your life easier at certain times during your career, including:

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

Find out more
www.nhsemployers.org/HWB
Looking after your well-being
Mental health and stress
Mental health problems affect a large number of people and are believed to account for over 30 per cent of sickness absence in the NHS. Mental health problems cover a range of conditions such as depression, anxiety, panic attacks and can fluctuate in the same way that physical health does, which means there may be times when it is better than others.

Stress and mental health problems can be a serious problem for some doctors and may jeopardise safe medical practise. 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 in Good Medical Practice 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 must not rely on your own assessment. Instead you should consult a suitably qualified colleague and follow their advice about changes to your practise.

Find out more
If you feel that you need further support in this area, contact your local occupational health provider for information or visit www.nhshealthandwellbeing.org
Burnout prevention

Burnout has been defined as “an experience of physical, emotional, and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding.”

Although it can occur in a range of occupations, burnout has been found to occur most amongst professional people in the caring professions of medicine, nursing or social work. It is typically associated with the prolonged and cumulative effects of emotional stress and pressure that arise from personal interaction with members of the public – often vulnerable themselves – on a daily basis. Studies have estimated the prevalence among healthcare workers could reach 25 per cent. How can you take steps to avoid burnout?

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

Find out more

More information on burnout and a summary of preventative measures can be found at www.patient.co.uk/doctor/burnout-in-the-medical-profession

Seasonal flu

NHS staff are at a higher risk of contracting influenza. Staff with direct patient contact can spread influenza to vulnerable patients asymptomatically. Every year, your employer will make a vaccine available around October, to help protect you from the virus, which will in turn help to keep your patients safe. For many NHS patients, influenza can be extremely dangerous and lead to complications which could cause critical illness and even death.

It is recommended by The Green Book Guide to Immunisation Against Infectious Disease that you take up the offer of an influenza vaccine every year, in addition to taking standard infection control measures.

Standard infection control measures are the first line of protection against any infectious disease and should be followed routinely. These not only help to protect patients but also visitors and staff.
Measures include:

- hand washing and antisepsis
- the use of personal protective equipment when handling blood, body substances, excretions and secretions
- appropriate handling of patient care equipment and soiled linen.

**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.

- The independent *NHS Health & Well-being Review* (the Boorman Review) was published in November 2009. It provides recommendations for improving the provision of health and well-being across the NHS. See [www.nhshealthandwellbeing.org](http://www.nhshealthandwellbeing.org) to download the report.

- Further details on the NHS Employers seasonal flu campaign can be found at [www.nhsemployers.org/flu](http://www.nhsemployers.org/flu) or by emailing flufighter@nhsemployers.org

- The Doctors’ Support Network offers self-help for doctors with mental health problems such as stress and burnout: 0844 395 3010 or [www.dsn.org.uk](http://www.dsn.org.uk)

- The National Clinical Assessment Service helps healthcare practitioners to prevent, understand and resolve any performance concerns. Visit [www.ncas.nhs.uk](http://www.ncas.nhs.uk)

- Doctors who have problems with an addiction to drink or drugs can contact the Sick Doctors Trust on 0370 444 5163 or [www.sick-doctors-trust.co.uk](http://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.
The right work–life balance

Ongoing reductions in foundation doctors’ hours have had a considerable impact on their work–life balance. The days of the 80 plus hour week, with lengthy on-call periods, have passed. All NHS staff, including foundation doctors, are now required to comply with the maximum working hours and rest periods set out in the European Working Time Directive, although limited individual opt-outs may be available where there is a well-founded service need. There are now many options available to enable staff to work less than full-time to achieve the right work-life balance for them.

Less than full-time training

You may want to train on a less than full-time basis at some stage in your career. Less than full-time training has often been associated with women with young children, but an increasing number of other doctors are expressing other well-founded reasons for wanting it. 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, less than full-time training can be performed through a reduction in your working hours and/or by sharing a training post (referred to as a slot share). To train on a less than full-time basis or in a slot share, you must first discuss these options with your postgraduate deanery where you have been allocated. It is usual for deaneries to prioritise less than full-time training opportunities, including slot shares.

