

---

## Standards for Training for the Foundation Programme

Amended November 2008

### Introduction

1. The GMC sets the content and standards for the first foundation year (F1) up to the point of full registration. PMETB sets the standards for postgraduate education and training, including the second foundation year (F2), following full registration.
2. The GMC Education Committee and the PMETB Training Committee have agreed the *Standards for Training for the Foundation Programme*. The standards have been incorporated within the *PMETB Generic Standards for Training*, with two additional specific standards for the foundation programme where necessary to reflect the requirements in this period of training. This *Standards for Training for the Foundation Programme* have drawn upon the transitional edition of *The New Doctor*, published in December 2004. The GMC and PMETB undertook a consultation programme to ensure the standards were appropriate for the whole of the Foundation Programme (F1 and F2 years).
3. From 2007, the GMC and PMETB will consider how best to operate a joint process for the quality assurance and approval of foundation programmes, through *Quality Assurance of Foundation Programmes (QAFP)*. Deaneries (via Foundation Schools where appropriate) are responsible for arranging the provision of foundation programmes and will be required to demonstrate, through their deanery quality management systems, that these standards have been met.

### Domain 1 - Patient safety

#### *Responsibility*

4. All doctors, employers and deaneries or the organisation(s) responsible for administering the quality management system.

## *Standards*

5. **The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care.**
6. **There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.**

## *Criteria*

7. This standard will be demonstrated in working systems which must ensure:
  - a. Supervision is in place to ensure that foundation doctors are fit for purpose.
  - b. Assessment systems are in place to ensure that foundation doctors are fit for purpose. Identification is required (as early as possible) of foundation doctors whose conduct gives cause for concern or whose health is affected to such a degree that it could harm the public.
  - c. Provision of support for foundation doctors when appropriate.
  - d. That foundation doctors who are a risk to patients are not signed off for full registration with the GMC and do not successfully pass the assessment requirements for F2. Information about these foundation doctors should be passed to the GMC for consideration about fitness to practise.
  - e. That foundation doctors only undertake tasks in which they are competent in or are learning to be competent in with adequate supervision.

## *Evidence*

8. Deanery quality data (including inspections, reports of other visits and surveys), deanery or university guidance on fitness to practise policies and their implementation, GMC and PMETB visits, data from foundation doctors and local faculty<sup>1</sup>, and possibly data from other healthcare regulators and organisations.

## *Guidance*

9. All those<sup>2</sup> who teach, supervise, give counselling to, employ or work with foundation doctors are responsible for protecting patients. Patients will be protected through explicit and accountable supervision. Where there are serious concerns about a foundation doctor's performance, health or conduct, immediate steps must be taken to investigate the concerns to identify whether they are well

---

<sup>1</sup> PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision.'

<sup>2</sup> This includes the university with a medical school. Further guidance may be sought from the GMC.

founded and to protect patients. The foundation doctor's educational supervisor, and, where appropriate, the organisation responsible for the quality management systems for Foundation Programmes, must be informed. The GMC must be informed as appropriate.

10. Foundation doctors must never be put in a situation where they are asked to work beyond their competence without appropriate support and supervision from the clinical supervisor. Patient safety must be paramount at all times

11. Those responsible for training have a responsibility to share information with relevant individuals about foundation doctors that is relevant to their development as a doctor, both before and during the Foundation placements. Where possible, the foundation doctor should agree to this. When the foundation doctor does not agree, or is not able to do so, those responsible for training must consider the foundation doctor's rights to confidentiality and any serious risk posed to patients, the public, themselves or colleagues when deciding whether to share information with other people involved in training the foundation doctor.

12. Foundation doctors in F1 or F2 cannot be allowed to continue training if they pose a risk to patients or the public. In some circumstances, if the foundation doctor is not able or not willing to agree to such relevant information being revealed to the educational supervisor and the doctor responsible for directing their clinical training, they should not be able to continue training. In these circumstances, that information should be passed to the GMC and to the foundation doctor. Further information on this subject is provided in GMC guidance *Confidentiality: Protecting and Providing Information*. Advice should be sought from the Deanery, the GMC, a relevant defence organisation and the employer as appropriate.

