

Foundation Doctors

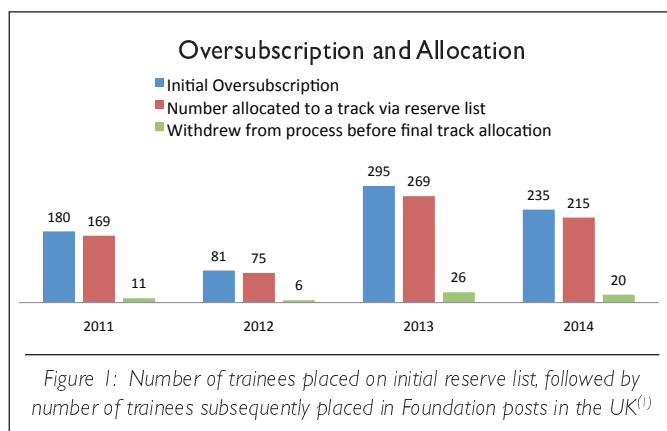
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BACKGROUND

In 2005, the United Kingdom (UK) introduced Foundation training for newly qualified doctors – a two year supervised educational programme spanning a variety of clinical placements and specialities.⁽¹⁾

Entry into the Foundation programme via the Foundation Programme Application Service (FPAS) is a nationally run, competitive application process. Applicants apply by ranking all Foundation Schools in the UK, which are divided geographically, in order of preference.⁽²⁾ Once allocated to a School applicants then rank, in order of preference, the programme in which they would like to work, of which there are over 200 in England alone.⁽³⁾ Finally, applicants then rank which “track” or series of posts in a two-year rotation they would prefer. The aim is to provide the relevant clinical experience for trainees to gain all competencies in the Foundation Curriculum.

The programme became oversubscribed in 2011, with each subsequent year remaining so.⁽¹⁾ The lowest ranking applicants, not securing a post in the initial allocation enter a reserve list and are allotted to vacancies due to withdrawals (Figure 1).⁽¹⁾



To date, every applicant to the Foundation Programme has secured a placement. Due to the nature of the ranking and preference process, applicants on the reserve list are unlikely to secure their original preferred track, programme or School.

NORTH WESTERN FOUNDATION SCHOOL

The North West Local Education and Training Board (LETB) is host to the North Western Foundation School, a school with 1100 Foundation trainees, employed in 12 hospital trusts, covering a large geographical area – Greater Manchester, Cumbria and Lancashire. University Hospitals of Morecambe Bay Foundation Trust (UHMBFT), situated within this school, is made up of two sites where Foundation training can take place, Royal Lancaster Infirmary in Lancaster, Lancashire and Furness General Hospital in Barrow-In-Furness, Cumbria. Both of these locations are substantially geographically distanced from the area's primary city of Manchester, with Lancaster some 55 miles away and Barrow 100 miles away.

Central Manchester Foundation Trust (CMFT) provides Foundation training based in Manchester.

Despite the oversubscription of the Foundation Programme as a whole, UHMBFT's Foundation Programme has had vacant posts both at the commencement of Foundation Year 1 (FY1) and Foundation Year 2 (FY2), in spite of the trust having the lowest entry score requirements across the School. This study therefore aims to explore what factors influence medical undergraduates in choosing where to undertake their Foundation training and if measures could be put in place to improve recruitment and retention to lower preferred locations such as UHMBFT.

METHODS

We surveyed final year medical students at Lancaster University and current Foundation Doctors, at both UHMBFT and CMFT, exploring factors which played a role in deciding where to undertake their Foundation training. They were also asked to identify potential incentives that undersubscribed hospital trusts could use to attract applicants.

Following the completion of the questionnaire these factors were then explored in further detail in audio recorded focus groups again comprising of;

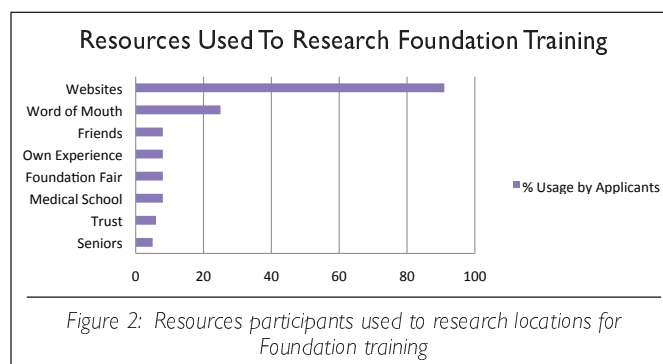
- 1) 8 Final year medical students from Lancaster Medical School
- 2) 24 Foundation Year 1 doctors from UHMBFT
- 3) 18 Foundation Year 2 doctors from UHMBFT
- 4) 27 Foundation Year 1 doctors from CMFT
- 5) 17 Foundation Year 2 doctors from CMFT

Data from the surveys and focus groups were analysed both thematically and using discourse analysis in an anonymised format.

