

Supporting Inclusion and Equity in Foundation Education and Training

A resource for Supervisors and FTPD

The curriculum and UKFPO

1. The UKFPO has consulted widely and openly and taken advice from an expert in Equality and Diversity.
2. This version of the curriculum states the expectation of equitable treatment of all foundation doctors.
3. We have also clearly stated the need for reasonable adjustments to be made in the demonstration of physical skills so that doctors with disabilities who are unable to perform them will not be automatically prevented from progressing and highlighted the provision of extension to training time for doctors requiring it including those with health problems.

Supporting foundation doctors

1. All Doctors matter, but we should still offer tailored and bespoke support to individuals
2. It is widely recognised that some doctors can be disadvantaged because of systemic barriers and social inequity.
 - a. This can be true of doctors with protected characteristics, those who have entered medicine via widening access arrangements, those who have trained in non-UK medical schools and those undertaking LTFT training.
3. All foundation doctors have a big transition starting the programme
 - a. will not necessarily be familiar with experiential learning in the context of service provision
 - b. daunted by the professional responsibility of the post graduate role
 - c. Shift working may also undermine their resilience
 - d. Some trainees are far from their social networks and need time to build new supportive relationships
4. Supporting ED and I
 - a. All doctors may have concerns with any of those issues, but some doctors, particularly those that are already at risk of disadvantage, may feel some of these more acutely, or have additional concerns.
 - b. By recognising the benefits of diversity of experience brought through our foundation doctors, as well as recognising and cooperatively

working to remove systemic barriers and social inequity, we can fully support all our trainees.

- c. we must value and encourage diversity and reach a state where we have 'normalised a culture of openness' about the backgrounds of doctors who enter our training programme. ie. inclusivity becomes business as usual.

Be a supportive supervisor

1. Be up to date with training in equality and diversity, with an awareness of differential attainment, unconscious bias and bystander training.
2. Actively seek to support your trainees, particularly if they are in a group that is likely to be at risk of disadvantage.
3. Meet at induction, know and offer your local resources.
4. Ask what support they might find helpful
 - a. 'Do you have any specific concerns around starting the foundation programme, or accessing the support you need?'
 - b. 'How can I help you and signpost the support we have available at the trust and the deanery'
 - c. 'Are there any issues outside of work I can help with?'
5. Foundation Doctors may think the support that is on offer is strictly about work/training and may be less inclined to bring up issues outside work that we know impacts on work.
 - a. For example, there is literature that shows how simple things like securing accommodation, opening a bank account or getting children settled in school, can impact on the learning and development of trainees at the start of the year; and some may subsequently struggle to catch up.
 - b. Where appropriate, ask around recognising different cultural and religious days and whether there are any reasonable adjustments or support needed related to fasting, praying or time off.
 - c. Where appropriate, ask around recognising wider support roles trainees may have, childcare, carer roles and how this might impact on work, and what reasonable adjustments or support may be explored.
6. Remember for those with a health concern the supportive roles of occupational health in providing reasonable adjustments
7. Regular meeting post induction in the first placement, not just at the mid point review.
 - a. Consider an offer to meet weekly or fortnightly for 'coffee' ie. informally
 - b. Make trainee aware that you are just a phone call or email away.

- c. This may be extremely supportive in those early weeks of foundation, especially for trainees that are far from their social networks and are less likely to have built new relationships.
 - d. Being explicit about this type of support may be of great help.
- 8. Actively seek peer or near-peer support for IMG trainees, with their permission.
 - a. This may be available in some Trusts as inclusivity leads/champions.
 - b. You may wish to set this up with the help of the DME
- 9. Now our trainees have self-development time, we can encourage them to meet for a mid point review, particularly in that first post.
 - a. Use this time to sensitively explore any difficulties they may have had settling in, but also positive experiences of what has helped.

I hope that this supporting fact sheet and presentation has been helpful.

Please share your good practice on supporting all our foundation doctors.

Dr Helen Johnson

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