13. By confirming that a foundation doctor has met all the necessary outcomes of training, the person appointed for this purpose is confirming that the foundation doctor has achieved the required outcomes of training and practices in line with the principles of professional practice set out in *Good Medical Practice*.

14. Those supervising foundation doctors must provide honest and justifiable comments when giving references for, or writing reports about, them and include all relevant information which relates to the foundation doctor's competence, performance and conduct.

## **Domain 2 - Quality Assurance, Review and Evaluation**

### *Responsibility*

15. Deaneries or other organisations responsible for administering the quality management system, employers, foundation doctors and local faculty

## *Standard*

**16. Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.**

## *Criteria*

17. This standard will be demonstrated by systems that encompass the following:

a. Information about roles and responsibilities of all those involved in the Foundation Programme, including lines of authority, and responsibility must be available and clearly disseminated to foundation doctors, deaneries or other relevant bodies. The roles and responsibilities of the following will be included:

- i. Postgraduate Deans.
- ii. Universities.
- iii. Relevant Schools/Committees or other organisational structures (for example, foundation schools, etc).
- iv. Employers.
- v. Educational supervisors.
- vi. Clinical supervisors.
- vii. Foundation doctors.

b. Identification, monitoring and resolution of issues and dissemination of outcomes in areas including:

- i. Entry to the Foundation Programme.
- ii. Quality of training experience (including induction, ongoing training, supervision, content of job).
- iii. Appraisal.
- iv. Assessment.
- v. Supervision.

## *Evidence*

18. Deanery quality data (including inspections and visits and reports and surveys), information about administration of quality management systems.

## *Guidance*

19. Programmes should include placements which are long enough to allow foundation doctors to become members of the team and allow team members to make reliable judgements about trainee abilities, performance and progress.
20. There must be a standard learning agreement for each placement within the Programme.
21. Foundation year 1 doctors must have written approval from their University to accept a programme completing basic medical education.
22. Programmes should ensure that foundation doctors have appropriate learning opportunities to meet the learning outcomes for this period of training and are able to demonstrate this.
23. There should be clear quality control standards and systems in place for the workplace-based assessment process, which are fit for purpose.
24. There should be clear quality control standards and systems in place to ensure the appraisal process takes place.
25. There must be procedures in place to check the quality of training and assessments and to ensure that standards are being maintained.
26. The methods used to check the quality of approved training programmes should take account of the views of foundation doctors and the local faculty leading the delivery of Foundation training, using a deanery-wide process.

## **Domain 3 - Equality, Diversity and Opportunity**

### *Responsibility*

27. All doctors, employers and the organisation responsible for administering the educational quality management system.

### *Standard*

28. **Postgraduate training must be fair and based on principles of equality.**

### *Criteria*

29. Data about equality and diversity issues should be collected routinely, analysed, recommendations developed, implemented and monitored.
30. Data about training healthcare staff in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.

31. Data about how issues are identified or fed into the quality management system and outcomes are disseminated.

#### *Evidence*

32. Deanery quality data, policies and their how their implementation is monitored at employer level.

#### *Guidance*

33. Guidance about equality and diversity issues should pervade the other domains and all activities.

### **Domain 4 - Recruitment, selection and appointment**

#### *Responsibility*

34. Deaneries, and local faculty and through these employers for ensuring fitness for the post.

#### *Standard*

**35. Processes for recruitment, selection and appointment must be open, fair and effective.**

#### *Criteria*

36. Information about selection procedures should be published.

37. Those responsible for selection should include people with a range of expertise and knowledge. They should be trained to apply selection guidelines consistently and fairly. They must be trained to be able to promote equality and diversity (people's different backgrounds and circumstances) and follow current equal opportunities legislation and good practice.

38. There should be transparent information provided for those within programmes about choices in the programme and how they are allocated.

39. Appointments to local faculty should be made against a set of defined and published criteria. While recognising that appointments are often volunteered for and that time is challenging, it is important for these educational appointments to be carried out to a particular standard to help to raise the quality of the educational experience in service.

40. The appointment process should demonstrate that foundation doctors are fit for purpose and able, subject to a good induction and ongoing training, to undertake the duties expected from them in a supportive environment. It should build on experiences gained at medical schools to support fitness for purpose in the working environment.

