



Do you know who is treating you?

A patient's guide to doctors in training
March 2010

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“A long overdue guide, telling patients and the public what they need to know about doctors in training.”

Professor Sir Neil Douglas
Chairman, Academy of Medical
Royal Colleges

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Foreword

Doctors in training have always played a crucial role in the NHS. They join the NHS after university and begin the long journey to becoming GPs, consultants or specialty doctors. They learn by treating patients as well as from formal education. Without these doctors in training, the NHS would not be able to continue.

In recent years, doctors' roles and training have changed to improve the quality of care they provide. However, some patients tell us that they do not understand the training path for doctors or what doctors' new job titles mean.

Patients tell us that they are happy to be treated by doctors in training but want reassurance that doctors are appropriately trained and supervised. This guide sets out what patients and the public need to know about doctors in training. It explains how trainee doctors start by typically undertaking a five year degree, followed by a two-year Foundation Programme before moving into specialty training.

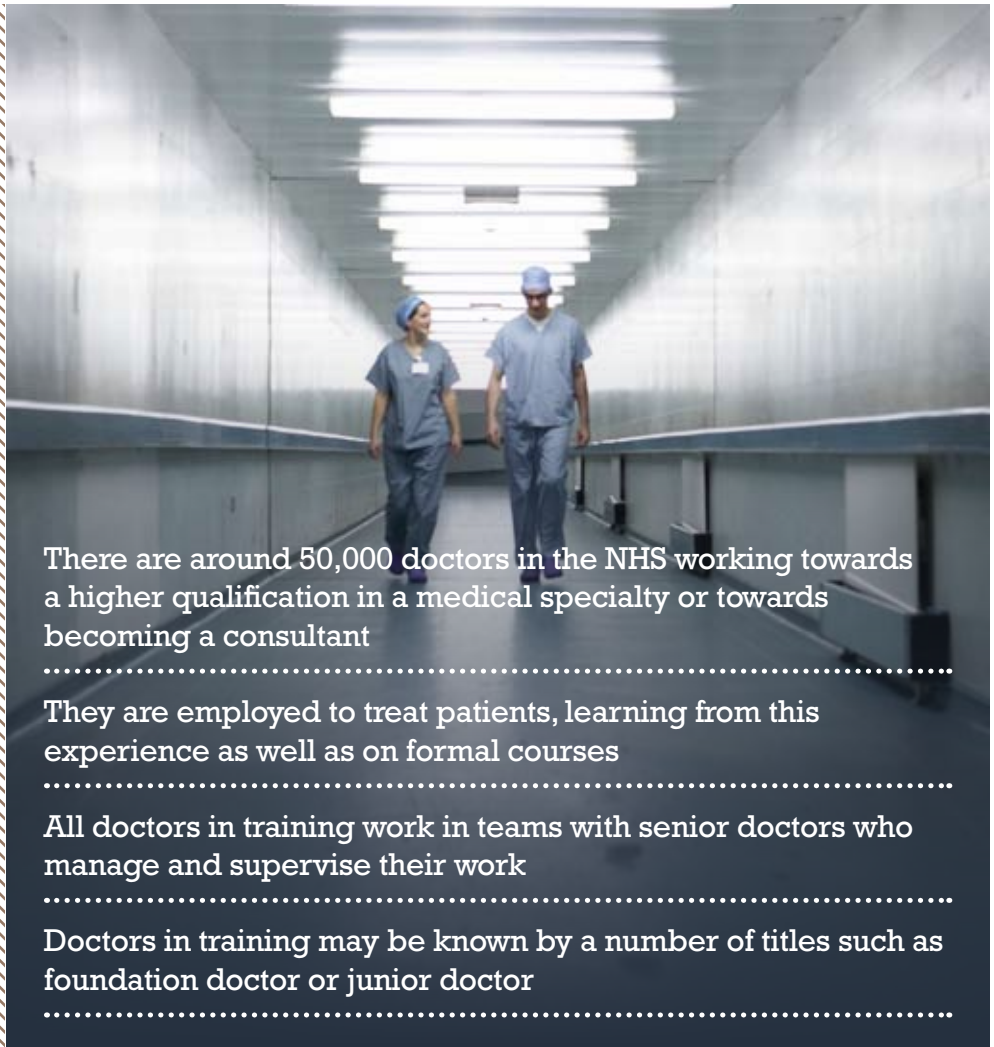
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Finally, we outline the active role that the public and patients can play in educating doctors. Doctors in training can learn much from sharing about a patient's own experience of healthcare. We want you to share your views about what doctors should be taught during their training and have suggested practical ways to get involved. I look forward to hearing from you.

Professor Sir Neil Douglas
Chairman, Academy of Medical
Royal Colleges

A few key facts about doctors in training



There are around 50,000 doctors in the NHS working towards a higher qualification in a medical specialty or towards becoming a consultant

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They are employed to treat patients, learning from this experience as well as on formal courses

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All doctors in training work in teams with senior doctors who manage and supervise their work

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Doctors in training may be known by a number of titles such as foundation doctor or junior doctor

.....

Who is treating me?



Patients want to know who is treating them:

“I’ve seen a number of trainee doctors in my GP surgery. Sometimes the trainee is listening to the GP and sometimes the other way round. I always prefer it when the receptionist lets me know in advance and asks if I am happy to have the trainee there. That gives me a chance to say no if I feel I want to.”

Female patient, London

Patients tell us that they want to know who is treating them but they are unsure of how doctors are trained, what qualifications they have and what their job titles mean.