RESULTS

Sources of Information

91% of respondents used the internet to research Foundation training in general, Foundation schools and programmes. The



most frequently named were; Deanery & Foundation School, UK Foundation Programme Office (UKFPO) website and local trust websites. 25% also spoke to friends and colleagues for their opinion on training and working in particular areas (figures 2 and 3).

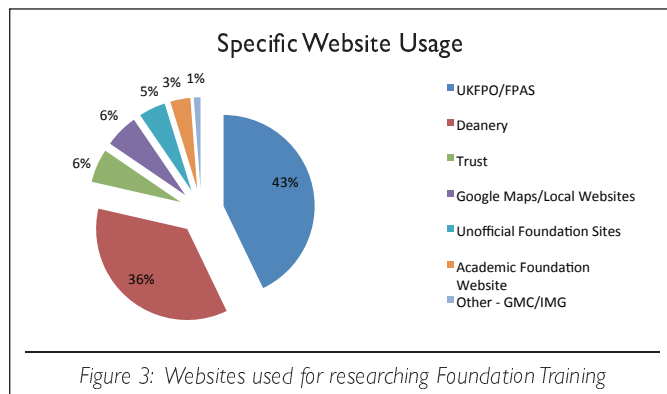


Figure 3: Websites used for researching Foundation Training

FACTORS INFLUENCING FOUNDATION TRAINING

The single most important factor in choosing where to undertake Foundation Training, as identified by 100% of the 79 research participants, was location. Both, in choosing the overall Foundation school to apply for (100%) and also in choosing which programme (79%). The reputation of the Foundation school and the perception of the standard of training within the hospital trusts contained within it, were also important to participants.

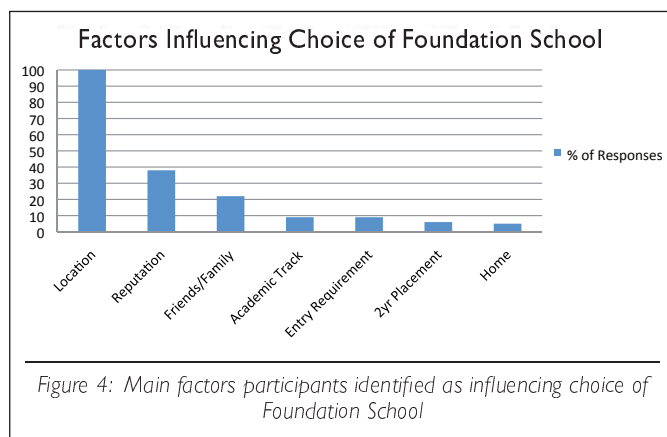


Figure 4: Main factors participants identified as influencing choice of Foundation School

When considering which hospital trust to prioritise in their preference scale, after the physical location of the hospital site, the content of the tracks offered within a trust was deemed important by almost 60% of respondents.

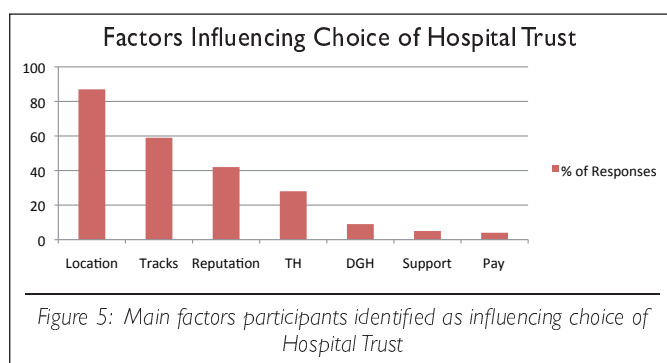


Figure 5: Main factors participants identified as influencing choice of Hospital Trust

INCENTIVES

The general consensus amongst the majority of participants, particularly emphatic amongst the respondents based in Central Manchester, was that apart from a significant increase in pay or substantial lump sum to compensate for travel costs and time, there is very little that would entice them to actively apply to a geographical area that wasn't of their choosing. However if they were allocated a geographically less desirable hospital trust in Foundation Year 1 then the following incentives would increase morale, improve job satisfaction and greatly reduce the likelihood of them applying for a stand-alone Foundation Year 2 post in a different trust/Foundation school.