## *Evidence*

41. Evidence will include data analysis about selection into Foundation programmes, data analysis about how selections for placements are made and data analysis about recruitment procedures for local faculty.

## *Guidance*

42. Further guidance is provided in the Operational Frameworks.

43. Educational supervisors must have specific training for their role. This might include training in educational principles as well as specific skills training. They should also have access to training in the tools for assessment used in the local area.

44. The legal responsibility for confirming the requirements of full registration for UK graduates remains with their medical school. Appropriate mechanisms should be in place to ensure that the responsibility for signing the Certificate of Experience is clear.

## **Domain 5 - Delivery of curriculum including assessment**

### *Responsibility*

45. A postgraduate dean is accountable for ensuring the delivery of the curriculum including assessment. Employers, commissioners and funders, local faculty, foundation doctors<sup>3</sup> and the Academy of Medical Royal Colleges Foundation Committee also share responsibility for delivering the curriculum.

### *Standard*

46. **The requirements set out in the curriculum must be delivered and assessed.**

### *Criteria*

47. These standards will be demonstrated through the following criteria:
- a. A clear programme description that outlines how the competences including general professional competences will be covered in the placements and what evidence and information will inform a judgement about the performance of the trainee.
  - b. Sufficient practical experience must be available to support acquisition of competences as set in the curriculum.
  - c. The assessment system defined in the curriculum must be implemented.

---

<sup>3</sup> Foundation doctors have responsibilities which impact on the delivery of the curriculum, for example, providing feedback, participating in assessment and appraisal and completing the portfolio.

d. Formal educational documentation as determined by the deanery or foundation school including appraisal must be completed within each post.

e. Foundation doctors must have regular feedback on their performance within each post as defined by the deanery or local foundation school.

### *Evidence*

48. Evidence for this domain will include: approval of the Foundation Curriculum against outcomes for F1 and F2 along with relevant Standards for Training. Data from the deaneries, local faculty and foundation doctors should also be included. Visits will also be carried out to local faculty and foundation doctors to determine if these standards are being met.

### *Guidance*

49. A system should be in place to ensure that foundation doctors receive regular formative feedback as defined by the deanery or foundation school.

50. A range of methods of assessment should contribute to the overall judgement made about the performance of a foundation doctor.

51. Training and learning can be delivered in a number of ways but it must be relevant and must meet the learning needs of the foundation doctor. Training must provide the following:

a. Learning based on experience that provides clinical training in a range of practices and procedures.

b. Regular, formal educational sessions that cover topics of value and interest to foundation doctors, who must be facilitated to attend.

c. Opportunities for self-directed learning so that foundation doctors can develop the skills and habits they need to learn by themselves.

d. Opportunities to reflect on learning and practice and to discuss issues with their educational supervisor and other colleagues.

e. Opportunities to demonstrate a progression in learning from medical school through to the Foundation Programme.

52. Foundation doctors must be able to suggest topics to be included in their training programmes. They must also be able to comment on the order of topics so that training meets their needs. In formal educational sessions, foundation doctors must not be on duty and should give their pagers to someone else so that they can take part.

53. Training can take place in a variety of clinical settings, including hospitals, general practices, community-based medical services and other health and social care settings, that allow foundation doctors to gain the necessary competences.

54. Foundation doctors will work and learn in inter-professional and interdisciplinary healthcare teams. It is important that their knowledge and skills are used appropriately so that, working with colleagues, they can provide high-quality patient care and complete training successfully. Foundation doctors must not regularly carry out tasks that do not need them to use their medical expertise and knowledge, or have little educational value.

55. Those responsible for training and their service partners should discuss and, where appropriate, provide opportunities for foundation doctors to train with other health and social care professionals. This will help mutual understanding of roles and responsibilities.

### Assessment and Appraisal

56. A judgement must be made to confirm that all the outcomes used by the PMETB and the GMC have been met based on a variety of assessments, reports and other observations and information.

### The principles of assessment

57. Those responsible for designing assessment must set up valid methods for assessing foundation doctors' suitability for full registration, completion of Foundation Programme training and entry to Specialist Training. This must include the following:

a. A clear, documented and published process for assessing foundation doctors' performance, including information about completing and putting forward:

viii. Confirmation of Satisfactory Service or equivalent at the end of each placement within a programme that includes the outcomes met during that placement, the outcomes not met during the placement and the outcomes not dealt with during that placement.

ix. A Certificate of Experience for doctors who have completed the first year of the programme successfully enabling them to apply for full registration.

b. A clear, documented and published system for dealing with foundation doctors who have not completed training successfully, including:

i. A procedure for making an appeal.

ii. A process for identifying and providing any further training needed.

