

UK Foundation Programme recruitment Proposals for change

The allocation of foundation programme jobs for final-year medical students needs a step change. Last year, the number of students receiving their lowest foundation school preferences increased exponentially. In June, hundreds of graduates remained without a job just weeks before starting employment. Students lack agency in the process and what should be a smooth passage to employment, is a patently unfair experience for many.

The British Medical Association is calling on the four UK health departments and statutory education bodies, including the UK Foundation Programme Office, to introduce a more equitable allocation process to the UKFP (UK foundation programme) for medical graduates. We are proposing seven key changes that address the current challenges faced by graduating students during job allocation with preference informed allocation. The proposed changes address the standard foundation programme allocation process but also consider the specialised foundation programme and foundation priority programme. In developing these proposals we used three guiding principles to reshape how allocations are managed, prioritising welfare, transparency and communication.

Implementing this requires adequate resources. The UK Foundation Programme Office must receive increased funding to ensure an allocation system can run in line with these principles and proposals. With these changes, we believe we can create a system that better supports students' mental health and career aspirations.

The changes we propose

- 1 Applicants must receive their programme details with sufficient notice**
- 2 Prioritise UK medical school graduates in allocation**
- 3 Minimise students receiving their lowest preferences**
- 4 Re-rank applicants at each stage of the application process**
- 5 Offer an opportunity to swap programme allocations**
- 6 Model changes to allocation methods with stakeholder involvement**
- 7 Do not return to a national reserve list**

Guiding Principles

We believe that any allocation system for the UKFP should recognise the following:

Welfare of students during and after job allocation is paramount. UKFP allocations can have significant and lasting effects on students' mental health, future career, and personal lives. Issues with allocation seriously harm new doctors' goodwill and affect retention; a priority of the [NHS Long Term Workforce Plan](#).

Students should be consulted on changes which affect them. Trust and confidence in UKFP allocation is negatively impacted by short notice changes made without consultation which affect students' career and personal life planning.

Detailed and frequent communication with students is essential. Communication should be accessible and use language students can understand. Local communication by medical schools should supplement, rather than replace, national communication.

Seven changes to the standard UK foundation programme

1 Applicants must receive their programme details with sufficient notice

Last year, more than 1000 graduating medical students received a 'placeholder' allocation rather than their foundation programme details. Hundreds did not know where they would be working, just weeks before starting employment.

All graduates should receive their programme details and work schedules at least 12 weeks prior to commencement. In line with the [resident doctor contract](#) and the recent system-wide letter titled Improving the Working Lives of Doctors in Training, programme details should never be received later than eight weeks prior to commencement. The system should be designed to prioritise these timeframes.

Compensation should be offered to applicants if rota deadlines within the resident doctor contract are not met, proportional to the length of delay. Increased relocation funds should be offered to applicants without an allocation beyond these deadlines to reflect the increased difficulty they will experience finding suitable accommodation.

2 Prioritise UK medical school graduates in allocation

After graduation, UK medical school graduates are provisionally registered with the GMC (General Medical Council) and can only legally practise medicine in a foundation year one post. Every year hundreds of graduates of UK universities are assigned to jobs outside of their top five choices of region and sent to parts of the country that they have no connection to. When doctors are forced to move away from their families and communities in order to complete their registration as doctors, we risk alienating them from the NHS.

In light of increasing medical student numbers and considering that foundation programme allocations are based on a randomly generated rank, graduates of UK medical schools must be guaranteed a foundation programme post for all future recruitment cycles and have their PIA (preference informed allocation) ranking prioritised over graduates of non-UK medical schools.

These guarantees would recognise the UK taxpayers' investment in these graduates' education and students' own financial outlay. A similar precedent has been set by the UK dental foundation allocation model, and in the prioritisation of home medical graduates in other countries including the Republic of Ireland, Australia and New Zealand.

3 Minimise students receiving their lowest preferences

In the 2024 recruitment cycle, while the proportion of students allocated their first preference deanery in the UK rose, fewer students got one of their top three or top five choices. The number of students allocated to their lowest preference deanery rose significantly.

The number of applicants receiving their lowest ranked choices should be minimised. This should be achieved by modifying the PIA algorithm to prioritise the proportion of students getting one of their top five deaneries, over the proportion of students getting their first choice.

4 Re-rank applicants at each stage of the application process

At each stage of the application process – the foundation school stage, the group stage and the programme allocation stage – applicants should be re-ranked, or PIA ranks reversed in order. This will ensure applicants who receive a low rank are not disadvantaged at every stage of the application process.

5 Offer an opportunity to swap programme allocations

Currently, applicants' programme allocations are final. After allocation applicants should be able to swap their final programme allocations with other students via an anonymous and nationally run system. This would increase students' agency in a system where they lack control over their job allocation and mutually improve the foundation programme experience for swapping students.

6 Model changes to allocation methods with stakeholder involvement

In 2024, NHS England unexpectedly announced that recruitment to the SFP (specialised foundation programme) was being moved to PIA. This damaging decision was made without consultation with students or the BMA.

All changes to foundation programme allocation should be modelled where relevant to predict the impacts they will have on allocation outcomes. Stakeholders, including the BMA and its student representatives, must be involved and consulted before changes are made. Alternate systems, including those that combine educational performance with preferencing, should be modelled and considered.

7 Do not return to a national reserve list

We do not support a return to a national reserve list. Students on a reserve list do not know where in the country they will be asked to move.

Students who cannot be immediately allocated a job should be given placeholder allocations in their deanery for the shortest period possible and always receive programme details within the deadlines set out in the resident doctor contract.

This year, placeholder applicants have faced additional difficulty beyond initial allocation. Those who receive placeholder allocations must not be further disadvantaged in their foundation programme. They should receive out-of-hours experience and foundation year two allocations in line with local deanery policy.

Change to the specialised foundation programme

The SFP (specialised foundation programme) provides an opportunity for foundation doctors to develop skills in leadership, management, medical education and research alongside the standard foundation programme curriculum. It comprises around 5% of foundation programmes.

No SFP jobs should be allocated using PIA. Allocation should instead use fair and consistent recruitment processes across all four nations for applications that allow academics to assess the aptitude and interest of those applying.

The SFP should be expanded across all foundation schools to promote medical education, research and leadership experience for foundation doctors, with a commensurate increase in funding for SFP programmes. The crisis of declining clinical academics must be addressed.

Change to the foundation priority programme

The FPP (foundation priority programme) provides additional incentives for applicants to take up posts in historically hard-to-recruit areas. The number of FPP jobs should be increased. Incentives for these programmes should be increased to further support 'under-doctored' areas.

FPPs should be introduced in all deaneries with a competition ratio less than one.

BMA

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