Doctors in training: who you might meet



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NHS patients are treated by **doctors** at different levels of training. Here are some basic facts to help explain the different stages of medical education and how doctors in training are supervised.

Foundation doctors

- The first step after university for doctors is a two-year Foundation Programme, working in different medical specialities under supervision of senior doctors to gain practical experience and skills.
- Satisfactory completion of the first year allows a doctor to apply to be added to the GMC Register. Satisfactory completion of the second year of the Foundation Programme results in the award of the Foundation Achievement of Competence Document.

- Typical titles are junior doctor, foundation doctor, F1 or F2. A junior doctor is any doctor who has completed medical school and is in training to be a consultant.

At the end of two years, foundation doctors decide whether to enter a specialist area of medicine, such as surgery or psychiatry, or to train as a GP. At the point of entering training they become registrars.

Specialty registrars (SpR)

- After the Foundation Programme, doctors enter specialty or GP training.
- They spend between three and eight years, depending on the specialty, completing this training to become either a GP or consultant. This may take longer if the doctor takes time out from training to do research



or have a family. Many doctors also choose to work part-time.

- As they progress through their training they gain more experience, knowledge and competence.
- Registrars work in a specialist area, such as obstetrics or surgery or anaesthetics.

- They look after patients in clinics and perform procedures under the supervision of other senior doctors and consultants, increasing their knowledge and skills.

- Specialty registrars who successfully complete their training can apply to become a GP or a consultant.
- Although typically these doctors are known as registrars, you may also see titles such as SpR1, SpR2, SpR3 etc or StR1, 2, 3 etc where the number shows their years spent in specialty training.

Specialty doctors

- Some doctors do not complete specialty training but can still work as specialty doctors. They have a wide range of experience, and at least have four years of postgraduate training.
- The specialty doctor title was introduced in 2008 to replace titles such as staff grade, clinical medical officer and hospital practitioner. You may still see these used.
- In many cases, specialty doctors are senior doctors. However, they will also be supervised and a consultant will have overall care of the patient.

Consultants

Consultants are doctors who are responsible for your care and are responsible for all other doctors who you may see on his or her behalf. This is for both a patient staying in hospital and for an outpatient. These doctors are on the GMC's Specialist Register and have completed all necessary steps in their training to work unsupervised as specialists.



As doctors
progress
through training
they gain more
experience,
knowledge
and skill



Finding out about the doctor treating you

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“I think it is important that patients know when they are being treated by a trainee. I am very aware that the majority of patients have limited understanding of the titles used by doctors, other than consultant and GP. I therefore tend to introduce myself as either a doctor / psychiatrist / higher trainee currently working with my consultant. I would advise new trainees to try to emphasise that they are both a qualified doctor and a trainee. I think this is difficult to do as I suspect that patients often think that these are not mutually compatible. The term ‘junior doctor’ is often helpful for patients as it captures both

elements. However, there is a lot of difference in competency and experience between a first year trainee and a final year trainee and it is important to put the title into context.

I also think that it is important to emphasise that there is a senior doctor supervising the care.”

Doctor in training (SpR in Child & Adolescent Forensic Psychiatry)

Patients tell us that they are happy to be seen by a doctor in training but that they want to know about the doctor's level of training and experience. They also tell us that doctors who explain their level of training, experience, competence and supervision are able to put them at ease. However, when doctors do not take the time to explain, patients say that they feel unable to ask questions.

There is guidance for doctors on how they should introduce themselves and explain their level of training to a patient when examining or treating them. The doctor should check that each patient is happy with the situation and can answer any questions the patient may have about their doctor's training and experience.

In your discussions with your doctor, it is possible to ask them:

- What is your job title?
- Where are you in your training programme?
- How are you supervised?

If you are not happy to see a doctor in training and wish to see the supervising doctor with more experience, this should be arranged for you although it may take some time.



How to get involved in training

Patients have a great deal to contribute to medical training - not just as “interesting cases” but as active participants sharing their experiences of healthcare. Some of the ways patients can get involved include:

Medical Royal Colleges

- Patients can get involved in designing and delivering specialist training through the medical Royal Colleges. Each medical Royal College has a patient reference or liaison group which provides an opportunity for patients to be involved in the way doctors are trained. To get involved, contact the relevant communications team to find out about their patient involvement opportunities. A list is available [here](#).

General Medical Council

- The *General Medical Council's Reference Community* also helps to develop medical training. If you want to share your experiences and get involved in helping to improve medical training and education. Click [here](#) for more information.
- Share your personal experiences of healthcare by filling in the feedback forms provided by hospitals and GP surgeries.

Department of Health

- *Local Involvement Networks* (LiNKs) are established in most local authorities in order to promote patient and public involvement. Find your local LiNK representative on the *Department of Health* website. Click [here](#) to find out more about LiNKs.

About this guide

This guide was developed in March 2010 by the **Postgraduate Medical Education and Training Board** (merged with the *General Medical Council* in April 2010) and the *Academy of Medical Royal Colleges* and its Patient Liaison Group. Particular thanks to Barbara Wood and Veronica Parker.

It draws on research commissioned by the PMETB in January 2010 and a wide range of other publications including:

The State of Postgraduate Medical Education and Training 2009
(PMETB 2009)

The State of Postgraduate Medical Education and Training 2008
(PMETB 2008)

Trust in Professions 2007
(Royal College of Physicians, 2007)

Patients role in healthcare - the future relationship between patient and doctor
(PMETB 2008)

The role of the patient in medical education
(British Medical Association, 2008)