- iii. Counselling for those who are not able to progress to full registration.

58. Assessments may be carried out in a variety of ways, but must be carried out to the same standard. This will allow foundation doctors with a disability to show that they have achieved the outcomes. Those responsible for assessment must be aware of and apply legislation and good practice relating to the assessment of those with a disability.

### Assessing performance

This section sets out a suggested model for assessing foundation doctors.

#### The assessment process

59. When they start each placement, foundation doctors and their educational supervisors must meet to agree how the learning objectives for this period of training will be met and confirm how formative feedback and summative judgements will be made. Educational supervisors must then make sure that foundation doctors' performance is appraised at appropriate intervals. Feedback about performance helps to identify strengths and weaknesses, both in foundation doctors and in the training provided, and allows changes to be made. Foundation doctors must have opportunities to discuss issues or problems, and to comment on the quality of the training and supervision provided. Educational supervisors must make sure that all doctors and other health and social care workers who have worked with the foundation doctor have an opportunity to provide constructive feedback about their performance.

60. Foundation doctors must maintain a personal record of educational achievement to describe and record their experiences and to identify strengths and weaknesses. This portfolio should include summaries of feedback from the educational supervisor and significant achievements or difficulties, reflections of educational activity as well as the results of the foundation programme assessments. It will help the foundation doctor to demonstrate progression during their foundation training. This will emphasise the importance of maintaining a portfolio of evidence of achievement that may be part of the evidence, in due course, to retain their licence to practise. It will also provide those responsible for training with evidence that can be used to assess performance and progress, only during the Foundation programme. The portfolio will not be used in the selection process for specialty training.

#### *Assessment based on evidence of performance*

61. At the end of each placement, the educational supervisor, in conjunction with the postgraduate deanery, must assess whether the foundation doctor has met the necessary outcomes. The educational supervisor must only confirm satisfactory service if the foundation doctor has met the necessary outcomes.

62. When an educational supervisor assesses the performance of a foundation doctor, the following sources of documented evidence should be used:

- a. Evidence of direct observation of the foundation doctor's performance.
- b. Reports from colleagues about the foundation doctor's performance.
- c. Discussions with the foundation doctor about their performance.
- d. The foundation doctor's personal portfolio.

63. Also, there may be other sources of evidence that will provide a valuable insight into the competence. These sources should be recorded and may include:

- a. Feedback from patients who have been in contact with the foundation doctor.
- b. The outcome of audits.

64. Those responsible for training must:

- a. Have a clear process for developing the measures for assessment that will be used for assessing the foundation doctor's progress and performance.
- b. Publish the assessment measures that educational supervisors will use to assess the foundation doctor's progress and performance.
- c. Provide educational supervisors with guidance and training in deanery procedures when using these measures.
- d. Define the process that educational supervisors undertake to apply the measures consistently and fairly.
- e. Make sure that educational supervisors identify the evidence on which the Certificates of Experience and achievement of F2 competences have been completed.

65. A named representative of the university, normally but not necessarily the postgraduate dean, must be responsible for filling in the Certificate of Experience based on the confirmation of satisfactory service or equivalent signed by educational supervisors.

## **Domain 6 - Support and development of trainees, trainers and local faculty**

### *Responsibility*

66. Deaneries, employers, trainers and local faculty and foundation doctors.

### *Standards*

**67. Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.**

68. **Support, training and effective supervision must be provided for foundation doctors.**

69. <sup>4</sup>**Support, training and effective oversight must be provided for local faculty.**

*Criteria*

70. All provisionally registered doctors must have the opportunity to shadow their first placement before starting work.

71. There must be an ongoing induction and training programme for foundation doctors and local faculty. This must also include handover of patient care by foundation doctors.

72. There should be a review and handover process by supervisors concerning their foundation doctors.

73. Foundation doctors must have a designated educational supervisor.

74. Foundation doctors must sign a summary of agreed educational objectives and assessments for the placement at the start of each post.

