

Evaluation of MMC foundation year 2 pilot scheme: the trainees' experience

Interviews conducted with trainees on the foundation year 2 pilot programme in the Oxford Deanery identified positive and negative aspects of the programme. Overall attitudes towards the programme were positive, but several areas were identified for improvement.

Introduction

The publication of the policy statement 'Modernising Medical Careers' (MMC) (Department of Health, 2003) in February 2003 triggered a move among those involved in postgraduate medical education and training towards identifying ways in which the recommendations laid out in the publication could be implemented in practice. A foundation programme bridging the gap between medical school and specialty training forms a key part of the overall plan introduced by MMC. The main changes introduced by the programme include:

- Three 4-month rotations during the second year of postgraduate training, rather than the existing two 6-month placements
- A greater focus on multiprofessional team working
- Systematic assessment of key competencies (Department of Health, 2004).

Fifty one pilot posts for year 2 of the foundation programme (F2) were set up in the Oxford Deanery from August 2004. Clinical tutors responsible for the scheme at three of the main hospital trusts took the opportunity to interview all of their trainees ($n = 36$) shortly after completion of the first 4-month rotation. The aims of the interviews were twofold, first to identify the positive and negative aspects of the programme so that the strengths could be built upon and the weaknesses addressed as early on in the process as possible, and second to provide support for the trainees where necessary, so that they are able to

make best use of the year. Given that MMC was initially met by a very negative response from junior doctors (Shannon, 2004) which was followed by a plea to convince doctors in training of the merits of the scheme (Gallen and Peile, 2004) it is important to find out how the first major cohort of pilot scheme trainees are finding the changes and to disseminate that information to a wide audience before the F2 programme goes nationwide.

Methods

This qualitative evaluation used semi-structured interviews to collect data. A phenomenological approach was adopted because it provides a way of discovering the meanings related to the F2 programme that are inferred by the trainees (Smith, 2003) and allows for the individual voices of all respondents to be represented in a way that is not possible when a quantitative approach is used (Marks and Yardley, 2004).

The study aimed to include all of the trainees employed at the participant sites, so bias attributable to use of a select sample could be ruled out. One trainee was

unable to attend the interview on either of two occasions offered to him because on the first occasion his shift clashed with the timing of the interview and on the second occasion he was on leave. Thus, in total 35 out of the 36 trainees employed at any of the three participant sites took part in the interviews (97%).

All of the trainees involved in the pilot programme are considered to be 'high flyers' as they were selected from a large pool of applicants. All but 6 were UK graduates and the majority had just completed their preregistration house officer training. The interviewed trainees were based in the following specialities for their first rotation: academic medicine (1), accident and emergency (6), anaesthetics (1), cardiothoracic surgery (1), cellular pathology (1), clinical haematology (1), clinical biochemistry (1), critical care (2), general medicine (4), general practice (5), general surgery (1), geratology (3), haemophilia (1), nephrology (1), orthopaedics (1), paediatrics (4), and psychiatry (1) (Table 1).

For the majority of interviews at least two interviewers were present. Trainees were informed at the outset of each inter-

Table 1. Rotations of interviewed trainees

Critical care	Psychiatry	Clinical haematology/gastroenterology
Cardiothoracic surgery	General practice	Paediatrics
Critical care	Geratology	Academic medicine
Accident and emergency	General practice	Cellular pathology
Accident and emergency	General practice	Haemophilia
Nephrology	Geratology	Clinical biochemistry
General medicine	Accident and emergency	Paediatrics
Accident and emergency	Orthopaedics	General surgery
General medicine	Accident and emergency	General practice
Geriatrics	Gastroenterology/rheumatology	General practice
Accident and emergency	Paediatrics	Acute medicine
Paediatrics (neonatal)	Anaesthetics/intensive care unit	Respiratory medicine/rheumatology

Dr Caroline Limbert is Research Fellow,
Dr Hywel Jones is Clinical Tutor and
Dr Michael Bannon is Postgraduate Dean,
 Oxford Deanery, Postgraduate Medical and
 Dental Education, Oxford OX3 7XP

Correspondence to: Dr M Bannon

view that the aim of the process was to evaluate the programme and that no judgment would be made about them as a result of anything that they said. Trainees were also reassured that nothing they said would be linked back to them personally. Comprehensive notes were taken by at least one of the interviewers, with post-interview discussions held among interviewers to ensure agreement on the main issues that were raised.