Find out more

- www.nhsemployers.org/EWTD
- NHS Employers information on less than full-time working – www.nhsemployers.org/flexible
- The Foundation Programme Reference Guide 2012 provides guidance and examples of reasons for wanting to work less than full-time (see section 7, 7.67-7.73) www.foundationprogramme.nhs.uk
- BMA members have access to a 24-hour counselling service which covers personal, emotional and work-related problems. Call 08459 200169.
based on individual need and local availability. Therefore, you may not be able to take up a less than full-time post straight away.

When training on a less than full-time basis, you will still be able to access the necessary training that enables you to complete your programme. However, this may mean reviewing the length of your training period. Less than full-time training offers an equivalent access to study leave and clinical experience as full-time colleagues in order to meet the requirements of the Foundation Programme Curriculum, and offers the same statutory employment rights enjoyed by full-time equivalents.

**Taking a break from training**

As you progress through your training, you may need to take a career break for personal reasons but still want to keep up your clinical skills. In some areas, employers can make individual arrangements for members of staff to keep in touch, continue or return to training on less than full-time hours. However, as working reduced hours will affect your time spent progressing through the training programme, these arrangements must be formalised in

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**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 less than full-time training, she was able to combine her duties as a mother with her foundation training.

“*Less than full-time training allowed me to spend time with my very young children while keeping my practical skills and knowledge base up to date.*”

Rachel currently works 20 hours a week in general surgery at the Airedale General Hospital but has also worked in several medical specialties. For those considering training on a less than full-time basis, she says organisation is really important.

“*Try to arrange your timetable so you get some continuity and get the most out of your placements. 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.*”
advance with your local deanery. It is also advisable to discuss any proposed break in training as early as possible with your educational supervisor and employer. More information is available in the Foundation Programme Reference Guide 2012.

Less than full-time working beyond the training grades

Many qualified doctors in the NHS choose to work less than full-time and the opportunities to do so may expand once you have completed your training and moved into a career post, as a consultant, specialty (or SAS) doctor, or in general practice. You may also want to consider a career break, perhaps to travel and work in overseas healthcare settings, or experience a spell in research or academic medicine.

It may be possible for you to take up a less than full-time post within your own trust, or to job share, and there has also been a growing trend towards less than full-time GPs. You will need to talk to your employer about the options that are available to you.

Childcare

Many foundation doctors find getting good, affordable childcare a problem, especially if they are working shifts, or moving between hospitals on placements. However, 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.

All NHS employees should have access to a childcare coordinator 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 foundation 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 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
- Contact your local postgraduate dean’s office.
- Visit www.copmed.org.uk for local contact details.

Find out more
- Your trust may have a local childcare coordinator who can help you plan your childcare provision www.nhsemployers.org/childcare
Violence, harassment and bullying
Unfortunately, some NHS staff are assaulted or threatened by patients or 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 frontline NHS staff are offered conflict resolution training to help them deal with these 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
• NHS Protect tackles violence and promotes other security management measures across the health service – www.nhsbsa.nhs.uk/security
• For information on staff welfare issues, visit www.nhsemployers.org/HealthyWorkplaces

Raising concerns in the workplace
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?

NHS employers and other training organisations are serious about creating an open culture for raising concerns. All NHS employers should have in place effective policies on how to raise concerns and the appropriate action to be taken. This is sometimes referred to as whistleblowing. The NHS expects a climate of openness and dialogue
which encourages all staff to feel able to raise concerns about patient safety or other such matters in a reasonable and responsible way – without fear of victimisation. 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 take further action because a serious issue is not being dealt with. The Public Interest Disclosure Act 1998 gives statutory protection to employees that responsibly and reasonably disclose information that is in the public interest, and are victimised as a result. If you are not sure whether what you’ve witnessed is a whistleblowing concern or you’re unsure what to do and want to seek advice before taking action, you can speak to an adviser at the National Whistleblowing helpline. The helpline offers free, confidential support for all NHS and social care staff and can be contacted on 08000 724 725 or by email at enquiries@wbhelpline.org.uk

Find out more
• Speaking Up Charter – www.nhsemployers.org/SpeakingUpCharter
• National Whistleblowing helpline – www.wbhelpline.org.uk
• General Medical Council – www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp
• NHS Employers – www.nhsemployers.org/whistleblowing

Promoting equality and valuing diversity
The NHS puts equality and diversity at the core of everything it does: equality of access for patients and equality of opportunity for staff.