75. Foundation doctors must have a log book and/or a learning portfolio relevant to their current programme, which they discuss and review with their educational supervisor (or representative).

76. Foundation doctors must meet with their educational supervisor on a regular basis during the placement, to discuss their progress, outstanding learning needs and how to meet them.

77. Foundation doctors must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of a local faculty.

78. Foundation doctors must have access to career advice.

79. The procedure for accessing appropriate study leave must be published, fair and practical.

80. <sup>5</sup>Trainers must be appropriately appointed, trained and appraised against their educational activities.

---

<sup>4</sup> Standard 69 and criterion 80 may be met by demonstrating compliance with the standards for trainers contained in the PMETB *Generic Standards for Training*, including paragraphs 6.25 to 6.35 in relation to those who deliver foundation training.

<sup>5</sup> As above, n4.

## Evidence

81. Evidence will include deanery quality data.

## Guidance

82. A formal induction and ongoing training during the Foundation Programme should include:

- a. Service and individual placement issues (including their status as new doctors and their role in the inter-professional and interdisciplinary team, health and safety matters, the name of the person responsible for issues within the employing organisation, clinical governance and audit arrangements).
- b. Educational issues – The following general issues must be covered in all induction programmes: GMC ethical guidance, outcomes in *The New Doctor*, information about the Foundation Programme, how performance and progress will be assessed, educational and clinical supervision (including the name and contact details of the educational supervisor for each placement and how clinical supervision will be provided and by whom), how quality of training is monitored and health and safety at work, including their own healthcare and educational opportunities available in the placement and the programme.
- c. Formal handover/local induction at the beginning of the placement.
- d. Effective handover procedures during the placement.
- e. Information about flexible training, returning to training for graduates or foundation doctors who have taken a career break for any reason and for those who have had a career break due to particular health problems or due to a disability.
- f. Information about what to do when there are any problems and about the support networks available (including Occupational Health, counselling and disability services). There should be named contacts for doctors in difficulty.
- g. Information about how foundation doctors should register with a local general practitioner and the importance of looking after their own health.

83. Systems should be in place to ensure appropriate support for the academic and welfare needs of foundation doctors.

84. Local faculty must have access to a summary of the support that is provided to them and information about how to access such support to help them to undertake their roles and responsibilities effectively.

85. Foundation doctors must have a summary of agreed educational objectives and assessments for each placement and must review this with their educational supervisor during the placement.

86. Those responsible for training must also provide guidance to:

- a. Graduates or those already in foundation training who want to carry out flexible training as a foundation doctor.
- b. Graduates or foundation doctors who have taken a career break after graduation but want to return to training.
- c. Graduates or foundation doctors who need a break after graduation because of health problems or a disability.

87. The Foundation Programme involves taking increased responsibility for patients, under the supervision of more experienced doctors. Those responsible for training and their service partners must make sure that foundation doctors have appropriate clinical and educational supervision at all times. Foundation doctors must:

- a. Receive educational and clinical supervision that is appropriate to their experience.
- b. Receive appraisal (a positive process to provide structured and constructive feedback on the foundation doctor's performance, chart their continuing progress and identify their development needs).
- c. Never be expected to carry out unsupervised tasks that they do not have enough experience for.
- d. Always have direct access to a senior colleague who can advise them in any clinical situation. (Foundation doctors must never be left in a situation where their only help is outside the hospital or the place where they work.)

88. There must be a named educational supervisor for each placement. The foundation doctor must be told the name and contact details of the educational supervisor. Educational supervisors must be involved in teaching and training foundation doctors and must help with their professional and personal development.

89. Educational supervisors must tell the NHS employer and those responsible for training of serious weaknesses in a foundation doctor's performance that have not been dealt with, and any problems with training programmes. Foundation doctors should be told the content of any information about them that is given to someone else. Where appropriate<sup>6</sup>, and with the foundation doctor's knowledge, relevant information must be given to the educational supervisor for their next placement so that appropriate training and supervision can be arranged.

---

<sup>6</sup> It is difficult to envisage a situation where such action would not be appropriate.

Information that would always be passed on would normally include assessment results and basic local information.