Results

Experience of the first rotation

The feedback from trainees regarding the F2 programme was overwhelmingly positive, but some areas for improvement were identified. Each of the questions listed on the framework for the interviews are addressed individually in this section. What follows is representative of the views of all 35 trainees who were interviewed.

Most positive aspects

The most positive features included the feeling that the scheme was enjoyable, offered lots of learning opportunities and lots of opportunities to 'do' things. There was plenty of valuable patient contact, broad experience as well as specialist experience, and the trainees appreciated being given responsibility straight away. Responses suggested that trainees felt the programme offered a good opportunity to see and gain an insight into how various departments are structured but were pleased, in many cases, to be able to move on after 4 months and not be committed to a particular specialty.

Overall, trainees felt the scheme represented a good transition from house officer to senior house officer, helping them to build up confidence and feel part of a team. Most trainees felt the training and support they received were excellent and felt their speciality was an excellent department to work in. The F2 programme was thought to represent an opportunity that would not otherwise be available and helped them to formulate their career plans.

Most negative aspects

To a large extent this question elicited factors that were specific to individual departments, rather than general to the F2 scheme as a whole. However, there were some key issues that related to all

aspects of the scheme. The timing and length of working hours were not favoured by several trainees. Some specialties were thought to lack a structure for the trainee to slot into, and at times they felt out of their depth, particularly when having to provide night cover for other departments.

Some trainees were not able to attend F2 teaching sessions, others were unhappy about the differences between the salary in certain posts. Uncertainty about Royal College approval of some posts and the fact that other staff were often not aware of what the F2 programme was or had negative attitudes regarding the scheme also led to dissatisfaction among some trainees.

Adequacy of support

The majority of trainees felt very well supported and found their supervisors to be very approachable. On the less positive side, insufficient support during night cover was an issue for a few trainees.

Improvements to the programme

Several trainees could not think of any way in which the programme could be improved. The majority of suggestions related to specific departments, for example, providing more structure to the placement, changing the on-call system, and running induction sessions every 4 months to match changes in F2 rotations.

Suggestions for improvements that related to the F2 programme more broadly included improving the continuity between rotations, basing training sessions on practical topics which have not been covered before, making the combination of rotations less obscure, offering more choice of rotations and providing more detail of what each rotation involves before applicants choose it.

Ability to attend training sessions

Several specialties made it difficult for trainees to attend the F2 training sessions, either because their own training was run at the same time, the rota did not allow the trainees to get away, or the geographical location of the department made it impractical to get to the site of the training. Those working in specialties which made it possible to attend training, did so on the majority of occasions, but some trainees had decided to be selective about which training sessions they attended.

Training that would be useful

Trainees were especially keen to see training sessions that focused on practical clinical situations. Advanced life support training was particularly appreciated. Trainees felt a careers session was needed during the first rotation, before they began to apply for jobs for the following year.

Other educational sessions or courses

All of the trainees had attended some form of training. Many had attended training in addition to that provided especially for F2 trainees, this included training provided in their particular specialty as well as external courses that they had registered for independently.

Portfolio

The majority of the trainees had produced very good portfolios which were brought to the interviews for inspection. Some just had the bare bones of a portfolio and a small minority had not yet thought about it. The best portfolios included reports based on audits carried out and written up by the trainees; feedback from supervisors, trainers and in some cases, patients; reflective reports of experiences managed during the rotation; and reports of assessments. There was a general view that more guidance on how to build up a valuable portfolio would be useful.

Assessments

Most trainees claimed to have no difficulties completing their assessments, and their portfolios supported this response. However, it was clear that some trainees did experience difficulty identifying and finding an appropriate person with sufficient time to watch them perform a task and sign them off on a particular competency. Also the assessment criteria were not considered relevant to some specialties, particularly those where patient contact was limited.

Was F2 the right choice for you?