The Equality Act 2010 is a major piece of legislation seeking to protect staff and patients in the UK from discrimination and unfair treatment on the basis of their age, race, gender, disability, sexual orientation, religion or belief. It places significant duties on all public sector bodies to produce clear equality action plans to demonstrate how they are meeting the requirements of the act. This is monitored by the Care Quality Commission (CQC).

Outside of the NHS, the Equality and Human Rights Commission (EHRC) is
Welcome to the medical team

NHS staff champion fairness and diversity every day and deliver services that are personal. This is why NHS Employers is working closely with employers to encourage NHS staff to become champions. The aim is to create a vibrant network who are committed to taking action, however small, to create a personal, fair and diverse NHS.

A personal, fair and diverse NHS is one where:

• everyone counts
• services are personal, designed to give patients what they want and need
• fairness is built in so that everyone has equal opportunities and treatment
• the skills and experience of employees from all backgrounds are used and valued
• people can choose the services they want and have as much support as they need
• everyone is treated with dignity and respect, and when they complain we listen and put things right
• talent flourishes and nothing stops people going as far as they want
• we are accountable and patients are informed and have more control
• care doesn’t stop at the door, but helps people live healthier lives.

Find out more
• See more on equality and diversity at www.nhsemployers.org/equality
• Sign up to be a Personal, Fair and Diverse champion at www.nhsemployers.org/pfdsignuptoday

Your working hours
Previously, many foundation doctors could have been on duty for long periods of time and with inadequate rest, spending much of their time exhausted, and posing a potential risk to patient safety and their own well-being. This has changed significantly and most trainees will now work regular shift patterns. This change is due to two separate but related developments:

• The New Deal, a concordat between the BMA and the Government, gradually reduced foundation doctors’ hours to no more than 56 hours of actual work a week.
• The Working Time Regulations were extended to all doctors in
training from August 2009. This UK legislation sets a maximum average working week of 48 hours, although individuals can ‘opt-out’ of this requirement up to the New Deal limit should they wish and their employer agrees. The regulations also established designated rest periods and maximum periods of duty. There is no ‘opt-out’ from these rest requirements.

Compared with the doctors in training of ten years ago, you are less likely to spend long periods of time on call. 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 foundation doctors, will cover several specialties or even a whole hospital rather than each specialty having its own team of foundation doctors on duty. This has greatly reduced the number of foundation doctors on duty overnight – although those who are there may find themselves kept busy!

**Your pay**

As a full-time F1 doctor, you will be starting your career on minimum of £22,636 per annum for a basic 40 hour week. In addition, there is a supplementary system to reflect the unsocial working hours and intensity of the work you are asked to do, which can boost your pay. If you work in the London area you will also get a London weighting.

**Unbanded posts**

F1 doctors working an average of no more than 40 hours per week, taking place wholly between 7am-7pm on weekdays, currently receive a five per cent pay supplement. This supplement only applies to F1 doctors and is not available when you move into F2.

**Banded posts**

If your working week averages over 40 hours or includes work outside 7am-7pm on weekdays, pay banding supplements will apply. 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. Many F1 posts are now unbanded and almost all remaining banded posts will fall into Band 1 due to the European Working Time Regulations limit of 48 hours work per week.

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**Find out more**

- Find out more at [www.nhsemployers.org/EWTD](http://www.nhsemployers.org/EWTD)
In addition, bands are subdivided into A (high intensity of work, most unsocial time), B and C (less intensity, less unsocial hours). The bands attract additional weighting and are attached to each job, so as you move through your placements, your banding and pay may change.