90. There must be at least one clinical supervisor in each training placement, who is responsible for teaching and supervising foundation doctors. The clinical supervisor may be the educational supervisor or another person. The foundation doctor must be told the name and contact details of the clinical supervisor. Clinical supervisors must make sure that the interests of patients are protected at all times.

## **Domain 7 – Management of Education and Training**

### *Responsibility*

91. A postgraduate dean is accountable for management of education and training. Local faculty and employers are also responsible.

### *Standard*

**92. Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.**

### *Criteria*

93. Foundation Programmes must be supported by a management plan at deanery/foundation school level with a schedule of responsibilities and defined processes to ensure the maintenance of standards in the arrangement and content of training programmes to ensure effective delivery.

### *Evidence*

94. Deanery policies, management plans and service level agreements with the organisations employing doctors.

### *Guidance*

95. Management of education and training in the Foundation Programme should be dealt with specifically in this domain.

## **Domain 8 - Educational resources and capacity**

### *Responsibility*

96. Deaneries and employers.

### *Standard*

**97. The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.**

### *Criteria*

98. Foundation doctors must have access to appropriate learning resources and facilities, including libraries, IT facilities and facilities for a range of investigations and teaching accommodation.

99. The fitness for purpose of the facilities must be regularly reviewed and recommendations made where appropriate.

100. A suitable ratio of trainers and foundation doctors.

### *Evidence*

101. Other organisations may well collect information on this type of issue across the four countries. This means that we may well collect or use data about this from sources other than the trusts/boards and deaneries.

### *Guidance*

102. Foundation doctors must have opportunities to develop and improve their clinical and practical skills in an appropriate environment (where they are supported by teachers) before they use these skills in clinical situations. Skills laboratories and centres provide an excellent setting for this training.

103. Working in an environment that is committed to care based on evidence and to research can help foundation doctors to understand the importance of developing research and audit skills to improve their practice. It also helps to make sure that those responsible for their learning are aware of current developments in clinical theory and practice.

## **Domain 9 – Outcomes**

### *Responsibility*

104. Foundation doctor, educational supervisor, local faculty and deaneries.

### *Standards*

**105. The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.**

**106. The outcomes for F1 and competences for the Foundation Programme are published. All doctors should meet these outcomes and competences before successfully completing the Foundation Programme.**

### *Criteria*

107. Undertaking a Foundation Programme that meets the requirements of the approved Foundation Curriculum will normally confirm that these outcomes are being delivered.

## *Evidence*

108. Deanery quality data, including data from local faculty and foundation doctors.

---

## Item 11 - Standards for Training for the Foundation Programme – Appendix to Annex A

### Explanation

The *Standards for Training for the Foundation Programme* set a broad standard and criteria relating to those who train foundation doctors; Standard 69 “Support, training and effective oversight must be provided for local faculty” and criterion 80 “Trainers must be appropriately appointed, trained and appraised against their educational activities”.

This standard and criteria can be met by demonstrating compliance with the standards for trainers contained within the PMETB *Generic Standards for Training* as applied to the foundation programme. The standards for trainers are set out below.

### **Standard Trainers must provide a level of supervision appropriate to the competence and experience of the trainee**

#### **Mandatory requirements**

- 6.25 Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
- 6.26 Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.
- 6.27 Trainers must regularly review the Trainee’s progress through training programme, adopt a constructive approach to giving feedback on performance, advise on career progression and understand the process for dealing with a trainee whose progress gives cause for concern.

### **Standard Trainers must be involved in and contribute to the learning culture in which patient care occurs**

#### **Mandatory requirements**

- 6.28 Trainers must ensure that clinical care is valued for its learning opportunities learning and teaching must be integrated into service provision.

- 6.29 Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialities and professions.

**Standard Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees**

**Mandatory requirements**

- 6.30 Organisations providing postgraduate medical education must ensure that trainers have adequate support and resources to undertake their training role.
- 6.31 Deaneries must have structures and processes to support and develop trainers.
- 6.32 Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer.
- 6.33 GP trainers must be trained and selected in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.

**Standard Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees**

**Mandatory requirements**

- 6.34 Trainers must have knowledge of, and comply with, the PMETB regulatory framework<sup>1</sup> for medical training.
- 6.35 Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.

---

<sup>1</sup> This should be read to include the GMC and PMETB regulatory framework for foundation training.