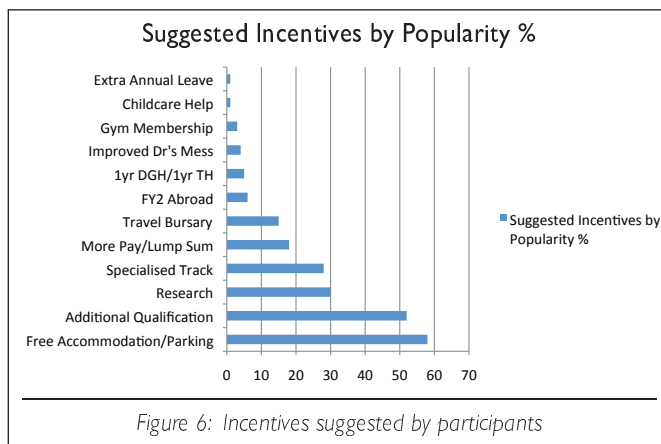


Figure 6: Incentives suggested by participants

An emphasis was made on the need for **good** accommodation, where a sense of community with colleagues could be built and that going home would be a pleasure. This was in contrast to their perceived ideas of current hospital accommodation which may be dated, without good Wi-Fi connectivity and limited to 1-2 people per dwelling with their close colleagues spread out over different buildings. This was especially important for those who considered their family home to be far away and didn't know the area well.

The interest in free/heavily subsidised accommodation was very closely followed by the incentive of additional qualifications/cv boosters: where those applying to/being allocated to less geographically desirable trusts, would all be offered the opportunity to obtain a qualification, that their counterparts in other, more popular trusts, may not have during their Foundation training. Examples such as leadership qualifications, teaching qualifications, subsidy towards specialty examinations or more study leave (particularly in Foundation Year 1) were all very popular.

DISCUSSION

In 2010 Patel et al undertook a similar study featuring medical students only, from 3 different medical schools.⁽⁹⁾ This study also found that geographical location was the single most important factor which influenced medical students' choice of training programme.⁽⁹⁾ Similarly, prior to the introduction of Foundation Training, McKeown and Boohan researched the factors which influenced the choice of hospital for Pre-Registration House Officers (equivalent to Foundation Year 1). Again location was the most important deciding factor.⁽¹⁰⁾

This phenomenon is one which is recognised across the country, The Workforce Review Team (WRT) have documented a deficit of not only junior doctors but also

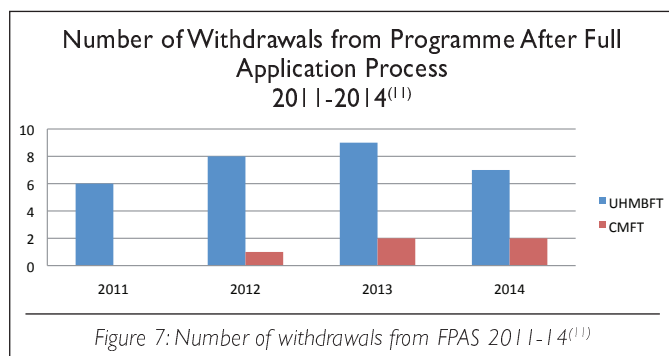
consultant numbers across the North West of England, Yorkshire, the Midlands, East of England and South East Coast. This is supported by data from the Royal College of Physicians, who found that London have the highest number of consultant physicians per head of the population. Along with other factors, this helps to lower hospital standardised mortality ratios and in making these hospitals more attractive to applicants. Better recruitment numbers in these areas have been linked to the fact that 86% of registrars remain in the locality they are trained in however as evidenced by difficulties experienced in the North Western Foundation School “the locality” can be spread over 100 miles with a natural preference for teaching hospitals identified.^(11,12)

During the focus groups the importance of location was expanded upon. Participants discussed the value of a good social life, being surrounded by people and in an area that they knew well, especially when entering into what they believed to be a stressful job. Others reported being committed to a mortgage, partner or having young children to look after; therefore both relocating and/or long commuting times simply would not be feasible. When talking in particular about UHMBFT some participants talked about not knowing anything about the trust. Others were aware of adverse media attention which led to negative connotations about the quality of care within the trust.