Band 1C attracts a 20 per cent supplement, 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 £31,690 per annum. If the band of your next training post is not 1B, your total pay in that post might go up or down accordingly.

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

Currently, as an F2 doctor, you will start on a basic salary of £28,076. Over time, this basic salary could rise to as much as £47,175 as you move into, and through, specialty/GP training.

There are several career avenues that could be pursued following training:

- you may consider a career in general practice. A salaried general practitioner will earn between £53,781 and £81,150. General practitioners can also become self-employed partners in general practices and share earnings roughly similar to those of consultants.

- specialty doctor posts attract a basic salary of between £37,176 and £69,325 and offer an attractive career and continuing professional development for those who want to work in hospital medicine.
• if you become a consultant, you will have a basic salary of between £75,249 and £81,969. In addition, depending on your job plan and NHS contribution, you could be considered for a clinical excellence award which would increase your salary further.

Pay is normally determined each year in line with government decisions following recommendations from the independent Doctors’ and Dentists’ Pay Review Body.

**Holidays**
As a foundation doctor, you will be entitled to five weeks of holiday a year. Your entitlement rises to six weeks later in your training, normally after five years’ service.

**Sick pay**
The NHS has a comprehensive sick pay system which includes:

• In your first four months’ service, the sick pay entitlement is one month’s full pay.

• After four months’ service, the entitlement is one month’s full pay and two months’ half pay.

• In your second year of service, the entitlement increases to two months’ full pay and two months’ half pay.

• After six years’ service, the sick pay entitlement is six months’ full pay and six months’ half pay.

You should check with your trust about the procedures for calling in sick and the need to provide a certificate indicating your fitness for work.

**Maternity and paternity pay**
Foundation doctors working in NHS trusts are entitled to 26 weeks occupational maternity leave – during which they will receive some pay – and an additional 26 weeks which is unpaid except for statutory benefits. If you are eligible for occupational maternity pay, 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 continuously 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 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 members’ section of the NHS Pension Scheme website at www.nhsbsa.nhs.uk/pensions

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 reward package available to NHS employees.

If you joined 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 while 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.

Changes to the NHS Pension Scheme

Changes to employee contributions have been implemented from April 2012, with additional changes to the structure of the NHS Pension Scheme coming into effect from 2015.

This means that, between April 2012 and 2015, scheme members will have protected rights and continue
to have their pension entitlements calculated on final salary. Pension benefits accrued post 2015 will then be calculated on career average earnings. From 2015, retirement ages will be linked to the state pension age and this is set to increase from 65 to 66 in October 2020 for both men and women. Further information can be found at www.direct.gov.uk/en/Pensionsandretirementplanning

If you are in any doubt about whether to become a member of 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 redesign 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 numbers
There are over 145,000 doctors practising, or in training, in the NHS in England in either a primary or secondary care setting. Over one third of these are in the hospital training grades:

• around 7,300 F1 doctors
• around 7,500 F2 doctors
• 39,000 in secondary care specialty training (excluding trust doctor posts)
• around 4,000 GP registrars.

Your postgraduate medical education 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 broad, 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 as well as gain new generic knowledge and skills. Your F1 year typically comprises three four-month placements. Placements may be based in a range of settings and specialties and are likely to include community placements (GP/psychiatry), medicine and surgery. There are also opportunities for you to explore different career options through tasters. All F1 placements are designed to enable you to acquire and demonstrate the outcomes and competences set out in the Foundation Programme Curriculum 2012.

After satisfactorily completing 12 months of training in F1 placements, demonstrating that you have achieved the required F1 outcomes, and meeting all of the other requirements, you are eligible to apply for full registration with the GMC. Your progression to the second year of the Foundation Programme is dependent upon a review of your achievements by the Foundation ARCP (Annual Review of Competence Progression) panel.

