**Supporting Trainees Entering Practice (STEP)**

**Form for FP 2024**

This form should only be completed by allocated applicants who applied through the UKFPO’s eligibility process, or who have been accepted for an Inter-Foundation School Transfer since completing the online STEP form.

Guidance for completing this form is available via the UKFPO website: <https://foundationprogramme.nhs.uk/resources/supporting-trainees-entering-practice-step/>

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| **Before completing your STEP form, please tick this box to confirm you have read the STEP guidance on the**[**UKFPO website**](https://foundationprogramme.nhs.uk/resources/supporting-trainees-entering-practice-step/) **\*** |  |
| **Please tick this box if you are completing a second form as you have been approved for an Inter-Foundation School Transfer (IFST)** |  |

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| **First name: \*** | | | Click or tap here to enter text. | | | | | | | |
| **Last name: \*** | | | Click or tap here to enter text. | | | | | | | |
| **Email address \*** | | | Click or tap here to enter text. | | | | | | | |
| **Oriel PIN \*** | | | Click or tap here to enter text. | | | | | | | |
| **GMC number \*** | | | Click or tap here to enter text. | | | | | | | |
| **Allocated Foundation School (Please select only one) \*** | | | | | | | | | | |
| **East of England** |  | **Northern** | |  | **Peninsula** |  | **Wessex** |  | **West Midlands South** |  |
| **Kent, Surrey & Sussex (KSS)** |  | **North West of England** | |  | **Scotland** |  | **Wales** |  | **Yorkshire & Humber** |  |
| **Leicestershire, Northamptonshire & Rutland (LNR)** |  | **Northern  Ireland** | |  | **Severn** |  | **West Midlands Central** |  | **Malta** |  |
| **London** |  | **Oxford** | |  | **Trent** |  | **West Midlands North** |  |  | |
| **Are you a Defence**  **Deanery applicant? \*** | | | Yes  No | | | | | | | |
| **Allocated Employer/Trust (if known):** | | | Click or tap here to enter text. | | | | | | | |
| **Name of graduating medical school \*** | | | Click or tap here to enter text. | | | | | | | |
| **Country of study:** | | | Click or tap here to enter text. | | | | | | | |
| **Medical school start date: (Please give as month and year: mm/yyyy) \*** | | | Click or tap here to enter text. | | | | | | | |
| **Date (or expected date) of graduation: (Please give as month and year: mm/yyyy) \*** | | | Click or tap here to enter text. | | | | | | | |

**Section 1: Health**

You need to declare if you have a health condition or disability that has had a significant impact on your studies at medical school or meant that you require reasonable adjustments. You do not need to tell foundation schools the condition that you have but they must be clear about the impact it has had. This includes whether you will need to attend regular follow up or hospital appointments once you start F1. More guidance on what should be declared, including examples, is available in the STEP applicant guidance on the [UKFPO website](https://foundationprogramme.nhs.uk/resources/supporting-trainees-entering-practice-step/step-who-must-undertake-the-step-process/).  
  
If you provide any information in this section, please ensure that you also make a corresponding declaration on your Occupational Health form which will be sent separately to you by your employer.  
  
**During your medical school training, have you experienced any of the following:**

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| --- | --- | --- |
| **I have, or have had, a health condition(s) which required me to change one or more aspects of my medical education and training, to enable me to work safely with patients or to continue my training. \*** | Yes | No |
| **I have, or have had, a health condition(s) which has resulted in an interruption to, or breaks in my medical studies, including retaking any part of my course or assessments/exams, or requires regular follow up/hospital appointments \*** | Yes | No |
| **I have, or have had, a health condition(s), which has resulted in the use of reasonable adjustments \*** | Yes | No |

If you have selected ‘yes’ for any of the above, please provide more details in the box below. You do not need to declare the specific health condition or disability that you have

if you do not want to but you must explain how it has impacted your ability to study.