Similarly a large proportion of participants also believed that where Foundation Training is undertaken will have an impact on how successful specialty job applications are. A number of participants believed that smaller hospital trusts, district general hospitals and hospitals that aren't perceived as “prestigious” won't look as good on their CV or application form.

However statistics taken from the 2014 destination survey from exiting FY2 doctors at both trusts show that there is no statistical difference in trainees based at UHMBFT and CMFT securing their first choice of job for specialty training.⁽¹³⁾

Despite this between 2011 and 2014, 30 applicants withdrew their application after they were allocated to UHMBFT. This is in contrast to just 5 withdrawals at CMFT (figure 7). Of those 30 at UHMBFT, 16 were due to failed final medical school exams, failed language tests or inability to graduate due to time missed in medical school. However the remaining 14, who either withdrew without reason, chose to relocate to their home country or applied to transfer to a different Foundation school, are the applicants that could be encouraged, at that early stage, to stay within programme. With early information giving, promoting the benefits of the trust, promoting the incentives UHMBFT will offer that no other trust will have and promoting the local area, could mean that a proportion of those 14 stay in the process, reducing the cost of a second recruitment round and the potential need for the appointment of locum doctors.



The inevitable, but difficult, question that also comes to mind, looking at the high proportion of withdrawals at UHMBFT due to failed exams, is whether the candidates allocated to UHMBFT are those that aren't as high achievers as those allocated to CMFT. Therefore highlighting the need to attract not just more candidates to UHMBFT but also high quality and motivated trainees in order to 1) improve patient care but 2) to help reduce recruitment costs by reducing the number of withdrawals after FPAS allocation

RECOMMENDATIONS

While it is recognised that location, the most important factor to influence where Foundation doctors would prefer to undertake their training, cannot be altered there are positive steps that can be taken to;

- 1) Reduce withdrawal from the application process once Foundation track has been allocated
- 2) Improve morale and job satisfaction during Foundation training and thus patient care
- 3) Reduce migration from the allocated hospital trust between FY1 and FY2.

The results of this study show that the four key improvements a trust could make would be to;

- 1) Introduce free/heavily subsidised high quality group accommodation near hospital sites

The incentives suggested in this study came from medical students and Foundation trainees, the exact demographic that a less geographically desirable trust needs to pitch to. The costs required to provide good quality, homely accommodation can be offset by potential savings made from decreased recruitment costs in filling vacancies from those who withdraw from the application process, those who migrate after FY1 and decreased spending on locum cover:

- 2) Offer all Foundation trainees the opportunity for additional relevant qualifications such as Clinical Leadership or Clinical Teaching

Leadership and Teaching qualifications could possibly be delivered on a cohort basis, thereby reducing the costs of each individual pursuing their own qualification. Links to Universities/ Medical Schools are usually well established (which is very much the case with UHMBFT and Lancaster Medical School) and could be utilised and prove to be mutually beneficial with Foundation doctors using skills to facilitate the education of undergraduates.

- 3) Offer access to Research and Development opportunities in areas trainees are most interested in.

Participation in research is something focused on more and more as part of trainees' professional development, however, particularly for junior trainees, such as those in Foundation, opportunities can be limited. Therefore trusts which do provide and advertise this opportunity could be very favourable.

- 4) Improve their presence on their local Foundation School website as well as ensuring their own trust website advertises the unique incentives their trust offers in comparison to the rest of the school

The most important aspect of offering any of the suggested incentives is letting potential applicants know they exist. The popular use of websites and word of mouth must be well utilised to obtain optimum benefits for the trainee, the trust and ultimately patient care.

Similarly a number of trainees based at Furness General Hospital stated they felt panicked when allocated to a hospital they knew nothing about, trainees in this situation need to feel welcome to a trust, they need information on the area, on the job they are about to undertake and to have the fear of the unknown removed by the simple act of information giving. Let them know about the benefits of working in the trust and how their training will differ, for the better, than that their colleagues in other trusts will be receiving. The best way this can be done is through the use of online media

It is recommended that once changes are initiated a similar study should be repeated in 2-4 years, allowing 1-2 full Foundation programme cohorts to go through the system, to assess any potential improvement in recruitment and retention numbers to a geographically less desirable trust.

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