The second foundation year (F2) enables you to take on increasing responsibility for patient care under clinical supervision. This will prepare you for the next steps in your medical career as you enter specialty/GP training. The F2 year typically comprises three four-month placements in a range of different specialties, including working in a community setting if your F1 programme didn’t include this. 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, within a programme that ensures you get a broad range of experiences throughout your foundation years and allows you to meet the Foundation Programme requirements. You may still apply for your preferred specialty training course, even if you don’t get the opportunity to gain experience in that field at foundation level. As with your F1 year, there are also opportunities for you to explore different career options through tasters during F2. To be eligible for the Foundation Achievement of Competence Document (FACD), which is required by most GP/specialty training providers, you must complete 12 months in approved F2 placements, demonstrate that you have achieved the required F2 outcomes and meet all of the other requirements.

Full details of the Foundation Programme Curriculum, a list of free online resources to assist you meeting
the outcomes of the curriculum and information on keeping your Foundation Learning e-portfolio up to date can be found at www.foundationprogramme.nhs.uk

There is also information on the assessment tools you’ll be asked to use and examples of each assessment form.

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 Certificate of Completion of Training (CCT), you will need to apply through a competitive process for GP, core or specialty training, for which recruitment currently starts in the autumn/winter of your F2 year. Specialty training programmes now come in a variety of models, depending on your specialty. Some specialties offer run-through programmes where you will be recruited for the full duration of your training up to the award of a CCT. Others, such as medicine or surgery,
will begin with core training which lasts for two to three years, after which you can apply for higher specialty training that leads to the award of a CCT. Further information on these models can be found on the Medical Specialty Training (England) website www.mmc.nhs.uk

Once you are in a run-through, higher 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 General Medical Council for a Certificate of Eligibility for the Specialist Register (CESR), citing your past training, development 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 the UKFPO website www.foundationprogramme.nhs.uk for full details of the Foundation Programme Curriculum and other useful information.

- Visit www.medicalcareers.nhs.uk for help and support on your career decisions.

- Visit www.mmc.nhs.uk for detailed information on recruitment to specialty training programmes and career progression as outlined in the Specialty Training Gold Guide.

- Visit www.nhsemployers.org/sas for information about careers as a trust specialty doctor or associate specialist.

- Your local postgraduate deanery will be able to give you more information on training and career options and will offer careers advice. Visit www.copmed.org.uk for local contact details.

- Visit www.gmc-uk.org and search ‘CCT’.

- Visit www.nihrtcc.nhs.uk/intetacatrain for information about integrated academic training programmes.
Other key bodies
The UK Foundation Programme Office (UKFPO) is the national coordinating body for the Foundation Programme. It manages the national application process, issues guidance on foundation training and promotes the consistent delivery of the Foundation Programme across the UK. Working with partners, the UKFPO enables the sharing of good practice to raise the standards of training. It is funded by and accountable to Health Education England (HEE) and the three devolved nations’ health departments.

The medical royal colleges and faculties develop specialist and general practice training programmes, which are quality assured through the GMC. Once you start concentrating on your specialty, you are likely to be in regular contact with your appropriate college or faculty.

Local education and training boards (LETBs) are responsible for managing the delivery of postgraduate medical education and ensuring standards are met. Foundation schools, as part of your LETB, oversee appointments to foundation training programmes and provide direct support to you during your training via your foundation training programme director/tutors, supported by postgraduate education managers. These individuals are the representatives of the postgraduate deans within your trust. Foundation training programme director/tutors are also a good source of careers advice throughout your training.

Find out more
• The Foundation Programme – www.foundationprogramme.nhs.uk
• 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, assessment and medical revalidation
Regular appraisals and assessment apply to all 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 outcomes throughout the two years you spend on placements, as outlined by the curriculum. At the end of the training year, you will be subject to an Annual Review of Competence Progression (ARCP), similar to an appraisal. An ARCP panel will review evidence in your e-portfolio to make an informed judgment whether you have
met the satisfactory requirements for F1/F2. Your foundation school and the UKFPO website has more information about the ARCP process.

Since November 2009, all doctors who wish to practise in the UK must be registered with the GMC and are required to hold a license to do so. To retain your licence, you will be subject to medical revalidation based upon a recommendation made by your local responsible officer – the postgraduate dean for doctors in training – five years from when you register with the GMC or at the time you are awarded your CCT, whichever is sooner. The recommendation will consider evidence based on your clinical knowledge skills, safety and quality of your performance, your communications skills, and your honesty and probity. Visit www.gmc-uk.org and search ‘revalidation’ for more information.