(MAX word limit 250)

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| Click or tap here to enter text. |

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| **I have a Student Health passport \*** | Yes | No |

**Section 2: Welfare**

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| **I have, or have had, personal circumstances that have affected my ability to study and train that I would like to share with my foundation school.**  Examples of personal circumstances may include – family bereavement, caring responsibilities or any personal circumstances that do not fit the requirements in the health section. \* | Yes | No |

If you have selected ‘yes’, please provide more details in the box below. You do not need to declare the specific health condition or disability that you have if you do not want to, but you must explain how it has impacted your ability to study. (MAX word limit 250)

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| Click or tap here to enter text. |

**Section 3: Personal Performance and Skills**

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| **Have you had any reasonable adjustments made or received any additional educational support at medical school to help you meet educational outcomes that may need to be continued into foundation training?**  E.g. provision of auxiliary aid to help you carry out clinical procedures, support with time management, support with communications skills \* | Yes | No |  |

If you have selected ‘yes’, please provide details: (MAX word limit 250)

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| Click or tap here to enter text. |

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| **Have you passed the Prescribing Safety Assessment (PSA)?** | | Yes | No |
| **If yes, date passed**: | Click or tap here to enter text. | | |

If you have not passed the PSA yet, you will be supported to sit the assessment in your F1 year. Providing this information here will help your allocated foundation school to support you. If you have not passed the PSA yet but you are due to sit it soon please also select "No". (You will be able to update your allocated foundation school with your result before you start in post).

**Section 4: Professionalism**

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| **Whilst at medical school, have you received a written warning or sanction following an investigation into your professional behaviour or fitness to practise? \*** | Yes | No |

If you have selected ‘yes’, please provide details: (MAX word limit 250)

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| Click or tap here to enter text. |

If you graduated over a year ago, please provide information about what you have been doing since graduating. This is help identify any additional support (for example, extended shadowing) you may need.

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| Click or tap here to enter text. |

**Applicant Declaration**

**Remember**: Completion of the STEP form DOES NOT replace the need to specifically report any fitness to practise issues to the GMC or health issues to your employer/HR/Occupational Health department(s). These must be made via separate declarations**.**

Please contact your allocated Foundation School if you would like advice/support with this.

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| **I confirm that all information provided is accurate.** | | | | | |
| **Signed: \*** | Click or tap here to enter text. | **Date: \*** | Click or tap here to enter text. | | |
| **I agree that information in this form may be used for anonymised statistical purposes \*** | | | | Yes | No |
| **I agree that information in Section 1 can be shared with Occupation Health without further discussion with me and that copies of my Occupational Health records from my training institution can be disclosed to the Occupation Health service in my employing NHS Trust \*** | | | | Yes | No |

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| **If you have answered ‘yes’ to any sections in the form, do you consent to your Foundation School Director (FSD) contacting you to discuss the form if necessary. Note that if required to support you, your allocated foundation school is entitled to contact you. Please ensure you provide an up-to-date email address on this form.** | Yes | No |
| **Please ensure you have completed the form to the best of your knowledge** | Yes | No |

**Medical School Declaration**

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| **Name of graduate/student: \*** | Click or tap here to enter text. |
| **Comments or additional information about issues directly relating to patient safety and/or the provision of reasonable adjustments (Occupational Health can also feed in comments if that would be helpful and the student agrees):** | |
| Click or tap here to enter text. | |
| **On behalf of the medical school, I endorse the accuracy of the information provided in this form.** | |
| **Name \*** | Click or tap here to enter text. |
| **Signed: \*** | Click or tap here to enter text. |
| **Job title: \*** | Click or tap here to enter text. |
| **Date: \*** | Click or tap here to enter text. |
| **Email address: \*** | Click or tap here to enter text. |

**Data Protection and the information you have provided**

Medical schools, foundation schools and employers are bound by the General Data Protection Regulation and the Data Protection Act 2018, and therefore they must store personal information about you in a secure way. They must also take steps to ensure that your information is not used for any other purpose other than the one which it was intended for. There are also rules about how long information can be stored by organisations. Therefore, all copies of your STEP form will be destroyed once you complete the Foundation Programme.  
  
Medical schools and Foundation Schools are relying on Article 6(1)(e) of the GDPR to process these data. This section of the regulations provides a lawful basis for processing where it is “necessary for the performance of a task carried out in the public interest”. The two pieces of primary legislation relevant in these circumstances for processing under Article 6(1)(e) are “The Medical Act 1983”and “The Equality Act 2010”.