The vast majority of trainees claimed that they thought F2 had been the right choice for them, largely because it allowed them to experience different specialties that they had not necessarily expected to enjoy. Some viewed the period as the equivalent of a 'gap year'. Those who were less convinced that it had been the right decision either had not been offered the specialties

of their choice, or said they were concerned about the way in which the posts might be regarded by future employers.

Would you recommend the F2 to others?

All of the trainees said they would recommend the F2 programme to others and some had already done so. The majority of trainees said they would recommend it with no reservations, but a few said they would only recommend it to people who were not sure what specialty they wanted to go into, people who were just finishing a preregistration house officer job or those who wanted a career change. The scheme was thought to be less valuable for people who wanted to pursue one of the more competitive specialties.

Discussion

Despite the initial reservations about the foundation training scheme (Shannon, 2004), the results of this study show that the pilot F2 programme at the Oxford Deanery has been very positively received by the trainees, but a few key issues were raised as a result of the interviews.

Shannon (2004) argued in May 2004 that trainees on the pilot F2 scheme would have no guarantee that their posts would receive educational accreditation, and the results of the evaluation reported here demonstrate that this is the case and is a source of anxiety for several trainees. Gallen and Peile explained in June 2004 that, according to the Postgraduate Medical Education and Training Board, prospective approval of training received during foundation year 2 would not be possible, but there may be the opportunity to apply for time spent in a particular specialty to be counted retrospectively.

Lack of clarity concerning who would be the best person to carry out assessments and decide whether or not a trainee has achieved competence was alluded to by Gallen and Peile (2004) before the commencement of the current pilot schemes. This too has been borne out by the comments of trainees interviewed as part of the current evaluation. Some trainees were confident enough to be comfortable taking the initiative and seeking out a consultant to complete the assessment material for them. Others were either uncertain about how to set about the task, did not realize it was up to them to approach their

chosen assessor, or opted for an easily available target and asked a nurse to rate their performance.

One of the main aims of the foundation programme was to provide trainees with an opportunity, for the first time, to explore a wide range of career options at the same time as they develop their clinical and professional skills (Modernising Medical Careers, 2005). The interviews demonstrated that many trainees did appreciate the opportunity to spend a short period of time in each of three specialties and to experience specialties that might not have been available or of interest to them if they had not been part of the pilot scheme.

Contradictory responses suggested that although some trainees did appreciate the diversity of specialties available as part of the foundation programme and felt that this did help them to formulate their longer term career plans, others felt that rotations should be themed so that they led more naturally into a specialty of choice. It would appear that themed rotations are preferable to trainees who already have a firm idea of what specialty they would like to pursue as a career, whereas a more eclectic range of departments was the choice of trainees who were still uncertain about the direction they would like to take.

Points to consider

This small scale evaluation of the pilot foundation scheme in the Oxford Deanery shows that on the whole it has been very positively received by the trainees. However, issues relating to induction, ability to attend training sessions, clarity over the assessments and portfolio, and the way the programme is viewed and accredited need to be addressed. The extent to which

the rotations map onto a theme, and the differences between the salaries paid in various specialties are also areas of concern, for which there are no easy answers.

This study was designed to offer a first insight into the experiences of the foundation year 2 pilot trainees in the Oxford Deanery to identify any issues that need addressing early on. The positive view reflected in the majority of responses was not anticipated before the interviews, so was a better than expected outcome. However, it is clear that there are some important issues to be resolved and a great deal of thought needs to be applied to the factors that might create difficulties and setbacks once the F2 programme becomes a universal feature for junior doctors across the UK. **BJHM**

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KEY POINTS

- Trainees reported overwhelmingly positive views with respect to their first rotation and the programme as a whole.
- Trainees enjoyed the shorter length of each placement, quality of training and support from supervisors, selection of placements, and breadth of training and experiences.
- Concerns were expressed about the status of the programme, variations in salary between posts, night cover of different specialities and sometimes feeling out of their depth.
- Strategies are needed to deal with the negative aspects of the programme that were highlighted during these interviews and the potential difficulties that may emerge once the programme is rolled out to greater numbers, including a more diverse range of trainees.