Declarations on your fitness to practise

As a foundation doctor progressing through training, you will be asked periodically for details of your GMC registration and license status, proof that you have received occupational health clearance and have no relevant criminal convictions.

If you are working in a hospital, this information is stored securely on the NHS Electronic Staff Record (ESR) operating within your trust. Details should be transferred when you move from job to job to satisfy your next employer that you continue to be fit to practise safely in the NHS.

Data held on the ESR 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 be aware that some trusts may charge an administration fee for this service.

Under the GMC’s Good Medical Practice, it is your responsibility to ensure that you keep your employer up to date on any relevant changes in circumstances which may have a bearing on your continued fitness to practise.

Find out more

- Employment checks – www.nhsemployers.org/employmentchecks
- Good Medical Practice – www.gmc-uk.org/GMP
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.

**Equality and diversity**  
www.nhsemployers.org/equality

**Personal development and careers advice.**  
BMJ Careers  
www.careers.bmj.com

NHS Medical Careers  
www.medicalcareers.nhs.uk

General Medical Council  
www.gmc-uk.org

E-learning for health  
www.e-lfh.org.uk

**Medical Specialty Training (England)**  
www.mmc.nhs.uk

**Training bodies**  
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 (UKFPO)  
www.foundationprogramme.nhs.uk

**Pay, contracts and pensions**  
www.nhsemployers.org/juniordoctors

NHS Pensions  
www.nhsbsa.nhs.uk/pensions

**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

NHS Revalidation Support Team  
www.revalidationsupport.nhs.uk

**Professional bodies**  
British Medical Association  
www.bma.org.uk

General Medical Council  
www.gmc-uk.org
Your well-being
Resources for doctors in difficulty:
General Medical Council
www.gmc-uk.org/concerns/11551.asp

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

Doctors’ Support Network
Anonymous, confidential peer support
www.dsn.org.uk
Tel: 0844 395 3010

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: 0370 444 5163

The Boorman review of NHS Health & Well-being
www.nhshealthandwellbeing.org/FinalReport.html

The National Clinical Assessment Service
www.ncas.nhs.uk

Publications on the web
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
Glossary

ACF    Academic Clinical Fellow
AoMRC  Academy of Medical Royal Colleges
ARCP   Annual Review of Competence Progression
BMA    British Medical Association
BDA    British Dental Association
CCG    Clinical Commissioning Group
CCT    Certificate of Completion of Training
CESR   Certificate of Eligibility for the Specialist Register
CMO    Chief Medical Officer
COGPED Committee of General Practice Education Directors
COPMeD Conference of Postgraduate Medical Deans of the United Kingdom
CT1/2/3 Core trainee
DPH    Director of public health
DH     Department of Health
ESR    Electronic Staff Record
F1     First year foundation doctor
F2     Second year foundation doctor
GMC    General Medical Council
GPR    General practice registrar
HEE    Health Education England
JCHMT  Joint Committee of Higher Medical Training
JCHST  Joint Committee on Higher Surgical Training
LETB  Local Education and Training Board
MSC  Medical Schools Council
NCAS  National Clinical Assessment Service
NHSBSA  NHS Business Services Authority
NICE  National Institute for Health and Clinical Excellence
PGME  Postgraduate medical education
PGMDE  Postgraduate medical and dental education
RO  Responsible officer
SAC  Specialty advisory committee
SAS  Staff or associate grade doctor
SHO  Senior house officer [dental trainees only]
SPF  Social Partnership Forum
ST1/2/3  Specialty trainee
STC  Specialty training committee
StR  Specialty registrar
SpR  Specialist registrar (closed training grade)
UKFPO  UK Foundation Programme Office
VTC or VT  Vocational Training Certificate
WTD or EWTD  European Working Time Directive
WTR  Working Time Regulations (UK legislation)